10 week old preborn baby

ABORTION PILL E X P O S E D

EACTION

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INTRODUCTION

Since Roe v. Wade became law in 1973, the abortion industry has conducted its business of dismembering children at brick-and-mortar abortion facilities. Roe was supposed to eliminate "back-alley" abortions, making the practice safer for women—albeit no less dangerous for the aborted children. Despite decades of calling for "safe, legal, and rare" abortions, the industry consistently opposes health and safety regulations on abortion.

In Whole Women's Health v. Hellerstedt, the Supreme Court held in 2016 that requiring abortionists to obtain admitting privileges at a hospital within 30 miles of the abortion facility constitutes an "undue burden" to Roe's constitutional right to abortion. Such laws require abortion facilities to observe the same standards as ambulatory surgical centers, which require hospital admitting privileges. Ambulatory surgical centers are required to have admitting privileges or transfer agreements with the hospital. Surgical abortions involve the risks of infection, excessive bleeding, uterine perforation, and death.

Hospital admitting privilege laws went into effect in the 1980s in states like Missouri and Massachusetts. However, according to the pro-abortion Guttmacher Institute, "it was not until 2011 that several other states" started passing similar laws. (emphasis added).

Kermit Gosnell

In 2010, abortionist Kermit Gosnell gained national attention when his facilities were raided by the Philadelphia Police Department and federal agents from the Drug Enforcement Agency (DEA) and the Federal Bureau of Investigation (FBI).

Gosnell "routinely killed viable babies and irreparably damaged women."



Kermit Gosnell

In 2010, abortionist Kermit Gosnell gained national attention when his facilities were raided by the Philadelphia Police Department and federal agents from the Drug Enforcement Agency (DEA) and the Federal Bureau of Investigation (FBI). The agents obtained a search warrant to look for evidence of illegal prescriptions for opioids and other highly addictive drugs they suspected Gosnell was distributing. Upon entering Women's Medical Society, the agents encountered the appalling conditions women were subjected to by Gosnell and his staff.

According to the 2011 grand jury report, Gosnell "routinely killed viable babies and **irreparably damaged women**." (emphasis added). The report described Gosnell's facility as a "wretched, filthy space," where "[d]irty facilities; unsanitary instruments; an absence of functioning monitoring and resuscitation equipment; the use of cheap, but dangerous, drugs; illegal procedures; and inadequate emergency access for when things inevitably went wrong, all put patients at grave risk—every day."¹

The report went on in chilling detail: "There was blood on the floor. A stench of urine filled the air. A flea-infested cat was wandering through the facility, and there were cat feces on the stairs. Semi-conscious women scheduled for abortions were moaning in the waiting room or the recovery room, where they sat on dirty recliners covered with blood-stained blankets. All the women had been sedated by unlicensed staff – long before Gosnell arrived at the clinic – and staff members could not accurately state what medications or dosages they had administered to the waiting patients. Many of the medications in inventory were past their expiration dates."

Gosnell's license was revoked, and he was later arrested and charged on eight counts of murder—of seven babies

¹ Report of the Grand Jury XXIII MISC. NO.0009901-2008 in the First Judicial District of Pennsylvania (Commonwealth of Pennsylvania v. Kermit Gosnell).

and 41-year old Karnamaya Mongar. Gosnell's employees described cutting the spines of hundreds of live infants as "standard procedure." For the seven babies for which charges were brought, employees testified they had seen the children move and cry before Gosnell murdered them. Gosnell also killed Karnamaya Mongar by giving her a lethal amount of painkillers. In 2013, Gosnell was convicted on three counts of murder and the involuntary manslaughter of Mongar.

The Purpose of Health and Safety Regulations

The Gosnell case led to nine more states passing laws between 2011 and 2014 requiring abortionists to obtain hospital admitting privileges. As a result, dozens of abortion clinics began closing before several of these laws were stopped by court order. The closures were testament to the fact that abortionists, who operate in substandard conditions, tend to have difficulty obtaining privileges at nearby hospitals.

Defending these requirements as necessary for women's safety, Dr. Kathi Aultman, a former abortionist and associate scholar at the Charlotte Lozier Institute, wrote in *USA Today*: "As a gynecologist on call in the emergency room, I personally treated women experiencing severe complications, including life-threatening hemorrhage and infection from abortions, because no one at the abortion clinic had admitting privileges. No abortion clinic personnel ever called to give me information on a patient they were sending to the ER. This is not a safe way to practice medicine."²

Aultman also tells of an abortion facility manager who said she was told to use "dish washing liquid to clean their instruments when their sanitizer broke down," and of a patient experiencing complications from a late-term abortion



Dr. Kathi Aultman, former abortionist and associate scholar at the Charlotte Lozier Institute



U.S. Supreme Court Building

who "was kept in a cold room overnight without a blanket during an induction abortion," and "forced to give birth in a toilet the next morning, only to watch her still living baby drown."²

Despite the abortion industry's documented history of running substandard and unsanitary facilities, Hellerstedt struck down the Texas hospital admitting privileges law. In 2020, June Medical Services, LLC v. Russo placed the issue before the Supreme Court again, this time over Louisiana's similar admitting privileges requirement. While health and safety regulations are almost always upheld as constitutional by the Supreme Court, so long as there is a "rational basis" for enacting the law, the Supreme Court once again decided that abortion facilities get to operate under a different set of rules than every other industry. Chief Justice John Roberts, who dissented in Hellerstedt, even came to the shocking conclusion in his June Medical concurrence that Hellerstedt is now fundamental judicial precedent.³

In contrast, Justice Alito pointed out in his scathing dissent that letting the abortion industry evade health and safety regulations by asserting the constitutional rights of women (i.e., their paying clients) poses an extraordinary conflict of interest. "[T]he idea that a regulated party," Alito said, "can invoke the right of a third party for the purpose of attacking legislation enacted to protect the third party is stunning." Indeed, why not allow automobile manufacturers to overturn safety regulations on behalf of drivers? Or let Big Tobacco enjoin Food and Drug Administration (FDA) warning standards, on behalf of smokers?

Pro-lifers realize that the purpose of these laws is not to protect preborn children in the womb. In fact, these laws

² Kathi Aultman, "I was an abortionist. The abortion industry isn't willing to prioritize patient safety," *USA TODAY*, January 22, 2020, https://www.usatoday.com/story/opinion/2020/01/22/abortion-doctor-complications-pro-life-roe-wade-column/4530180002/.

 $^{^3}$ Guttmacher Institute, "Admitting Privileges are Back at the U.S. Supreme Court with Seruous Implications for Abortion Access," *Policy Analysis*, https://www.guttmacher.org/article/2019/10/admitting-privileges-are-back-us-supreme-court-serious-implications-abortion-access#.

acknowledge the disturbing reality that Roe enshrined the killing of preborn children into the US Constitution. Nevertheless, the pro-life movement supports laws and regulations protecting the health and safety of women seeking abortions—many of whom are victims of the abortion industry's lies. At a minimum, health and safety regulations on the abortion industry can **mitigate the damage** in the effort to end legalized abortion—namely, **irreparable damage to women**—even though they fail to protect the lives of the more than 800,000 preborn victims killed in the US each year by the industry.

Health and safety regulations place obstacles in the path of the abortion industry, which is bent on maximizing its profits at the expense of women's safety. In the same way, health and safety regulations on tobacco products and e-cigarettes make it difficult for Big Tobacco to push dangerous products. The FDA requires tobacco companies to disclose the health and safety risks associated with smoking, and the Federal Trade Commission (FTC), along with state regulatory agencies, prohibits deceptive advertising and tobacco advertising aimed at minors. All of these regulations increase the cost of doing business and impose legal compliance standards on companies specifically to protect consumers.

Health and safety regulations make it harder to engage in dangerous businesses and sell dangerous products. That is the point. Yet many ignore the hypocrisy of the abortion industry's "safe, legal, and rare" slogan as the abortion industry relentlessly fights to breakdown all health and safety regulations placed in front of them. It is no wonder that this slogan, coined in 1992 by President Clinton—the man who brought RU-486 (the abortion pill) into the US market—was officially dropped in 2012.

Health and safety regulations make it harder to engage in dangerous businesses and sell dangerous products.



In 2016, the FDA extended the period women could take the abortion pill from the first 7 weeks of pregnancy to the first 10 weeks

Under the REMS for Mifeprex, the abortion pill must be prescribed and dispensed in clinics, medical offices, or hospitals. REMS requires the supervision of a clinician who is certified to prescribe the pill, and women must sign an FDA-approved "Patient Agreement" establishing informed consent to the pill's risks.

The Abortion Pill as a Way to Sidestep Clinic Regulations

When the Clinton administration approved the abortion pill in 2000, a new frontier opened for the abortion industry. It offered abortion businesses the possibility to forgo the brick-and-mortar overhead costs of rent, employees, and medical equipment to sell lethal drugs to women for at-home consumption. The abortion industry champions the pill's ability to expand access to abortion.

For its part, the FDA has maintained some restrictions on the use of the abortion pill—the "risk evaluation and mitigation strategy," (REMS). The REMS are currently the only real obstacle to over the counter sale of abortion drugs.

Under the REMS for Mifeprex⁴, the abortion pill must be prescribed and dispensed in clinics, medical offices, or hospitals. REMS requires the supervision of a clinician who is certified to prescribe the pill, and women must sign an FDAapproved "Patient Agreement" establishing informed consent to the pill's risks. Those risks include excruciating abdominal pain, weeks of heavy bleeding, nausea, vomiting, diarrhea, headache, infection, sepsis, and in some cases, death.

Some states have put additional safety restrictions on the abortion pill, such as requiring the medical professionals who prescribe the pill to be licensed physicians or requiring that the clinician (or physician) be present in the clinic with the woman. Proponents of the abortion pill complain that this limits availability for women in rural areas who do not live near a healthcare facility that prescribes the abortion pill.

States like Arkansas, Arizona, Ohio, Oklahoma, North Dakota, and Texas passed laws prohibiting off-label use of the abortion pill. However, once the Obama FDA allowed

⁴ The abortion pill is sold in the United States under the tradename "Mifeprex."

the abortion industry to change the Mifeprex label in 2016, these laws no longer protected women. In 2016, under the Obama administration, the FDA extended the period women could take the abortion pill from the first 7 weeks of pregnancy to the first 10 weeks, reduced the required dosage of mifepristone from 600 milligrams to 200 milligrams, and reduced the number of required visits from three to two.

But the 2016 changes were never intended to be the last word. Dr. Daniel Grossman, an obstetrician and researcher at the University of California San Francisco (UCSF) has been a leading voice calling for the complete removal of REMS. Now with Coronavirus (COVID-19) Pandemic and consequent lockdown orders extending into the foreseeable future, the abortion industry has ramped up demands for the abortion pills to be dispensed online, by mail, and entirely through telemedicine. In July 2020, they even convinced a federal judge to suspend the in-person requirements of REMS for the duration of the COVID-19 Pandemic—meaning the abortion pill can now be dispensed through telemedicine without any physical examination prior to prescribing.

This was a big step for the abortion industry, which is seeking to "demedicalize" abortion, removing any requirement that licensed physicians be involved in the process. Physicians are legally liable for negligence. The facilities they operate in are subject to additional health and safety regulations (such as sanitation standards or hospital admitting requirements). Physicians know that before taking mifepristone, women should be given laboratory tests to determine blood type, in case she needs Rhogam administration, and a test to determine if she is anemic, as well as an ultrasound to confirm gestational age and rule out ectopic pregnancy. The healthcare provider should also assess whether the woman has any of several contraindications to the drugs and possibly provide antibiotics to prevent infection. A federal judge, with no scientific or medical credentials, has now ruled that these



Dr. Rebecca Gomperts

The ultimate goal of the abortion industry is to continue to demedicalize until abortion pills are available over the counter. Only the REMS stands in the way as no drug which has a REMS in place can be sold over the counter. common sense safeguards will no longer be necessary.

The ultimate goal of the abortion industry is to continue to demedicalize until abortion pills are available over the counter. Only the REMS stands in the way as no drug which has a REMS in place can be sold over the counter. Fully demedicalizing abortion would mean a woman can purchase the abortion pill at a pharmacy without a prescription or order it online, without a doctor's oversight, without going into a clinic, without any blood test or ultrasound, without any counseling about alternatives, without being screened for contraindications, and without giving informed consent or being advised of severe risks. There will be no one to confirm that the abortion is complete or to treat complications.

The abortion industry wants to expand access to areas where clinics and abortionists are not available within the US and into global regions where abortion is still illegal. Dr. Rebecca Gomperts, an abortion activist licensed in the Netherlands, used to sail around the world with her Women on Waves organization, bringing the abortion pill to women in countries where abortion is illegal. In 2005, she shifted her approach with Women on Web to advocate abortion pill distribution using telemedicine.

In March of 2019, Gomperts' mail-order abortion pill organization, Aid Access, which ships abortion pills around the globe from a manufacturer in India, finally received a warning letter from the FDA to cease distributing unapproved and misbranded abortion pills into the US in violation of FDA protocols. The FDA warning letter threatened to take "regulatory action" against Gomperts, including "seizure or injunction." In an open letter that same year, more than 100 pro-life Congressmen applauded the FDA's swift action and urged the agency to keep up its consistent enforcement of REMS. ⁵

⁵ Food and Drug Administration (FDA), "Aidaccess.org - 575658 - March 08, 2019," Warning Letters, https://www.fda.gov/inspectionscompliance-enforcement-and-criminal-investigations/warning-letters/aidccessorg-575658-03082019. In May of 2020, several leading pro-life organizations, including Live Action, Susan B. Anthony (SBA) List, the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), Americans United for Life (AUL), National Right to Life (NRLC), Heartbeat International, Family Research Council (FRC), Thomas More Society, Operation Rescue, and March for Life, signed onto a letter urging the FDA to seize the website domains of organizations like Aid Access, Rablon, and Plan C, which publicly advertise their defiance of REMS.

According to Gomperts, shipments have been seized, transactions with US clients have been blocked, and wire service companies are refusing to do business with her. Gomperts sued the FDA in federal court, claiming the FDA warning letter and the REMS protocols constitute an undue burden on a woman's right to choose under the US Constitution, as well as a violation of her due process rights under the Fifth Amendment. Gomperts' complaint points to the recent indictment of Ursula Wing as evidence of the government's attempt to threaten her with fines or imprisonment. Wing was charged under the same statute the FDA threatened Gomperts with, 21 USC § 331(a), for illegal importation of misbranded abortion pills into US commerce.

Wing, a resident of New York City, imported abortion pills from India and sold them to a man named Jeffrey Smith in Grand Rapids, Michigan. Smith bought the pills from Wing's blog, the Macrobiotic Stoner, and slipped them into his girlfriend's water bottle. Smith's girlfriend noticed the residue and turned Smith into the police. Smith was charged with attempted homicide of a preborn child, and Wing, who claimed she was glad to undermine FDA requirements, pleaded guilty to conspiracy and faces up to five years in prison. Against her attorney's advice, Wing said she wanted to see copycats and that there are "not enough people" ordering abortion pills online.



This report argues the abortion industry, including its allies in academia, news media, the medical community, the pharmaceutical industry, billionairephilanthropic circles, and politics, simply want abortion to be legal and ubiquitous, while health and safety requirements must not interfere with "access" (and profits). The eagerness of abortion industry allies to sweep aside the **minimal health and safety regulations imposed by REMS** puts the farce of "safe, legal, and rare" in focus. This report argues the abortion industry, including its allies in academia, news media, the medical community, the pharmaceutical industry, billionaire-philanthropic circles, and politics, simply want abortion to be **legal and ubiquitous**. For the abortion industry, health and safety requirements must not interfere with "access" (and profits). Nothing will accomplish this goal better than a lethal pill ordered online and with minimal supervision, taken in the anonymity of a woman's bathroom, where, doubled over in pain, she will expel the remains of her preborn child, into a toilet, far from help if she begins to bleed to death or develop an infection which could lead to her death.

WHAT IS A CHEMICAL ABORTION?



7 weeks from fertilization, tiny tooth buds are developing within each band of gums.



8 weeks from fertilization, eyelids start to cover the eyes



10 weeks from fertilization, the tiny child can swallow,

The Preborn Child's Early Development⁶

At week 7, the child's head, face, nostrils, and retinas are forming. By week 8, the child's nose is developing, and the neck begins to straighten. Between weeks 9 and 10, arms, eyelids, toes, and fingers are forming, and the elbows start to bend.⁷ All of these things can be seen by a woman who is looking at the body of the child she expelled.

Medical research continues to reveal the extent to which preborn children experience pain. According to the Charlotte Lozier Institute, the "basic anatomical organization of the human nervous system is established by 6 weeks." Additionally, "[n]erve synapses for spinal reflex are in place by 10 weeks," and "[s]ensory receptors for pain" develop at 7 weeks. Within the first 8 weeks, a preborn child "exhibits reflex movement during invasive procedures." When preborn children undergo surgeries in the womb, both mother and child receive anesthesia. ⁸

In the 2nd week, the child's brain appears. In the 3rd week, her heart begins to beat. By week 6, she begins to move, and her teeth are forming. By the 7th week, brainwave activity has begun and her face withdraws from light touch. By week 8, her head rotates and her legs move. Her hands can reach one another, and her fingers can overlap. By the 9th week, she

⁶ In this section, the age listed is the embryonic or post fertilization age which is 2 weeks less than the gestational age.

⁷ Mayo Clinic, "Fetal development: The 1st trimester," https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/ in-depth/prenatal-care/art-20045302; Planned Parenthood, "What Happens In The Second Month Of Pregnancy," https://www. plannedparenthood.org/learn/pregnancy/pregnancy-month-by-month/what-happens-second-month-pregnancy.

⁸ Charlotte Lozier Institute, "Fact Sheet: Science of Fetal Pain," February 19, 2020, https://lozierinstitute.org/fact-sheet-science-of-fetal-pain/#:~:text=The%20basic%20anatomical%20organization%20of%20the%20human%20nervous,reflex%20are%20in%20place%20 by%2010%20week.%20%5B4%5D.

Mifepristone chemically starves a preborn child of progesterone, a naturally occurring hormone that stabilizes the uterine lining and promotes the proper development of the child. Mifepristone cuts off blood to the child and breaks down the uterine lining. Unless the process is reversed quickly, mifepristone kills the child.



exhibits complex responses to touch, and her eard rums are developing. $^{\rm 9}$

The Chemical Abortion Regimen: Mifepristone & Misoprostol

Chemical abortions are caused by a regimen consisting of two FDA-approved drugs: mifepristone (previously known as RU-486) and misoprostol. One tablet of mifepristone (200 milligrams) is taken orally on day 1, followed within 24 to 48 hours by four tablets of misoprostol (800 micrograms) buccally (placed in the cheek).

Mifepristone chemically starves a preborn child of progesterone, a naturally occurring hormone that stabilizes the uterine lining and the placenta, the pre-born child's sole source of nutrition. By blocking progesterone, it causes the placenta to degenerate so that it can no longer provide oxygen and nutrients to the child. Unless the process is reversed quickly, mifepristone will kill the child approximately 70% of the time. To complete the abortion pill regimen, the woman then takes misoprostol within 24 to 48 hours, inducing uterine contractions to expel the child from her womb. ¹⁰

Mifepristone, sold in the US as Mifeprex, is the actual abortion pill, while misoprostol is a separate FDA-approved anti-ulcer pill which carries the brand name Cytotec. The FDA does not approve misoprostol as a stand-alone abortifacient and warns that using it this way can lead to uterine rupture, hemorrhage, retained tissue which can cause infection, and death of the woman and child. Yet, proabortion groups like International Women's Health Coalition, ¹¹ Women on Web, ¹² and even the World Health Organization

¹⁰ FDA, "Highlights of Prescribing Information," https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020687s022lbl.pdf; FDA. "Medication Guide (Mifeprex)." https://www.fda.gov/media/72923/download.

¹¹ International Women's Health Coalition, "Abortion with Self-Administered Misoprostol: A Guide for Women," https://iwhc.org/resources/abortion-self-administered-misoprostol-guide-women/.

¹² Women On Waves, "How to Abort at home with Pills (misoprostol, cytotec)?," https://www.womenonwaves.org/en/page/702/how-to-abort-at-home-with-pills-misoprostol-cytotec. (WHO) openly recommend dangerous misoprostol-only abortions. According to WHO: "For pregnancies beyond 24 weeks, the dose of misoprostol should be reduced, due to the greater sensitivity of the uterus to prostaglandins, but the lack of clinical studies precludes specific dosing recommendations." (emphasis added). ¹³

Mifepristone causes severe cramping, contractions, and heavy bleeding. The intense bleeding and pain can last anywhere from a few hours to several days. According to the FDA, women can expect the bleeding to last 9 to 16 days on average, while 8% experience bleeding for more than 30 days. ¹⁴ According to recent studies from Finland—a nation with single-payer healthcare and meticulous medical reporting—nearly 7% of women using chemical abortion experienced incomplete abortion and nearly 16% experienced hemorrhaging.¹⁴ In a similar study using the same database, the rate of surgical evacuation after attempting the chemical abortion regimen (mifepristone and misoprostol) in the second trimester rose to nearly 40%.¹⁶

¹³ World Health Organization (WHO), "Safe abortion: technical and policy guidance for health systems," https:// apps.who.int/iris/bitstream/handle/10665/70914/?sequence=1; World Health Organization (WHO). "Clinical practice handbook for Safe abortion," https://apps.who.int/iris/bitstream/handle/10665/97415/9789241548717_eng. pdf;jsessionid=E7CC683F50383BF810F3E80A9F017EE9?sequence=1.

¹⁴Women On Waves, "How to Abort at home with Pills (misoprostol, cytotec)?," https://www.womenonwaves.org/en/page/702/how-to-abort-at-home-with-pills-misoprostol-cytotec.

14 See Note 10

¹⁵ Maarit Niinimäki, Anneli Pouta, Aini Bloigu, Mika Gissler, Elina Hemminki, Satu Suhonen, Oskari Heikinheimo, "Immediate complications after medical compared with surgical termination of pregnancy," National library of Medicine, 2009, https://pubmed. ncbi.nlm.nih.gov/19888037/; AAPLOG, "Medical Management of Elective Induced Abortion," https://aaplog.org/wp-content/ uploads/2020/03/FINAL-PB-8-Medical-Management-of-Elective-Induced-Abortion.pdf; Maarit J. Mentula, Maarit Niinimäki, Satu Suhonen, Elina Hemminki, Mika Gissler, Oskari Heikinheimo, "Immediate adverse events after second trimester medical termination of pregnancy: results of a nationwide registry study," Oxford Acedemic, February 11, 2011, https://academic.oup.com/humrep/ article/26/4/927/627865.

16 See Note 15

The abortion pill is riskier to a woman's health than surgical abortions, causing up to four-times the immediate complication rate as compared to first-trimester surgical abortions.

The Big Lie: The Abortion Pill is Safer than Surgical Abortion

Dr. Donna Harrison, a physician who is board-certified in obstetrics and gynecology and currently serving as Executive Director of AAPLOG, claims the abortion pill is riskier to a woman's health than surgical abortions, causing up to fourtimes the immediate complication rate as compared to firsttrimester surgical abortions.¹⁷

With a surgical abortion a woman is often under anesthesia, experiences cramping for 1-2 days, and bleeds for up to two weeks after the abortion.¹⁸ Bleeding from the abortion pill can last from several hours to about two weeks, but may last as long as 30 days.¹⁹ Unlike a surgical abortion, the mother must pass her preborn child as if she is miscarrying, and she does this without anesthesia. If the abortion pill fails to kill the child, the woman will often be instructed to take additional medication or to have a surgical abortion.²⁰ The failure rate increases dramatically with the gestational age of the baby meaning the further along in the pregnancy a woman takes the abortion pill, the less likely it is to result in a complete abortion.²¹

¹⁷ Micheal J. New and Donna Harrison, "New Report Misleads on the Health Risks of Abortion for Women," March 28, 2018, https://www.nationalreview.com/2018/03/abortion-safety-statistics-study-ignores-risks-women/.

¹⁸ American College Of Obstetricians and Gynecologists (ACOG), "Induced Abortion," https://www.acog.org/patient-resources/faqs/ special-procedures/induced-abortion

¹⁹ See Note 10; University of California San Francisco (UCSF), "Medical Versus Surgical Abortion," https://www.ucsfhealth.org/education/medical-versus-surgical-abortion.

20 UCSF, "Medical Versus Surgical Abortion,"

https://www.ucsfhealth.org/education/medical-versus-surgical-abortion; ACOG, "Induced Abortion," https://www.acog.org/patient-resources/faqs/special-procedures/induced-abortion.

 $^{\scriptscriptstyle 21}$ See Note 10

Between 2000 and 2018, 24 maternal deaths were reported under the FDA's Adverse Event Reporting System (FAERS). There had also been over 1,000 hospitalizations and 4,195 total adverse events reported during the same period. The FDA, Planned Parenthood, and abortion pill manufacturer Danco Laboratories, Inc. (Danco) all admit that the failure rate increases from as low as 2% to as high as 7% (and Planned Parenthood says it can fail in up to 9% of pregnancies in weeks 9 and 10).²² According to the proabortion Guttmacher Institute, about 339,640 American women used the abortion pill in 2017 alone.²³ Based on these numbers, the number of failed abortions using the pill is in the thousands or tens of thousands in any given year. These failed abortions typically include "incomplete" abortions, meaning the child is dead but the woman's body has not completely expelled the placenta or the child's remains.

Between 2000 and 2018, 24 maternal deaths were reported under the FDA's Adverse Event Reporting System (FAERS).²⁴ There had also been over 1,000 hospitalizations²⁵ and 4,195 total adverse events reported during the same period.²⁶ Many of the deaths occurred from infection or undiagnosed ectopic pregnancies (when an embryo implants outside the uterus, often in the fallopian tube). Notably, as a precondition of being certified to prescribe the abortion pill, REMS requires a healthcare provider to be qualified to diagnose ectopic pregnancy. ²⁷

²² See Note 10 ("5-8 out of 100 women taking Mifeprex will need a surgical procedure to end the pregnancy or to stop too much bleeding"); Planned Parenthood, "The Abortion Pill," https://www.plannedparenthood.org/learn/abortion/the-abortion-pill ("For people who are 8 weeks pregnant or less, it works about 94-98 out of 100 times... [f]or people who are 8-9 weeks pregnant, it works about 94-96 out of 100 times.... [f]or people who are 9-10 weeks pregnant, it works about 91-93 out of 100 times. If you're given an extra dose of medicine, it works about 99 out of 100 times... [f]or people who are 10-11 weeks pregnant, it works about 87 out of 100 times. If you're given an extra dose of medicine, it works about 98 out of 100 times."); Danco Laboratories, "Mifeprex (mifepristone)," https://www.earlyoptionpill. com/for-patients/mifeprex-faqs/ ("Mifeprex is 93-98% effective for safely ending early pregnancy (2-7% of women will need a surgical procedure to end the pregnancy or stop heavy bleeding)."); see also, Danco Laboratories, "Why Choose Mifeprex?" https://www. earlyoptionpill.com/ ("it is 93-98% effective").

²³ Rachel K. Jones, Elizabeth Witwer and Jenna Jerman, "Abortion Incidence and Service Availability in the United States, 2017," Guttmacher Institute, https://www.guttmacher.org/sites/default/files/report_pdf/abortion-incidence-service-availability-us-2017.pdf.

²⁴ FDA, "Questions and Answers on Mifeprex." Drug Safety and Availability, https://www.fda.gov/drugs/postmarket-drug-safety-information-patientsand-providers/questions-and-ansewers-mifeprex; FDA, "Mifepristone U.S. Post-Marketing Adverse Events Summary through 12/31/2018," https://www. fda.gov/media/112118/download.

²⁵ See Note 24

²⁶ See Note 24

27 See Note 24

Between 2000 and 2018, 24 maternal deaths were reported under the FDA's Adverse Event Reporting System (FAERS). There had also been over 1,000 hospitalizations and 4,195 total adverse events reported during the same period. Still, the Guttmacher Institute claims, "[t]he complication rate for medication abortion is exceedingly low (less than 0.5%), whether it is provided in-person or by telemedicine."²⁸ Guttmacher bases its claims of safety on studies by Dr. Grossman, who has previously served as a Planned Parenthood consultant²⁹ and former board member of the National Abortion and Reproductive Rights Action League (NARAL).³⁰ A 2017 Grossman study found, "0.18% of telemedicine patients with any adverse event [95% CI 0.11-0.29%] and 0.32% of in-person patients."³¹ This is despite the fact that on its website, Danco prominently displays the fact that "2-7% of women will need a surgical procedure to end the pregnancy or stop heavy bleeding."³²

It is impossible to know the actual number of adverse events or deaths resulting from the abortion pill. Adverse events are typically under-reported, because reporting by consumers and health care professionals is voluntary.³³ The FDA admits not all adverse events are reported.³⁴

²⁸ Guttmacher Institute, "Medication Abortion," Evidence You Can Use, https://www.guttmacher.org/evidence-you-can-use/medication-abortion.

²⁹ Daniel Grossman, MD, and Kate Grindlay, MSPH, "Safety of Medical Abortion Provided Through Telemedicine Compared With in Person," http:// unmfamilyplanning.pbworks.com/w/file/fetch/120098451/Grossman_OBGYN%202017.pdf

³⁰ NARAL, "2019 Annual Report," prochoiceamerica.org, 2019, https://www.prochoiceamerica.org/wp-content/uploads/2020/04/FY2019-Annual-Report-Digital-Edition.pdf.

³¹ See Note 30

32 See Note 32

³⁵ "RU-486 Health and Safety Standards," C-SPAN, May 17, 2006, https://www.c-span.org/video/?192580-1/ru-486-health-safety-standards; RU-486: Demonstrating A Low Standard For Women's Health: Hearing Before the Subcommittee on Criminal Justice, Drug Policy and Human Resources on Government Reform (Serial No. 109-202), https://www.govinfo.gov/content/pkg/CHRG-109hhrg31397/html/CHRG-109hhrg31397.htm.

³⁴ FDA, "Questions and Answers on FDA's Adverse Event Reporting System (FAERS),"

https://www.fda.gov/drugs/surveillance/questions-and-answers-fdas-adverse-event-reporting-system-faers#:~:text=The%20FDA%20does%20not%20 receive, that %20occurs%20with %20a%20product. & text=Serious%20means%20that %20one%20or, and %2For%20other%20serious%20outcome.

It is impossible to know the actual number of adverse events or deaths resulting from the abortion pill. Adverse events are typically under-reported, because reporting by consumers and health care professionals is voluntary. A recent study by the Institute for Safe Medicine Practices found that FAERS data may only reflect about 1% of all adverse events associated with FDA-approved drugs, devices, and products.³⁵

Under the original REMS,³⁶ Danco, the abortion pill manufacturer, was required to report all adverse events to the FDA. Until 2016, abortion facilities like Planned Parenthood had to submit adverse event reports—hospitalizations, transfusions, and deaths—to Danco, which in turn reported the adverse events to the FDA. As of 2016, REMS only requires Danco to report fatalities to the FDA. ³⁷

Moreover, many women with undiagnosed ectopic pregnancies or who experience adverse events like hemorrhage or sepsis, will not return to the abortion facility for treatment. Many will go to an emergency room. Grossman's study surveyed emergency departments, noting, "[s]ome women with adverse events may present to emergency departments, and this care may not be reported to Planned Parenthood or Danco as a result of lack of awareness of the reporting requirements."³⁸ Of the 119 emergency departments surveyed, only 42 answered Grossman's survey (a 35% report rate to a voluntary survey).³⁹

The reported 4,195 adverse events and 24 deaths represent a minimum number, while the actual numbers are likely much

³⁵ Yasser M. Alatawi and Richard A. Hansen, "Empirical estimation of under-reporting in the U.S. Food and Drug Administration Adverse Event Reporting System (FAERS)," Taylor and Francis Online, May 9, 2017, https://www.tandfonline.com/doi/full/10.1080/14740338.2017.1323867; Kaiser Health News. "It's Common Knowledge That Many Side Effects Don't Get Reported To FDA. But Study Reveals Startling Scope Of Problem," https:// khn.org/morning-breakout/its-common-knowledge-that-many-side-effects-dont-get-reported-to-fda-but-study-reveals-startling-scope-of-problem/; Ed Silverman, "What side effects? Problems with medicines may be vastly underreported to the FDA," Statnews.com, December 4, 2019, https://www. statnews.com/pharmalot/2019/12/04/fda-side-effects-adverse-events/; Maia Anderson, "Serious drug side effects likely underreported to FDA, study finds," Becker's Hospital Review, December 5,2019, https://www.beckershospitalreview.com/pharmacy/serious-drug-side-effects-likely-underreportedto-fda-study-finds.html.

³⁶ Department of Health and Human Services (HHS), "Supplement Approval," https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2011/020687s014ltr.pdf.

³⁷ FDA, "Center for Drug Evaluation and Research, Application Number: 20-687," https://www.accessdata.fda.gov/drugsatfda_docs/nda/2000/20687_ Mifepristone_medr_P1.pdf.

³⁸ See Note 29

³⁹ See Note 29

higher. First, there are no official state or federal tracking requirements for deaths or complications from chemical abortion. Second, women-including minors and victims of rape or sex trafficking-may not even disclose their use of the abortion pill when coming to an emergency room. They may be under duress by an abuser trying to conceal their crimes. They may be minors who are scared to admit their pregnancy to a parent. They even may have been advised by abortion advocates or abortion facility workers to tell emergency room doctors they are experiencing a miscarriage. Organizations like Women on Web, Plan C, Aid Access, and Women Help Women (through its "Self-managed Abortion; Safe and Supported" (SASS) project) openly counsel women on ways to get around REMS and engage in dangerous "doit-yourself" abortions. Women Help Women advises: "If a woman seeks medical attention, she does not have to say she used medicines. She can say she is having a miscarriage." 40

Third, the death may not even be recognized as related to the chemical abortion. One of the deadliest side effects of the abortion pill is an infection with Clostridium sordellii which caused several of the earliest reported deaths. In 2003, 21-year old Hoa Thuy Tran of Fountain Valley, California, collapsed and died after going into septic shock.⁴¹ Also in 2003, 18-year old Holly Patterson of Livermore, California, died after getting the abortion pill from a Planned Parenthood facility when she was seven weeks pregnant. "They told her it was safe," Holly's father said, "and it killed her."⁴²

The California Department of Health and Human Services

⁴⁰ Women Help Women, "What to do in case of emergency?," https://consult.womenhelp.org/en/page/417/what-to-do-in-case-of-emergency.

⁴¹ Jennifer Muir, "Suit links death to 'abortion pill," Orange Country Register, October 7, 2005, https://www.ocregister.com/2005/10/07/suit-links-death-to-abortion-pill/.

⁴² "Teen Dead After Abortion Pill." The Washington Times, September 22, 2003. https://www.washingtontimes.com/news/2003/sep/22/20030922-105418-2823r/.

found that Planned Parenthood did not even obtain Holly's signature on consent forms advising Holly of the abortion pill's dangers.⁴³ But even more concerning, three other California women died from the same infection that killed Holly, but the connection to their chemical abortion was not recognized until an investigation into Holly Patterson's death was conducted by the FDA and Centers for Disease Control and Prevention (CDC).⁴⁴

A HISTORY OF THE ABORTION PILL

The classical Hippocratic Oath read in part: "I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy."

The Hippocratic Oath

One could begin a history of "chemical" or "medication" abortion in the Greco-Roman period when the now-extinct plant silphium was used to induce abortion. The Hippocratic Oath—the earliest set of ethical guidelines for healthcare professionals, which dates to about 400 BC—proscribed doctors in ancient Greece from giving lethal drugs to induce abortion. The classical Hippocratic Oath read in part: "I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy."⁴⁵

⁴⁴ "Public Health Advisory: Sepsis and Medical Abortion," Internet Archive, November 4, 2005,

https://web.archive.org/web/20141216034815/http://www.fda.gov/DrugS/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm051734.htm.

⁴⁵ Peter Tyson, "The Hippocratic Oath Today," NOVA, March 27, 2001, https://www.pbs.org/wgbh/nova/article/hippocratic-oath-today/. ucm051734.htm.

Until relatively recently, the Hippocratic Oath formed the basis of medical ethics. It was the deliberate elimination of the Hippocratic Oath in medical training in Nazi Germany, and the substitution instead of an Oath to the State, which led physicians to create the idea of concentration camps to eliminate the "cancer" in German society.⁴⁶

The Geneva Declaration, an updated form of the Hippocratic Oath adopted after World War II by the World Medical Association (WMA), included the following oath for physicians: "I WILL MAINTAIN the utmost respect for human life from the time of conception."⁴⁷ That commitment to the Hippocratic Oath and respect for human life in the medical profession was systematically eroded in the 1960's by the American College of Obstetricians and Gynecologists (ACOG) whose change in leadership to a pro-abortion majority implemented a top down abortion advocacy which has remained to this day.⁴⁸ By 1983, the revised oath said: "I WILL MAINTAIN the utmost respect for human life from its beginning."⁴⁹ By 2005, the Geneva Declaration failed to mention "conception" or the "beginning" of life at all.⁵⁰

The Nuremberg Trials

The Geneva Declaration was part of a broader humanitarian response to the war crimes committed in Nazi Germany. After WWII, the Allies established military tribunals in

⁴⁶ Robert J Lifton, The Nazi Doctors: Medical Killing and the Psychology of Genocide (New York: Basic Books, 1988).

47 World Medical Association, "Declaration of Geneva," https://www.wma.net/what-we-do/medical-ethics/declaration-of-geneva/.

⁴⁸ American College of Obstetricians and Gynecologists " The American College of Obstetricians and Gynecologists and the Evolution of Abortion Policy, 1951–1973: The Politics of Science " available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448057/ See also The brief of petitioners June Medical Services and Rebekah Gee, June medical Services v. Rebekah Gee and Rebekah Gee v. June Medical Services, In the Supreme Court of the United States, (Nos. 18-1323 and 18-1460). Retrieved from https://www.supremecourt.gov/DocketPDF/18/18-1323/126927/20191227154424488_ AAPLOG%20Amicus%20Brief.pdf.

⁴⁹ See Note 47

⁵⁰ See Note 47



After the evils of the Holocaust were exposed and put on trial, the civilized world declared "Never Again." IG Farben was forcibly dissolved, and its assets and factories were divided into three subsidiaries, now independent companies: Bayer, BASF, and Hoechst. occupied German territory to put Nazi officials on trial for crimes against humanity. Between 1946 and 1949, the US military held 12 subsequent trials at Nuremberg.⁵¹

The first trial, United States of America v. Karl Brandt, et al. (1947), put 23 Nazi doctors on trial for their participation in tortuous medical experiments and a "Euthanasia Program" targeting people with disabilities. In the death camps, German doctors experimented with forced sterilization on Jewish women, and forced abortions were routine.⁵²

The sixth trial, United States of America vs. Carl Krauch, et al. (1948), also known as the "**IG Farben Trial**," put 24 executives and scientists from the German chemical conglomerate IG Farben on trial. Known as the "devil's chemist," IG Farben used slave labor from Auschwitz (some 35,000 people), built a concentration camp, and manufactured a poison called "Zyklon B" for the gas chambers.

After the evils of the Holocaust were exposed and put on trial, the civilized world declared "Never Again." IG Farben was forcibly dissolved, and its assets and factories were divided into three subsidiaries, now independent companies: Bayer, BASF, and **Hoechst**.

https://www.justice.gov/sites/default/files/criminal-hrsp/legacy/2011/06/06/10-30-92mengele-exhibits.pdf.

52 See Note 51

⁵¹ "Nuremberg Trials," History.com, June 19, 2019, https://www.history.com/topics/world-war-ii/nuremberg-trials; United States Holocaust Memorial Museum (USHMM), "The Doctors Trial: The Medical Case of the Subsequent Nuremberg Proceedings," Holocaust Enyclopedia, https://encyclopedia. ushmm.org/content/en/article/the-doctors-trial-the-medical-case-of-the-subsequent-nuremberg-proceedings; USHMM, "Subsequent Nuremberg Proceedings, Case #6, the IG Farben Case." Holocaust Enyclopedia, https://encyclopedia.ushmm.org/content/en/article/subsequent-nuremberg-proceedings-case-6-the-ig-farben-case; USHMI, "United States of America v. Karl Brandt et al., Nov. 21, 1946 - Aug. 20, 1947," https://collections. ushmm.org/search/catalog/irn504191; USHMM, "Women During the Holocaust," Holocaust Enyclopedia, https://encyclopedia.ushmm.org/content/en/article/women-during-the-holocaust; A Report to the Attorney General of the United States, U.S. Department of Justice, Office of Special Investigations Criminal Division, In the Matter of Josef Mengele, October 1992,



Jean-Claude Roussel, CEO of Roussel-Uclaf from 1961–1972

Roussel Uclaf Develops RU-486

In 1968, Hoechst bought a stake in the French pharmaceutical company **Roussel Uclof**—the company that 12 years later would synthesize mifepristone under the research of chemist **Georges Teutsch**. Mifepristone became Roussel Uclaf's 38,486th compound, taking the shorthand "RU-486" from the company's initials and the last digits of the compound's serial number.⁵³

Teutsch claimed the compound, discovered to be a progesterone receptor antagonist, was not researched as an abortifacient.⁵⁴ But **Dr. Etienne-Emile Baulieu**, a Roussel consultant and endocrinologist, was looking for an abortifacient. According to Baulieu, Teutsch "followed the course of research" Baulieu charted.⁵⁵

Baulieu began researching fertility in 1961 at Columbia University under the mentorship of Gregory G. Pincus, the American developer of the birth control pill. In 1966, Baulieu was even appointed by French President Charles de Gaulle to serve on the committee that helped legalize birth control in France.⁵⁶

At the University of Paris in 1970, Baulieu identified receptors that received messages from progesterone and learned there could be a way to interrupt the progesterone and terminate a pregnancy. Baulieu explored progesterone

53 Encyclopedia Britannica, "RU-486," https://www.britannica.com/science/RU-486.

⁵⁴ Etienne-Emile Baulieu and Mort Rosenblum, The "Abortion Pill" (New York: Simon & Schuster, 1990).

⁵⁵ See Note 54

⁵⁶ Steven Greenhouse, "A New Pill, A Fierce Battle," New York Times, February 12, 1989, https://www.nytimes.com/1989/02/12/magazine/a-new-pilla-fierce-battle.html; Megan Rosenfeld, "Conception of a Controversy," The Washington Post, December 18, 1986, https://www.washingtonpost.com/ archive/lifestyle/1986/12/18/conception-of-a-controversy/3d0dbba6-9248-4777-a4df-e6e17e83fa74/.

"impostors" to disrupt these messages. "The receptors," he said, "are like a keyhole, and we were trying to produce a false key." Baulieu gave the idea to Roussel, and Teutsch succeeded in less than a decade.⁵⁷

In 1966, Baulieu recommended endocrinologist **Edouard Sakiz** as director of biological research at Roussel. By the time RU-486 was discovered, Sakiz was chairman of Roussel. Sakiz later admitted his regret that Roussel stayed out of the birth control controversy of the 1960s to avoid offending the Catholic Church. Sakiz did not want to make the same mistake with RU-486.

In 1982, Roussel began clinical trials of RU-486 in Switzerland, which showed an 85% success rate in completed abortions. A 1984 study in Sweden that combined RU-486 with prostaglandin to induce uterine contractions reached 100% success rates. Studies conducted by WHO in Britain, China, France, and Sweden had a 95% success rate combined with a prostaglandin analog.⁵⁸

Baulieu advocated RU-486 to be "contragestive," and a **oncea-month pill to replace birth control**. Baulie said women in the "Third World" would be the "main target." But eventually, "it could be used protectively in developed nations, like a monthly contraceptive pill."⁵⁹

In September 1988, the French government approved RU-486 to be marketed in France as an abortifacient. But church leaders and pro-life groups in France and the US rallied to stop RU-486. US organizations like NRLC threatened to boycott Roussel and Hoechst, which by 1988 held a controlling 54.5% stake in Roussel.

⁵⁷ Steven Greenhouse, "A New Pill, A Fierce Battle," New York Times, February 12, 1989, https://www.nytimes.com/1989/02/12/magazine/a-new-pill-a-fierce-battle.html.

⁵⁸ The Los Angeles Times, "RU-486: The Abortion Battles New Frontier: RU-486: A Chronology," April 22, 1990, https://www.latimes.com/archives/laxpm-1990-04-22-vw-376-story.html.

⁵⁹ Institute of Medicine, "A Political History of RU-486," The National Academies Press, https://www.nap.edu/read/1793/chapter/4.

Baulieu advocated RU-486 to be "contragestive," and a once-a-month pill to replace birth control. Pope John Paul II denounced RU-486 as the "pill of Cain – the monster that cynically kills its brothers. Pro-life groups also lobbied the US Congress to block the FDA from approving RU-486 clinical trials in the US. Some trials were already underway at the University of Southern California (USC) and sponsored by the Population Council—a New York-based nonprofit founded in 1952 by billionaire John D. Rockefeller III.

In addition to threats of boycotts, Roussel feared the potential for product liability claims against RU-486, with its approximate 95% success rate (5% failure rate). In previous decades, political pressure from a "coalition of longtime adversaries" that included pro-life advocates, feminists, trial attorneys, manufacturers, religious groups, and the Catholic Church led all four manufacturers of intrauterine devices (IUDs) to pull their products off the US market (after some IUDs were found to cause severe and fatal infections). RU-486's 5% failure rate would mean tremendous liability to the multibillion dollar pharmaceutical company.

In June 1988, Sakiz faced hundreds of pro-life protestors on his way to Roussel's annual meeting. French bishops, including Archbishop of Paris Jean-Marie Cardinal Lustiger, condemned RU-486, and the Vatican blasted the pill as "a way of killing with no risk for the assassin." Pope John Paul II denounced RU-486 as the "pill of Cain – the monster that cynically kills its brothers." French pro-life groups like the Committee to Save Unborn Children demanded the "destruction of all stocks of the chemical weapon RU-486." Even some French physicians wrote to Roussel, refusing to prescribe any Roussel products to their patients.

Hoechst was also feeling the pressure and received multiple threats of boycott against its American subsidiary. Onequarter of Hoescht's \$23 billion business came from the US. The company finally determined that RU-486 was not worth the risk of bad press, political opposition, boycotts, and product liability claims. It was also not lost on Hoechst executives that the company's historical connection to IG Farben and Zyklon B would be widely cited by opponents, who were now condemning RU-486 as a lethal tool for genocide against the preborn. Three of Hoescht's five executives opposed RU-486. Finally Sakiz gave in, and Roussel withdrew RU-486 from the market.

On October 26, 1988, Roussel said an "outcry of public opinion" caused their decision to pull RU-486. Their announcement came only one month after the French Minister of Health Claude Évin had approved Roussel's application for RU-486. Angered by Roussel's decision and anxious that the renewed vigor of the French pro-life movement could lead to a repeal of France's 1975 law that legalized abortion or its 1984 decision to subsidize abortions with national health funds, Évin stepped in to force Roussel's hand. The French government was 36% owner of Roussel, and French law allowed him to transfer the patent for RU-486 to another company in the name of the "public good." Évin declared RU-486 "medical progress" and hailed it as the "moral property of women." On October 28, 1988, Roussel put RU-486 back on the market.

Roussel and Hoescht both denied any cooperation with the French government, but Sakiz made no secret of his relief that the government shifted political responsibility for RU-486. "The Government's order," he said, "helped us." Sheldon Seagal, director of population policy at the pro-abortion Rockefeller Foundation, later said of Sakiz and the French government order, "I personally believe that this was a joint decision."

Within a few years, RU-486 would be approved and marketed in France, Sweden, Britain, and China. But the US continued to resist this lethal drug's entry into its markets.⁶⁰

⁶⁰ EveryCRSReport.com, "Abortion: Termination of Early Pregnancy with RU-486 (Mifepristone)," February 23, 2001, https://www.everycrsreport. com/reports/RL30866.html; "A Political History of Ru-486," National Center for Biotechnology Information, https://www.ncbi.nlm.nih.gov/books/ NBK234199/.

The Bush Administration: 1989 to 1993

Under the Bush administration, the US banned the importation of RU-486. Pro-life groups like NRLC, AUL, International Right to Life Federation, alongside Operation Rescue, and Congressional leaders like Robert Dornan (R-Calif), kept up the pressure to keep RU-486 off the US market. Dornan unsuccessfully attempted to block all federal funding used to research RU-486. Some feared the Bush administration would cut off WHO for promoting RU-486 after the administration cut funds to International Planned Parenthood and the United Nations (UN) Fund for Population Activities, which financed abortion facilities and "family planning services" in China. At the time, WHO was already sponsoring clinical trials of RU-486 for safety and effectiveness.

At the same time, groups like NARAL, the American Civil Liberties Union (ACLU), Planned Parenthood, and the National Organization for Women (NOW) organized to bring RU-486 into the US market. In 1990, the American Medical Association (AMA) came out in support of RU-486 testing. Pro-abortion activist groups urged supporters to engage in counterprotests and counterboycotts to pressure Congress and the FDA. But Roussel and Hoescht refused to market the drug outside of France or any market unless a foreign government made a direct appeal for RU-486.

RU-486 advocates considered the best ways to get it into the US market. One idea was to form a single-purpose company, preferably a nonprofit, that only produced the abortion pill. The company could purchase the patent from Roussel, and by manufacturing just one product, the company would isolate its risk of potential product liability claims and would not fear public boycotts against other more profitable product lines. Some considered WHO as a contender



Donna Shalala, HHS Secretary, with President Bill Clinton in 1993

for the job, but WHO did not have the infrastructure to manufacture pharmaceuticals.

RU-486 advocates also viewed China, a nonsignatory to the International Convention on Patents that could manufacture the drug without Roussel's patent, as an ideal location to manufacture and distribute the pill.

Eventually, Roussel opened discussions with the Population Council. The Population Council was already sponsoring clinical trials of RU-486 at USC in the late 1980s before the FDA imposed the import ban. Soon, the Population Council and RU-486 advocates would find an ally in the White House.⁶¹

The Clinton Administration: 1993 to 2001

In 2006, Judicial Watch, a nonprofit activist group that "promotes transparency, accountability and integrity in government," produced a special report detailing the Clinton administration's push to bring RU-486 into the US. The report included documents from the National Archives at the Clinton Presidential Library, such as strategy memoranda from Health and Human Services (HHS) and the FDA, and a letter from President Clinton to Roussel Chairman Edouard Sakiz.⁶²

One of the most revealing documents from the special report is a letter attached to a handwritten note by Clinton's Chief of Staff, Betsey Wright. Wright's note appears to instruct the Director of White House Domestic Policy Council, Carol Rasco, to deliver the attached letter to HHS Secretary **Donna Shalala**. The letter Wright wanted Shalala to read is from attorney **Ron Weddington** to "President-To-Be Clinton." Weddington, who served as co-counsel in Roe, is also the ex-husband of Sarah Weddington. Sarah Weddington served as counsel for Norma McCorvey ("Jane Roe") and helped

⁶¹ Judicial Watch, "A Judicial Watch Special Report: The Clinton RU-486 Files," http://www.judicialwatch.org/archive/2006/jw-ru486-report.pdf.

convince McCorvey to sue Dallas district attorney Henry Wade over the Texas abortion law.

Mr. Weddington reveals that he and Sarah had been discussing setting up a nonprofit to license and distribute RU-486, concluding that "26 million food stamp recipients is more than the economy can stand." Weddington then jokes about sending "dart guns [of birth control] to the ghetto." He suggests the government will need to "provide vasectomies, tubal ligations and abortions...RU 486 and conventional abortions." He insists: "We don't need more poor babies." Finally, Weddington acknowledges that he had personally "sired zero children and one fetus," indicating that his ex-wife aborted.

Ron Weddington believed President Clinton was just the man to bring RU-486 into the US.

On January 22, 1993, the 20th anniversary of Roe, Clinton issued a series of executive orders to emphasize his administration's top domestic agenda: expanding access to abortion. In addition to overturning the Reagan era "Mexico City Policy" that cut off federal funding of foreign organizations that performed or promoted abortions overseas, lifting the ban on fetal tissue research, and permitting abortions at military hospitals, Clinton lifted the FDA ban on importation of RU-486. Clinton then personally directed Shalala and FDA Commissioner Dr. David Kessler to get RU-486 approved and into the US.

By April of 1993, Kessler was convincing RU-486 manufacturers to file a new drug application with the FDA. The Clinton administration used the Population Council, which was already conducting clinical trials of RU-486, as a surrogate to broker a deal with Roussel. But Roussel still

Mr. Weddington reveals that he and Sarah had been discussing setting up a nonprofit to license and distribute RU-486, concluding that "26 million food stamp recipients is more than the economy can stand." "We don't need more poor babies."



feared product liability claims.

In a memo to the White House, Shalala relays Sakiz's fears of product liability damages, "if a woman had an incomplete abortion and delivered a deformed fetus." Shalala writes: "Dr. Sakiz's view was that if the United States Government wanted RU-486 to be marketed in the United States, it should compensate Roussel Uclaf for any damages that the company might suffer from complying with the United States Government's request."

Sakiz and Roussel wanted blanket indemnification from the US government. Roussel was also openly offering a royaltyfree license to any US pharmaceutical willing to take RU-486. Yet, none was willing to take the license. Roussel offered the patent "free of charge" to the US government as an "unconditional gift" to the American people. Roussel did not want to profit from RU-486 in the US and was willing to give the patent away for free, provided they received an assurance of indemnification from products liability claims.

In a memo from Kessler to Shalala, Kessler notes the apparent conflict of interest for the FDA to be in a position of investigating a drug's safety and effectiveness, while at the same time considering a blanket indemnification in the event the drug causes death or injury. In the end, Roussel asked for and ultimately received a letter from President Clinton requesting the company make RU-486 available in the US on behalf of women.

In Clinton's letter, the president acknowledged his administration's role in directing Roussel's negotiations with the Population Council and urged Sakiz to bring these negotiations to fruition. "I understand," Clinton said, "that your company will assign without remuneration your United States patent rights on mifepristone to The Population Council." He concluded by thanking Sakiz and Roussel on behalf of the US government and the women of America. Eventually, the Population Council and Roussel agreed that the Population Council would conduct clinical trials, submit the new drug application to the FDA, and Roussel would transfer its patent and technology to the Population Council. The Population Council then licensed these rights to Danco.

In 1983, the FDA had already given the Population Council a testing permit for RU-486 clinical trials at USC. But in 1994, the new clinical trials at UCSF would involve over 2,100 women, recruited to kill their preborn children as a medical experiment. The trials and the FDA review process remained largely confidential until 1996 when an FDA advisory committee convened to recommend the FDA approve RU-486. As the New York Times wrote at the time, the committee met "in a windowless building" to recommend the lethal drug's approval.⁶³ At the 1996 meeting, the advisory committee was instructed that they were not to voice an opinion on whether or not the drug should be approved, or even whether or not the drug was safe.⁶⁴ They were to limit comments only to whether or not the limited studies that they were presented with demonstrated that the drug worked.⁶⁵ Surprisingly, and in deviation from other advisory committee meetings, the results from the US clinical trial were not even available at the time of the FDA advisory committee meeting.66

⁶³ Gardiner Harris, "Deaths After Abortion Pill to Be Studied by Officials," The New York Times, November 23, 2005, https://www.nytimes.com/2005/11/23/us/deaths-after-abortion-pill-to-be-studied-by-officials.html.

⁶⁴ AAPLOG, "Politicized Science: The Manipulated Approval of RU-486 and Its Dangers to Women's Health," Family Research Council, http://www. aaplog.org/wp-content/uploads/2009/01/FRCRU486pamphlet_fnl.pdf;

Sheryl Stolberg, "FDA Panel Calls for OK of Abortion Pill," Los Angeles Times, July 20, 1996, https://www.latimes.com/archives/la-xpm-1996-07-20-mn-25954-story.html.

65 See Note 64

66 See Note 64

FDA APPROVAL & REMS

On September 28, 2000, under the Clinton administration, the FDA approved RU-486. The drug would be marketed in the US by Danco as Mifeprex. Danco has never publicly revealed the identity or location of its manufacturer. On September 28, 2000, under the Clinton administration, the FDA approved RU-486. The drug would be marketed in the US by Danco as Mifeprex. Danco has never publicly revealed the identity or location of its manufacturer. In 2006, Shanghai-based Hualian Pharmaceutical Co. (Hualian), a pharmaceutical company owned by the Chinese Communist Party, was identified as at least one of Danco's manufacturers. In 2008, Hualian was caught giving contaminated leukemia drugs that paralyzed at least 200 Chinese cancer patients.⁶⁷

AAPLOG, Judicial Watch, and the Family Research Council have each documented the politicized atmosphere of the Clinton era FDA.⁶⁸ The FDA's Reproductive Health Drugs Advisory Committee, tasked with reviewing RU-486 for approval, was stacked with pro-abortion advocates. Eight of the eleven committee members were either directly affiliated with abortion groups like National Women's Health Network, Center for Reproductive Health Research and Policy, and Reproductive Health Technologies or had publicly made openly pro-abortion comments. Committee Chair Ezra Davidson served on Planned Parenthood's advisory board.

The FDA set aside standard protocol and opted for a speedy approval process. As Dr. Harrison wrote in 2004, the FDA's "five standard procedural and scientific requirements to prove safety and effectiveness were circumvented to get RU-486 onto the market quickly."⁶⁹ The FDA based its approval on uncontrolled clinical trials, as opposed to the standard

⁶⁸ AAPLOG, "AAPLOG Files Citizen Petition on Mifepristone (Mifeprex) with FDA," https://aaplog.org/aaplog-files-citizen-petition-on-mifepristone-mifeprex-with-fda/.

⁶⁹ Donna Harrison, "Dangerous Medicine," New York Times, November 19, 2004, https://www.nytimes.com/2004/11/19/opinion/dangerous-medicine. html.

⁶⁷ "Abortion Pill Maker Revealed," CBS News, October 13, 2000, https://www.cbsnews.com/news/abortion-pill-maker-revealed/; Jane Hooker and Walt Bogdanich, "Tainted Drugs Tied to Maker Of Abortion Pill," New York Times, January 31, 2008, https://www.nytimes.com/2008/01/31/world/ asia/31pharma.html.

requirement of a double-blind, randomized, and controlled test. The FDA used "accelerated approval" protocols typically reserved for high-risk drugs that address life-threatening illnesses like AIDS. But "pregnancy," as Dr. Harrison noted, "isn't an illness, serious or life-threatening."

The FDA also approved RU-486 for women of any age, with no clinical data on women under 18. Finally, the FDA allowed an unapproved use of the anti-ulcer drug misoprostol, first approved in 1985 as Cytotec. Cytotec manufacturer Searle objected and opposed the off-label use of the drug, paired with Mifeprex to induce abortions. Cytotec's warning label reads: "CYTOTEC SHOULD NOT BE TAKEN BY PREGNANT WOMEN" and warns it can cause "ABORTION, PREMATURE BIRTH, OR BIRTH DEFECTS" and that "UTERINE RUPTURE HAS BEEN REPORTED WHEN CYTOTEC WAS ADMINISTERED IN PREGNANT WOMEN TO INDUCE LABOR OR TO INDUCE ABORTION BEYOND THE EIGHTH WEEK OF PREGNANCY."

The FDA approved RU-486 in 2000 under a special provision for fast-tracked drugs, called "SubPart H," which was only to apply post-approval restrictions on a drug the FDA considered too dangerous for unrestricted consumer use.⁷⁰ These restrictions were later formalized in 2007 as REMS. In 2011, the FDA approved its existing REMS along with Elements to Assure Safe Use (ETASU), which can be imposed on a drug "associated with a serious adverse drug experience."⁷¹ The FDA reviewed REMS again in 2013, and then in 2016 conducted an additional review.

Originally, Mifeprex was to be provided "under the supervision of a physician" capable of assessing the duration of pregnancy,

⁷⁰ RU-486: Demonstrating A Low Standard For Women's Health: Hearing Before the Subcommittee on Criminal Justice, Drug Policy and Human Resources on Government Reform (Serial No. 109-202), https://www.govinfo.gov/content/pkg/CHRG-109hhrg31397/html/CHRG-109hhrg31397.htm.

⁷¹ 21 U.S. Code § 355–1.

diagnosing ectopic pregnancy, and able to provide or ensure surgical intervention in cases of incomplete abortion or severe bleeding. Physicians were also required to report "any hospitalization, transfusion or other serious events" to Danco. Mifeprex was only approved for use during the first seven weeks of pregnancy (extended to 10 weeks in 2016 by the Obama FDA). Yet, for many years, the FDA did little to stop abortionists from prescribing the drug after seven weeks.

Current REMS Requirements

Today, the FDA has approved 74 REMS affecting about 523 drugs and products with serious safety concerns, in order to mitigate potential adverse risks to the consumer and to ensure the safest use of these medications.⁷² REMS is designed to go beyond mere safety and usage information contained on a standard FDA approved warning label. Under the current REMS, revised in 2016, Mifeprex may still only be prescribed and dispensed in a healthcare setting—a clinic, medical office, or hospital—by a certified healthcare provider (some states permit healthcare providers other than licensed physicians).

Prescribers still must confirm the gestational age of the preborn child, rule out ectopic pregnancy, and verify informed consent with a "Patient Agreement" signed by the woman. The "Patient Agreement" includes a list of statements the woman must assent to, such as:

"I will contact the clinic/office right away if in the days after treatment I have:

- a **fever of 100.4°F or higher** that lasts for more than four hours
- severe stomach area (abdominal) pain

https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm?event=RemsDetails.page&REMS=390

⁷² Report to the Chairman, Committee on Energy and Commerce, House of Representatives. "Generic Drug Development Stakeholders' Views of Risk Evaluation and Mitigation Strategies Differ," October 2019, https://www.gao.gov/assets/710/702649.pdf; FDA, "Approved Risk Evaluation and Mitigation Strategies (REMS)," accessdata.fda.gov, April 11, 2019,
heavy bleeding (soaking through two thick fullsize sanitary pads per hour for two hours in a row)
stomach pain or discomfort, or I am 'feeling sick', including weakness, nausea, vomiting, or diarrhea, more than 24 hours after taking misoprostol

"My healthcare provider has told me that **these** symptoms could require emergency care. If I cannot reach the clinic or office right away **my healthcare** provider has told me who to call and what to do."

"I know that, **in some cases, the treatment will not work. This happens in about 2 to 7 out of 100 women** who use this treatment. If my pregnancy continues after treatment with Mifeprex and misoprostol, I will talk with my provider about a surgical procedure to end my pregnancy."

"If I need a surgical procedure because the medicines did not end my pregnancy or to stop heavy bleeding, my healthcare provider has told me whether they will do the procedure or refer me to another healthcare provider who will."

"I have the MEDICATION GUIDE for Mifeprex. I will take it with me if I visit an emergency room or a healthcare provider who did not give me Mifeprex so that they will understand that I am having a medical abortion with Mifeprex."

"My healthcare provider has answered **all my questions**."

(emphases added).

Prescribers must also provide patients a copy of the "Medication Guide," informing the woman of potential risks of RU-486.

Prescribers must sign a "Prescriber Agreement" with the sponsor, Danco, or GenBioPro, Inc. (GenBioPro), which was approved by the FDA in 2019 to distribute a generic version of Mifeprex. This agreement requires that the prescriber guarantees to the sponsor that the patient has signed the "Patient Agreement" and received the "Medication Guide," and that the patient has been fully informed of the risks of RU-486. The prescriber guarantees to the sponsor that they are qualified to assess the duration of pregnancy and able to diagnose ectopic pregnancies. Prescribers also guarantee they will provide surgical intervention to women experiencing incomplete abortions or severe bleeding, or that they will make arrangements for the woman to receive care at a facility "equipped to provide blood tranfusions and resucitation, if necessary."

Prescribers must record the serial number of each package of Mifeprex in the patient's records. Under the current REMS "Prescriber Agreement," prescribers are only required to report patient deaths to the sponsor (Danco and GenBioPro).

Mifeprex requires a prescription and cannot yet be purchased over the counter at a retail pharmacy. However the July 2020 enjoinment of the FDA's enforcement of REMS leaves open to question whether or not Mifeprex can be obtained by mail, or the Internet. The FDA warns that a woman—even if she is within the first ten weeks of pregnancy—should not use Mifeprex if she:

- has an ectopic pregnancy,
- has problems with the adrenal glands,
- is currently being treated with long-term corticosteroid therapy (medications),

- has had an allergic reaction to mifepristone, misoprostol or similar drugs,
- has bleeding problems or is taking anticoagulants,
- has inherited porphyria, or
- has an IUD in place.

In 2016, the FDA issued updated REMS and Mifeprex labeling. Before 2016, women were required by the FDAapproved label to take both pills at the abortion facility or doctor's office. However, abortion facilities were flouting the FDA label shortly after approval. After 2016, the FDAapproved label allowed women to take the misoprostol at home. The 2016 changes reduced the dosage of mifepristone from 600 milligrams (three tablets) to 200 milligrams (one tablet), and misoprostol was increased from 400 micrograms (two tablets) to 800 micrograms (four tablets). Before 2016, the woman was also informed to return for an in-person examination within 14 days of taking mifepristone. After the 2016 changes, the post-treatment examination was allowed to be conducted remotely, over the phone.

TELEMEDICINE & SELF-MANAGED ABORTIONS

Telemedicine is a great advancement for medicine. And the abortion industry has identified telemedicine as its vehicle to eliminate **REMS and finally** "demedicalize" abortion. For the abortion industry. RU-486 presents a method by which a woman performs her own abortion, at home, without ever setting foot in an abortion facility.

Telemedicine is the distribution of healthcare services using telecommunication technologies, allowing patients to receive remote healthcare services (e.g., diagnoses, monitoring, preventive care, consultations, and non-clinical services). Telemedicine expands access to healthcare for people who live in remote areas, those who otherwise lack mobility, transportation, or those who may be restricted from inperson access to a healthcare provider.

The threat of COVID-19 and lockdown orders restricting nonessential business has made telemedicine a standard means of healthcare. With millions of Americans under indefinite quarantines, lock-downs, and shelter-in-place orders, state and local governments are restricting in-person access to nonessential and elective medical services. Thus, many healthcare screenings and consultations are now done by videoconferencing and other technologies.

Telemedicine is a great advancement for medicine. And the abortion industry has identified telemedicine as its vehicle to eliminate REMS and finally "demedicalize" abortion. For the abortion industry, RU-486 presents a method by which a woman performs her own abortion, at home, without ever setting foot in an abortion facility. If the FDA loosens REMS any further, we could see the abortion pill sold online, in pharmacies, and delivered by mail. Groups like SASS, Plan C, and Gomperts' Aid Access already promote the unlawful and dangerous online distribution of abortion pills and self-managed "do-it-yourself" abortions, as abortion advocates cheer. ⁷³

Dr. Grossman has made it his mission to see the abortion pill sold over the counter and is involved in numerous studies and clinical trials to bring this about. Grossman, who serves as director of USCF's Advancing New Standards in Reproductive Health (ANSIRH), favors the elimination of REMS and the distribution of the abortion pill at pharmacies.⁷⁴

The abortion industry is using COVID-19 to create a sense of urgency behind the elimination of REMS. But the goal to deregulate the abortion pill was in the works long before COVID-19.⁷⁵ Since 2016, Gynuity Health Projects (Gynuity)—a nonprofit funded by the David and Lucile Packard Foundation (Packard Foundation), the Population Council, Ibis Reproductive Health, the Bill and Melinda Gates Foundation (Gates Foundation), the John D. and Catherine T. MacArthur Foundation, Planned Parenthood Global, Planned Parenthood Federation of America, the Society for Family Planning, the Rockefeller Foundation, National Institute of Allergy and Infectious Diseases (NIAID), and the William and Flora Hewlett Foundation has sponsored a US clinical trial to determine the safety of distributing abortion pills using telemedicine.⁷⁶

⁷³ Patrick Adams, "Amid COVID-19, a Call for M.D.s To Mail Abortion Pill," New York Times, May 12 2020, https://www.nytimes.com/2020/05/12/ opinion/covid-abortion-pill.html; Carrie N. Baker, "Feminist Multi-Front Battle to End FDA's Abortion Pill Restriction," MsMagazine, June 18, 2020, https://msmagazine.com/2020/05/20/feminist-multi-front-battle-to-end-fdas-abortion-pill-restriction/.

⁷⁴ David Grossman, MD, "Alternative Provision Of Medication Abortion Via Pharmacy Dispensing," clinicaltrials.gov, September 22, 2017, https:// clinicaltrials.gov/ProvidedDocs/57/NCT03320057/Prot_000.pdf;

⁷⁵ Melissa Healy, "Are restrictions on the 'abortion pill' politics or science?" Los Angeles Times, February 24, 2017, https://www.latimes.com/science/ sciencenow/la-sci-sn-abortion-pill-20170223-story.html.

⁷⁶ ClinicalTrials.gov, "Feasibility of Medical Abortion by Direct-to-Consumer Telemedicine," https://clinicaltrials.gov/ct2/show/NCT02513043; TelAbortion.org, "For Providers and Allies," https://telabortion.org/about/for-providers.

Gynuity has expanded its experiments to include about 100 African women and girls in Burkina Faso in their second trimester. Not only is the child more developed in the second trimester (growing hair by about the 19th week), the mother is even more likely to suffer severe sideeffects like infection, and uterine rupture. Gynuity's "TelAbortion" clinical trials are running in 13 states (Hawaii, Washington, Oregon, New Mexico, Colorado, Georgia, New York, Maine, Iowa, Minnesota, Illinois, Maryland, and Montana). According to Gynuity's summary, the trials began in March of 2016, aim to enroll up to 1,000 participants and are open to children as young as **ten years old**.⁷⁷

Gynuity has expanded its experiments to include about 100 African women and girls in Burkina Faso in their second trimester. Not only is the child more developed in the **second trimester**⁷⁸ (growing hair by about the 19th week), the mother is even more likely to suffer severe sideeffects like infection, and uterine rupture. This is especially dangerous in a place like Burkina Faso, an incredibly poor country in West Africa, where blood products are in short supply for women needing medical attention.⁷⁹

77 See Note 76.

⁷⁹ Mark Hemingway, "An American Later-Term Abortion Trial on Women in Impoverished Africa," Real Clear Investigations, December 26, 2019, https://www.realclearinvestigations.com/articles/2019/12/22/ us_abortion_trial_in_impoverished_burkina_faso_121725.html.

⁷⁸ Clinicaltrials.gov, "Mifepristone and Misoprostol for 2nd Trimester Termination of Pregnancy in Burkina Faso," https://clinicaltrials.gov/ct2/show/ NCT03269279.

Without REMS, the bare minimum supervision of these lethal pills vanishes, and each woman must fill the roles of doctor, prescriber, counselor, and patient.

The Dangers of At-Home and Do-It-Yourself Abortion

In response to the COVID 19 pandemic, the United Kingdom relaxed its requirement that RU-486 only be dispensed in hospitals and clinics, permitting women to take the pill at home. England, like the US, also restricts the abortion pill to the first ten weeks of pregnancy.⁸⁰

By May of 2020, police were investigating the death of a preborn child after its mother took the abortion pill at home, in her **28th week of pregnancy**.⁸¹ The British Pregnancy Advisory Services (BPAS) that runs a "pills by post" service is investigating at least eight other cases of women taking the pill beyond their 10th week. Only one month before this woman took the abortion pill at 28 weeks pregnant, a BPAS spokesman said "[t]elemedicine is a safe, effective method of delivering early abortion care and will prevent thousands of unnecessary journeys."⁸²

Without REMS, the bare minimum supervision of these lethal pills vanishes, and each woman must fill the roles of doctor, prescriber, counselor, and patient. She must also figure out, in the midst of "white knuckle pain" how much bleeding is too much bleeding, and whether or not she has tissue left inside. There will be no one to help her. Worse, these drugs can be obtained by any pimp, abuser, or disgruntled boyfriend.⁸³

⁸⁰ Suyin Haynes, "U.K. Government Changes Regulations on Abortion Pills During the Coronavirus Outbreak," Time.com, March 30, 2020. https://time.com/5812433/abortion-coronavirus-outbreak-uk/.

⁸¹ Georgia Simcox, "Police investigate death of unborn baby after woman took 'pills by post' abortion drugs while 28 weeks pregnant - four past the legal limit," Dailymail.com, May 22, 2020,

https://www.dailymail.co.uk/news/article-8349739/Police-investigate-death-unborn-baby-woman-took-abortion-drugs-home-28-weeks-pregnant.html.

⁸² British Pregnancy Advisory Service (@bpas), "As of today, BPAS can send Abortion Medication to women by post," Tweet on Twitter, April 8, 2020, https://twitter.com/bpas1968/status/1247828140581322753; Laura Smith-Spark, "Abortion access thrown into jeopardy by coronavirus pandemic," CNN, April 9, 2020,

https://www.cnn.com/2020/03/27/health/coronavirus-abortion-access-intl/index.html.

⁸³ Joe Baca (@Joebaca), "Pregnancy is not a disease. Death is not the cure," from tiktok, March 27, 2020, https://www.tiktok.com/@joebaca/video/6809023992129654021.

Since Gynuity's clinical trials extend to girls as young as ten years old, the abortion industry is aware of the likelihood minors will access the abortion pill without parental consent for at-home use.

A black market for abortion pills already exists. While a typical abortion facility charges up to \$500 for the abortion pill, websites like Aid Access request a \$90 donation.⁸⁴ Anyone can order these pills by filling out a form online, without providing proof of pregnancy, without being examined for ectopic pregnancy, without verifying age or sex. An abusive boyfriend or sexual abuser can obtain these pills as easily as a pregnant woman. He can even drop the pill into his victim's drink. Just ask Jeffrey Smith, the Grand Rapids, Michigan man charged with attempted murder after slipping abortion pills he purchased online into his girlfriend's water bottle.⁸⁵ The seller, Ursula Wing, a blogger who sells jewelry online and holds no medical license, hopes to see "copy cats."⁸⁶

The FDA's system for reporting adverse reactions, whereby Danco and GenBioPro must only report death statistics provided to them by Planned Parenthood, cannot require black market sellers to report. The abortion industry's vision for online sales without medical supervision will be impossible to monitor, and the scarce information we currently have of maternal fatalities and adverse reactions would be reduced to no data at all.

⁸⁴ Maria Solis, "3 women on what it's like to give yourslef an abortion," Vice.com, Februrary 24, 2020, https://www.vice.com/en_us/article/epg5xm/giveyourself-an-abortion-with-pills-bought-online-aid-access.

86 See Note 85

⁸⁵ Department of Justice U.S. Attorney's Office Western District of Wisconsin, "New York Woman Sentenced for Selling Abortion-Inducing Pills Illegally Smuggled Into US," FDA, July 10, 2020,

https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/press-releases/new-york-woman-sentenced-selling-abortioninducing-pills-illegally-smuggled-us; Kevin Murphy, "Abortion-drug dealer pleads guilty, linked to Grand Rapids man accused of poisoning pregnant woman's drink," Wisconsin Rapids Tribune, March 5, 2020, https://www.wisconsinrapidstribune.com/story/news/2020/03/05/abortion-pill-dealerursula-wing-guilty-case-tied-grand-rapids-man/4966488002/.

The abortion industry promotes the myth that mail-order abortion pills are just as safe as abortion pills prescribed under REMS, by a prescriber capable of diagnosing ectopic pregnancy and after receiving counselling and signing a written disclosure of the risks (which she is told to bring to the emergency room in case she experiences adverse reactions). the ectopic pregnancy ruptures.

The reason REMS requires prescribers to be qualified to diagnose ectopic pregnancy is that a ruptured ectopic pregnancy is a leading cause of maternal death and must be treated immediately. Mifepristone does not effectively treat ectopic pregnancies and since the symptoms of ectopic pregnancy are the same as those experienced with a chemical abortion (abdominal pain and vaginal bleeding) she is likely to mistake her symptoms as a normal side-effect of the abortion pill. This leaves her at serious risk of harm or death.

DONORS, FOUNDATIONS & UNIVERSITIES: WHO IS PUSHING TO DEREGULATE RU-486?

Who is driving the abortion pill's expansion and deregulation?

Several names have been mentioned already, including the Population Council, whose original mission was the same as the eugenics movement: to control population growth.

In 1957, after founder John D. Rockefeller III's tenure ended, Frederic Osborn—founding member of the American Eugenics Society—became President of the Population Council. Osborn once said, "[b]irth control and abortion are turning out to be the great eugenic advances of our time." Osborn's successor, Frank W. Notstein, was also a member of the American Eugenics Society. His successor,

⁸⁷ Kevin D. Williamson, "Planned Parenthood's Century of Brutality," National Review, June 18, 2017, https://www.nationalreview.com/2017/06/ planned-parenthoods-brutal-century/.



Bernard Berelson became President of the Population Council in 1962

Danco has been described as the "commercial arm" of the Population Council. Danco's sole purpose is to license RU-486 from the Population Council and market it in the US. Bernard Berelson, once suggested that if voluntary birth control methods were unsuccessful, the government should place a "fertility control agent" in the water supply of "urban" neighborhoods. Alan Guttmacher—founder of the Guttmacher Institute, longtime President of Planned Parenthood, and vice-president of the American Eugenics Society—sat on the Population Council's first Medical Advisory Board.⁸⁷

Danco has been described as the "commercial arm" of the Population Council. Danco's sole purpose is to license RU-486 from the Population Council and market it in the US. In 1996, the Packard Foundation gave Danco a \$14 million loan. Other early Danco investors included the Open Society Foundation (founded by George Soros), the Buffett Foundation (founded by Warren Buffett), and the Kaiser Family Foundation.⁸⁸

The Packard Foundation—a private foundation, started by Hewlett Packard founder David Packard, and which now boasts a \$7.1 billion endowment—continues to fund the Population Council, the Kaiser Family Foundation, Danco, Ibis Reproductive Health, and Gynuity. Packard is also pouring millions into GenBioPro, which, as stated previously, was approved by the FDA in 2019 to produce a generic version of Mifeprex.⁸⁹

Warren Buffet-longtime Planned Parenthood supporter,

⁸⁸ Sharon Bernstein, "Abortion Pill Saga," Los Angeles Times reprinted in Seattle Times, November 19, 2000, https://archive.seattletimes.com/ archive/?date=20001119&slug=TTUJ2CJCR.

⁸⁹ Packard Foundation, "Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement," https://www.packard.org/wp-content/ uploads/2019/12/Continuation-of-Part-VII-B-Line-5-C-Expenditure-Responsibility-Statement.pdf.

⁹⁰ Robert O'Harrow Jr., "Drug's U.S. Marketer Remains Elusive," Washington Post, October 12, 2000, https://www.washingtonpost.com/archive/ politics/2000/10/12/drugs-us-marketer-remains-elusive/8b7b732b-0f23-4c96-9051-714cd3d9f6f8/?utm_term=.6aa5bb53d0feBuffett UCSF; Nina Martin, "Behind the Supreme Court's Abortion Decision, More Than A Decade Of Privately Funded Research," Propublica.org, July 14, 2016, https://www.propublica.org/article/supreme-court-abortion-decision-more-than-decade-privately-funded-research; Emily Bazelon, 'New Abortion Providers," New York Times Magazine, July 14, 2010, https://www.nytimes.com/2010/07/18/magazine/18abortion-t.html?pagewanted=1&_r=2&ref. chairman, and CEO of Berkshire Hathaway, and currently worth over \$88 billion, making him the fourth richest man in the world—has given at least \$2 million to the Population Council for abortion pill clinical trials. Buffet funds the "Ryan Fellowship" which gives funding to universities and institutions that train abortionists. He has also given tens of millions to UCSF where Dr. Grossman is overseeing clinical trials for over the counter abortion pills.⁹⁰

UCSF trains abortion providers through its Bixby Center for Global Reproductive Health, which claims to be "one of the few research institutions to unflinchingly address abortion, investigating multidimensional aspects of abortion care in the United States and globally." UCSF considers itself an "abortion pioneer," contributing extensively to research and studies that led to the approval of RU-486. UCSF continues to conduct studies that push for the removal of REMS to expand abortion pill access, including the dispensation of the abortion pill at pharmacies.⁹¹

Microsoft mogul Bill Gates, currently the second richest man in the world with over \$102 billion, is a longtime donor and financier of several abortion organizations. Gates revealed in 2003 that his father, Bill Gates Sr., served on the board of Planned Parenthood. Bill Gates Sr. is also a co-chair of the Gates Foundation, which has given over \$80 million to Planned Parenthood. Between 2018 and 2020, the foundation gave over \$11 million to the Population Council.⁹²

⁹¹ Bixby Center for Global Reproductive Health, "Abortion," https://bixbycenter.ucsf.edu/abortion; David Grossman MD, "Alternative Provision Of Medication Abortion Via Pharmacy Dispensing," clinicaltrials.gov, September 22, 2017, https://clinicaltrials.gov/ProvidedDocs/57/NCT03320057/ Prot_000.pdf; Reproductive Health Research and Policy, "Honoring San Francisco's Abortion Pioneers," https://intranet.bixbycenter.ucsf.edu/publications/files/HonoringSFsAbortionPioneers.pdf.

⁹² PBS, "Transcript: Bill Moyers Interviews Bill Gates," http://www.pbs.org/now/transcript/transcript_gates.html; Joseph Vazquez, "Bill & Melinda Gates Foundation Gave \$11,381,171 to 'Overpopulation'-Focused Population Council," NewsBusters.org, March 20, 2020, https://www.newsbusters.org/blogs/ business/joseph-vazquez/2020/03/20/bill-melinda-gates-foundation-gave-11381171-overpopulation.

⁹³ Bill and Melinda Gates Foundation, "DKT International, Inc. February 2019," https://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database/Grants/2019/02/OPP1198727; Bill and Melinda Gates Foundation, "DKT International, Inc. August 2016," https://www.gatesfoundation.org/ How-We-Work/Quick-Links/Grants-Database/Grants/2016/08/OPP1147876; DKT International, "DKT Brochure Final" https://www.dktinternational. org/wp-content/uploads/2011/04/DKT-Brochure-final-DV2-122613.pdf; Gomperts v. Azar, No. 1:19-cv-00345 (D. Idaho filed Sept. 9, 2019). June Medical. The Gates Foundation has also given tens of millions of dollars to international "family planning" organization DKT International (DKT). DKT's other funders include the Packard Foundation and the UN Population Fund. DKT boasts of over 4 million abortion pill "combipacks" sold, and over 10 million "unsafe abortions averted." Aid Access, admits to filling its prescriptions through a manufacturer in India, Synokem Pharmaceuticals Ltd, whose product label states the abortion pills are marketed by "DKT India."⁹³

DKT's President and founder, Christopher Purdy, also serves as President of abortion provider Carafem. DKT's CEO, Phil D. Harvey, serves on Carafem's board. Carafem is an abortion provider whose donors include the Packard Foundation. Carafem is partnering with Gynuity in conducting its clinical trials. Carafem is the "public face" of FemHealth USA, Inc. (FemHealth), a nonprofit "social enterprise to deliver early, safe abortion services and family planning products in the USA." FemHealth is listed as a "related organization" on DKT's 2018 IRS Form 990.⁹⁴

Finally, Planned Parenthood's major donors include the Packard Foundation, Buffet, and the Gates Foundation, each of which has given millions to the abortion giant over the decades. Planned Parenthood has partnered with Gynuity to expand its "TelAbortion" clinical trials. The abortion corporation makes hundreds of millions of dollars off the killing of children through surgical abortion, and no doubt the abortion pill proves to be quite lucrative as well.

ABORTION PILL REVERSAL

How it Works

Research has shown that women can reverse the effects of mifepristone by starting a progesterone treatment after taking mifepristone. Abortion pill reversal (APR) should be attempted as soon as possible, preferably within 24 hours

95 Packard Foundation, "Search Our Grants," https://www.packard.org/grants-and-investments/grants-database/?grant_

keyword=Planned+Parenthood+&program_area=&award_amount=&award_year=; "Bill and Melinda Gates Foundation," Grantmakers.io, https:// www.grantmakers.io/profiles/v0/562618866-bill-and-melinda-gates-foundation/?query=Planned%20Parenthood%20; TelAbortion, "For Providers and Allies," https://telabortion.org/about/for-providers. Heartbeat

Heartbeat International is the first network of pro-life pregnancy resource centers founded in the U.S., in 1971. of taking mifepristone, and before misoprostol is taken. Researchers have observed successful cases of APR, even where the progesterone treatment commenced within 72 hours of taking mifepristone.

A study conducted by Dr. George Delgado and Dr. Mary Davenport analyzed the outcomes of 547 women who attempted APR. Reversal success overall occurred in roughly 48% of cases. However, the reversal success rate reached 68% success among the women who were given high-dose oral progesterone treatment. If no progesterone treatment is offered, and the woman declines to take misoprostol, the survival rate for preborn children is 25% or less after mifepristone is taken. Delgado, board member of AAPLOG and Medical Director of Culture of Life Family Services, and Davenport found no increased risk of birth defects or preterm births.⁹⁶

Women interested in reversing the effects of the abortion pill should immediately contact Abortion Pill Rescue, a program founded and sponsored by Heartbeat International where she will be directed to OptionLine, their 24/7 hotline that provides referrals from a network of medical professionals that offer APR.

Predictably, the abortion industry discourages women from APR, calling it junk science and claiming progesterone treatment is ineffective. ACOG claims a "survival" rate of between 30% and 50%⁹⁷ for preborn children when a woman takes mifepristone, but declines misoprostol. Dr. Grossman has cited a 46% survival rate.⁹⁸ AAPLOG disputes these

⁹⁶ George Delgado, MD, Steven J. Condly, PhD, Mary Davenport, MD, MS, Thidarat Tinnakornsrisuphap, Ph.D., Jonathan Mack, PhD, NP, RN, Veronica Khauv, and Paul S. Zhou, "A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone," Issues in Law & Medicine 38, no. 1 (2018), https://issuesinlawandmedicine.com/wp-content/uploads/2019/10/Delgado-Revisions-FINAL-1.pdf.

⁹⁷ Rahima Nasa, "As 'Abortion Reversal' Laws Spread, Doctors and Scientists are Pushing Back," Frontline, August 27, 2019, https://www.pbs.org/wgbh/frontline/article/as-abortion-reversal-laws-spread-doctors-and-scientists-are-pushing-back/.

⁹⁸ Daniel Grossman, Kari White, Lisa Harris, Matthew Reeves, Paul D. Blumenthal, Beverly Winikoff, David A. Grimes, "Continuing pregnancy after mifepristone and "reversal" of first-trimester medical abortion: a systematic review," https://www.ansirh.com/sites/default/files/publications/files/ grossman-sep15-continuing_pregnancy_after_mifepristone.pdf. inflated survival numbers, pointing out that these include cases where the child died but was not passed, or the child passed but tissue was left inside. Thus the 30-50% actually reflects incomplete abortions, not living child survivals.

Some abortion advocates also point out that APR is an off-label use of progesterone, not approved by the FDA. According to ACOG: "Progesterone, while generally well tolerated, can cause significant cardiovascular, nervous system and endocrine adverse reactions as well as other side effects." AAPLOG points out ACOG's glaring hypocrisy, since progesterone is routinely used by OB/GYNs and infertility specialists to support early (first trimester) pregnancies in women who have suffered recurrent miscarriages. Further the safety of progesterone supplementation in early pregnancy is supported by the American Society of Reproductive Medicine. AAPLOG not only disputes the 30-50% survival rate claim but points to the hypocrisy of abortion pill advocates warning against off-label use of progesterone. First, the 30%-50% rate is based on rates of incomplete abortions, which includes cases where the child has died but woman has not yet expelled the tissue and remains from her uterus. This number therefore does not indicate a true "survival rate" of failed chemical abortions where a child survives. Second, progesterone is routinely used by OB/GYNs and infertility specialists to support early (first trimester) pregnancies in women who have suffered recurrent miscarriages.99

And while it is true that the FDA has not yet approved progesterone for APR, the abortion industry demonstrates it's own hypocrisy in this complaint. Off-label use of mifepristone has been prevalent for two decades and, prior to 2016, abortionists routinely prescribed mifepristone beyond 7 weeks gestation (before the REMS changed to allow for prescriptions up to 10 weeks), and at dosages that were not

⁹⁹ AAPLOG, "2019 AAPLOG Position Statement on Abortion Pill Reversal," https://aaplog.org/wp-content/uploads/2019/02/2019-AAPLOG-Statementon-Abortion-Pill-Reversal.pdf;The Practice Committee of the American Society for Reproductive Medicine, "Progesterone supplementation during the luteal phase and in early pregnancy in the treatment of infertility: an educational bulletin," Practice Committee Reports, April 2008, https://www. fertstert.org/article/S0015-0282(08)00253-7/pdf.

approved by the FDA. AAPLOG has also called it "scientific common sense" to increase progesterone, the naturally occurring hormone blocked by mifepristone, to improve the survival rate of the preborn child.

ACOG has complained that the study should not have given all women progesterone. Instead they claim that of the women who regret taking the abortion pill, half should be given progesterone and the other half should be given nothing. But as Delgado points out, a study using randomized placebo-controlled methods, "in women who regret their abortion and want to save the pregnancy would be unethical."¹⁰⁰ In fact, ACOG conveniently ignores the fact that many early scientific studies, such as the Delgado study, are observational, and not placebo controlled, and the fact that there are other ways to conduct valid research trials, such as dose comparison.

In 2019, the University of California Davis (UC Davis) sponsored a clinical trial on APR, which had to end early due to safety concerns.¹⁰¹ The study, led by Dr. Mitchell Creinin, a consultant of the abortion pill distributor Danco, found that four out of five women who did not receive progesterone had major hemorrhage necessitating emergency surgery, and one required a transfusion. This massive hemorrhage rate in women who did not receive APR resulted in an early ending of the study. Only one out of the five women who did not receive progesterone (20%) had an ongoing pregnancy at 2 weeks after Mifeprex.¹⁰² This is consistent with the 20% survival rate found in Davenport when only Mifeprex

¹⁰⁰ Mara Gordon, "Controversial 'Abortion Reversal' Regimen Is Put To The Test," Health News From NPR, March 22, 2019, https://www.npr.org/sections/health-shots/2019/03/22/688783130/controversial-abortion-reversal-regimen-is-put-to-the-test.

¹⁰¹ ClinicalTrials.gov, "Blocking Mifepristone Action With Progesterone," https://clinicaltrials.gov/ct2/show/NCT03774745?term=creinin; Melissa J. Chen, Mitchell D. Creinin, "Mifepristone With Buccal Misoprostol for Medical Abortion: A Systematic Review," UC Davis Previously Published Works, January 7, 2015, https://escholarship.org/content/qt0v4749ss/qt0v4749ss.pdf; Elizabeth G. Raymond, MD, MPH, Margo S. Harrison, MD, MPH, Mark A. Weaver, PhD, "Efficacy of Misoprostol Alone for First-Trimester Medical Abortion," https://journals.lww.com/greenjournal/Abstract/2019/01000/ Efficacy_of_Misoprostol_Alone_for_First_Trimester.19.aspx.

102 See Note 101

103 See Note 97

is given.103

Remarkably, Creinin also found that 80% of the women who received progesterone had living children 2 weeks later. This number is consistent with the 68% survival rate in the best protocol as published by Delgado. Only one woman who received progesterone had a brief hemorrhage which stopped in the emergency room, and therefore needed no treatment. The study ended early due to safety concerns, with the insinuation that not taking misoprostol caused the risk of hemorrhage. However, the reason for the hemorrhage is clearly mifepristone, and the progesterone in APR protected women from that hemorrhage.

So Creinin's study actually proved what pro-life doctors already knew: mifepristone alone has about a 20% survival rate.¹⁰⁴ The patients who only received mifepristone and not progesterone experienced higher rates of complications, specifically hemorrhage. As Dr. Delgado observed, "[t]his study does make it clear that taking mifepristone and doing nothing else does pose a risk to the pregnant woman." This is exactly the kind of increased risk that women will face with do-it-yourself abortions.

Abortion Pill Regret

A recent UCSF study found that few women regret their abortions, with as many 95% reporting it was the right decision. Yet, Michael J. New, a professor at the Catholic University of America and an associate scholar at the Charlotte Lozier Institute, notes that fewer than 38% of women asked to participate agreed to answer the survey. And among participants, only 58.4% responded to the study five years after the study began. "Over time," New writes, "a significant percentage of the women who originally agreed to participate either could no longer be contacted or refused



Rebekah

to answer follow-up surveys." New suggests, "it is likely that women who disappeared from the survey were experiencing more psychological suffering than women who responded."¹⁰⁵

Live Action conducted a series of interviews of women who have tried APR. Rebekah was 18 years old, already a mom to a ten-month old baby Eli, when she decided to take the abortion pill. She was just shy of 8 weeks pregnant when a Planned Parenthood employee gave her mifepristone, saying it would feel "really natural," like a "monthly menstrual cycle," and not "too painful." But by the time Rebekah got to her car she was "paralyzed" with feelings of regret. "Oh my gosh," she thought, "what did I just do? I have a baby at home that I love very much. I'm getting more and more attached to this baby that's growing inside of me." Rebekah wondered if her preborn child was already dead. "Did it feel any pain?" she thought.

Rebekah got out her phone and started searching terms like "I started the medication abortion and I've changed my mind." Rebekah found a website that talked about APR and was able to start progesterone treatment quickly. Planned Parenthood discovered she tried APR after Rebekah failed to return for her follow-up appointment to see if the abortion pill worked. Planned Parenthood was discouraging and told her over the phone, "If you carry to term, which is not likely, your baby will probably have severe abnormalities."

Rebekah's baby, Zachariah, was born in October 2013, "perfectly healthy" and with no physical disabilities. Grateful she discovered APR, Rebekah now understands, "what it's like to start an abortion and feel instant guilt and regret and grief," and "what it's like to be given a second chance at choice, a second chance choosing life after making a decision that I initially regretted."

Emily was 17 years old when she took the abortion pill for the first time. "It was scary and it was traumatizing," she said. "It's

¹⁰⁵ Michael J. New, "A Flawed Study Claims that Few Women Regret Abortion," National Review, January 15, 2020, https://www. nationalreview.com/corner/a-flawed-study-claims-that-few-women-regret-abortion/.



Emily

so dangerous... the amount of blood that there is... I bled a lot."

Emily began to regret her abortion immediately. "I think about it a lot," she said, "I would do anything to have them in my family today... I miss that person I didn't keep."

But at 19, Emily was pregnant again. She went back to Planned Parenthood to take the abortion pill a second time. Emily held the pills in her hand and told the employee administering the mifepristone, "I don't know if I want to do this." The employee said nothing about Emily's options or choices, and simply replied: "Well you already paid for them."

Emily took the mifepristone and "cried the whole way home." But that evening, she found the Abortion Pill Rescue Network online and spoke to Elizabeth Delgado. Elizabeth gave Emily hope and found an APR clinic within 30 minutes of Emily's home. "They were so different than the people from Planned Parenthood," Emily said of the clinic. "They were welcoming and loving," and showed her models of a baby at 8 weeks. "This is what's inside of you," they said.

Emily worried about how to tell her parents she was pregnant. According to Emily, the clinic told her: "Don't worry about your parents, we'll tell them with you. We'll be with you every step of the way. We'll get you a crib, well whatever you need." Emily says they kept their word and provided her "a lot of stuff, free pregnancy prenatal classes, a crib, bassinet, clothes, diaper bag." They even helped Emily break the news to her mother. "To this day," Emily says, "we're all friends."

Emily named her baby Ezekiel, and he is now a healthy six year old.

Grief and regret are strong emotions that may not manifest in a person for many years after a decision or a traumatic event. The abortion industry's business model rests on the notion that many of their customers regret their pregnancies but never their abortions. Common sense suggests women like Rebekah and Emily, who experienced regret by the time they reach their car in the parking lot, are not rare cases.

Fortunately, Rebekah and Emily found APR websites just in time. But medical ethics demand women be adequately informed of APR before taking mifepristone.

ADDITIONAL LAWS PROTECTING WOMEN'S HEALTH & LEGAL CHALLENGES

Abortion Pill Reversal Laws

States like Arkansas, Idaho, Kentucky, North Dakota, Nebraska, Oklahoma, South Dakota, and Utah have passed laws requiring that women be informed of APR when receiving a prescription for mifepristone.¹⁰⁶

In 2019, the AMA and Center for Reproductive Rights challenged a North Dakota law requiring abortionists to disclose APR to women being prescribed the abortion

¹⁰⁶ Guttmacher Institute, "Medication Abortion," Evidence You Can Use, https://www.guttmacher.org/evidence-you-can-use/medication-abortion.

pill, claiming the law violates the First Amendment rights of doctors. "North Dakota's laws undermine the patientphysician relationship, because it requires physicians to mislead and misinform their patients with messages that contradict reality and science," said AMA President Dr. Patrice Harris

The AMA cites a recent US Supreme Court case, NIFLA v. Becerra, which held that the government could not force people to speak against their personal beliefs. Alliance Defending Freedom (ADF) filed a motion to intervene on behalf of Heartbeat International, which operates the Abortion Pill Rescue Network. ADF argues that NIFLA v. Becerra does not overturn "longstanding canons of medical ethics," requiring doctors to inform patients about the "risks, alternatives, and consequences" of medical procedures. In other words, a patient's right to informed consent is not a violation of a doctor's First Amendment rights.¹⁰⁷

Finally, in May 2020, the pro-abortion Campaign for Accountability (CfA) sent a letter to the FDA asking the agency to seize the website domains or issue warning letters to "Abortion Pill Rescue, American Pregnancy Association, Obria Medical Clinics, and any other entities improperly marketing progesterone treatments to women who have taken mifepristone." CfA's alleged concern for websites that advertise the off-label use of progesterone appears to mirror the demand by pro-life groups that the FDA seize the websites of Aid Access and other organizations selling illegal and unapproved abortion pills. CfA's letter cites Creinin's UC Davis study but fails to mention that it was the mifepristone that caused these women to be hospitalized and not progesterone. CfA also fails to mention that four of the five women (80%) given progesterone had living children at 2 weeks. Most importantly, CfA's letter insists without any evidence that the off-label use of progesterone is dangerous. This hypocrisy is remarkable considering that the abortion

¹⁰⁷ Alliance Defending Freedom (ADF), "Pregnancy centers to defend ND law that ensures women are fully informed about abortion," December 10, 2019, http://www.adfmedia.org/News/PRDetail/10891.

pill regimen itself requires the off-label use of Cytotec, and even though the off-label use of Mifeprex was common practice among abortionists until 2016 (when the Obama administration relaxed REMS). It also ignores the fact that progesterone is routinely used by OB/GYNs and infertility specialists to support early (first trimester) pregnancies in women who have suffered recurrent miscarriages. Further, the safety of progesterone supplementation in early pregnancy is supported by the American Society of Reproductive Medicine.

State Laws on Telemedicine & Legal Challenges to REMS

Several states have enacted health and safety laws that go beyond the protections of REMS.¹⁰⁸

Thirty-three states require the clinician prescribing the abortion pill to be a licensed physician. The distinction is important since the term "clinician" encompasses a broad range of healthcare workers, including medical assistants working in an abortion facility. However, a licensed physician means a medical doctor licensed by the state to perform the practice of medicine. Licensed physicians are held to a legal "standard of care" and owe their patients a duty to provide learned and reasonable medical advice. Physicians can be sued for malpractice in the negligent performance of their medical practice.

Eighteen states require that the clinician or physician be physically present with the patient receiving the abortion pill prescription. This requirement makes telemedicine an impossibility in these states.

This report has already mentioned the case of Gomperts v. Azar, in which the Dutch-based abortionist Rebecca Gomperts has claimed a violation of her alleged due process

¹⁰⁸ Guttmacher Institute, "Medication Abortion," State Laws and Policy, https://www.guttmacher.org/state-policy/explore/medicationabortion#. right to peddle lethal abortion drugs to US consumers with impunity. The case, filed in Idaho federal district court, claims REMS imposes an undue burden on a woman's Constitutional right to abortion under Roe. In 2017, the ACLU made the same argument in Chelius v. Azar on behalf of Hawaii abortionists, and they challenged REMS as a violation of women's right to privacy and equal protection. The ACLU has claimed REMS places an undue burden on abortion access without medical justification.

Abortion Advocates Use COVID-19 to Push for Do-It-Yourself Abortions

State governors in Texas, Louisiana, Tennessee, and several other states required the closure of abortion facilities as nonessential businesses under COVID-19 lockdown and social distancing orders. Planned Parenthood and other abortion industry allies like the ACLU challenged these executive orders, which deemed abortion not medically necessary. These state orders further sought to preserve personal protective equipment (PPE) for the healthcare industry during the COVID-19 pandemic. Abortion advocates argued that medication abortions do not require PPE. In April 2020, the Fifth Circuit Court of Appeals agreed and let medication abortions continue in Texas.

Yet, the abortion pill can lead to the use of PPE if the woman returns to the emergency room because she is hemorrhaging, needs a surgical procedure to complete a failed chemical abortion, or to treat other complications like infection. The "Patient Agreement" each woman signs to set forth her informed consent explicitly advises of the possibility for an emergency room visit to address incomplete abortion or other severe complications. Advocates are also pressuring the FDA to lift REMS, just as pro-life groups are demanding the FDA continue to enforce REMS against online sellers like Aid Access. In an April 2020 letter issued by the National Women's Health Network (NWHN), signed by over 80 pro-abortion advocacy groups like NOW and NARAL, these advocates said REMS is endangering lives during COVID-19. REMS, they claim, will "force pregnant people to pursue alternatives" like turning to "overseas pharmacies," or "nonmedical methods of self-managed abortion," while other women are exposed to COVID-19 by being forced to travel long distances to clinics for the abortion pill. "And, of course," they said, "many people will be forced to carry an unwanted pregnancy to term during a pandemic."¹⁰⁹

On May 27, 2020, ACOG and the ACLU filed a lawsuit to enjoin the FDA and HHS from enforcing REMS. These groups argued that REMS puts women in danger by requiring them to travel to clinics to receive the abortion pill, "facing needless" exposure to COVID-19. They pointed out that the FDA and HHS have each "emphatically promoted the widespread use of telemedicine during the pandemic," and that the FDA has relaxed REMS for laboratory testing and imaging studies (such as MRIs) during the pandemic, thus "embracing health care delivery models that meet patients' urgent needs while reducing unnecessary travel and in-person examinations." According to the ACLU and ACOG, refusing to lift REMS for the abortion pill is discriminatory and without medical basis.

These groups argued that REMS violates "patients' right to privacy and liberty as guaranteed by the due process clause of the Fifth Amendment" by requiring women to risk "lifethreatening viral exposure" in order to abort their children. Finally, they argued that treating abortion pill prescribers and

¹⁰⁹ Congress of the United States. "April 14, 2020 Letter to Honorable Stephen Hahn, MD, Commissioner, Food and Drug Administration." Accessed June 15, 2020. https://www.hydesmith.senate.gov/sites/default/files/2020-04/041420%20-%20MOC%20Letter%20to%20 FCA%20on%20Chemical%20Abortion%20During%20Coronavirus%20-%20final.pdf.

patients differently from other "similarly situated clinicians and patients" violates "patients' right to equal protection of the laws under the Fifth Amendment."

On July 13, 2020, US District Court Judge Theordore D. Chuang sided with these pro-abortion special interest groups and enjoined HHS and the FDA from enforcing REMS during the COVID-19 pandemic. Chuang ruled that the burdens of requiring women to appear in-person for the abortion pill outweighed the benefits of REMS, and that REMS imposes a "substantial obstacle" to women seeking abortions. At the time of this report, the In Person Requirements of REMS are therefore suspended throughout the US until 30 days after the COVID-19 public health emergency is officially ended.

In the meantime, women who may die from undiagnosed ectopic pregnancies, who will show up at emergency rooms hemorrhaging only to find critical blood shortages, who will never hear about APR, and who will suffer excruciating physical and emotional pain from the abortion pill, will not have the ACLU, ACOG, or the AMA fighting for their fundamental rights.

CONCLUSION

We Do Not Know the True Number of Adverse Events

Since 2000, nearly 4 million American women have used the abortion pill.¹¹⁰ According to the Guttmacher Institute, the abortion pill now accounts for 40% of all US abortions.¹¹¹ According to the FDA-reported data, as of 2018 there had been nearly 4,200 adverse events reports for RU-486 and 24 fatalities.¹¹² But these numbers are highly deceiving.

A woman taking the abortion pill is at risk of excruciating abdominal pain, hemorrhaging, infection, sepsis, and death. If a woman's chemical abortion fails and she undergoes surgical abortion to complete the procedure, she is also at increased risk of preterm delivery for future pregnancies. Planned Parenthood and Danco agree mifepristone's failure rate is anywhere from 2% to 7%.¹¹³ Yet, Danco and GenBioPro are only required to report deaths to the FDA provided the abortionist prescribing RU-486 reports these deaths to Danco and GenBioPro. According to Danco, "2-7% of women will need a surgical procedure to end the pregnancy or stop heavy bleeding."

A woman experiencing severe complications is not likely to return to Planned Parenthood or the abortion facility where she first received the abortion pill. Instead, she will more likely seek care at an emergency room. In fact, abortion facilities routinely instruct women taking the abortion pill to seek care at emergency rooms, rather than returning to the abortion facility.

110 See Note 27

¹¹¹ Rachel K. Jones, Elizabeth Witwer and Jenna Jerman, "Abortion Incidence and Service Availability in the United States, 2017," Guttmacher Institute. https://www.guttmacher.org/sites/default/files/report_pdf/abortion-incidence-service-availability-us-2017.pdf.

112 See Note 27

113 See Note 22

If a woman goes to an emergency room to seek care, she may, on the advice of several prominent abortion pill advocates or perhaps on the advice of an abuser, claim she is experiencing a miscarriage. Even if she tells the emergency room doctor, she took the abortion pill, the doctor is under no legal obligation to report an adverse event to the FDA.

There is also no adverse event reporting process for abortion pills brought into the US illegally on a black market and unapproved by the FDA. Rebecca Gomperts admits to personally prescribing the abortion pill to over 7,000 American women between March 2018 and August 2019 alone.

Health & Safety Regulations Matter, But They are Not Enough

The FDA was established in the early twentieth century to protect consumer safety. Under 21 CFR § 2.5 the FDA Commissioner may halt sales of a drug that poses an "imminent hazard to the public health."

In 1977, the FDA used this emergency power to halt sales of a diabetic drug, phenformin. Consumer groups pressured the FDA to ban the drug after hundreds of reports that it caused fatal lactic acidosis. At the time, phenformin was being prescribed to over 385,000 patients per year.¹¹⁴

In 1997, the FDA pulled the anti-obesity drug combination Fen-Phen off the US market less than two years after its approval, after dozens of reports of heart valve disease linked to the drug. At the height of its popularity, between 40 million and 60 million people used the drugs worldwide, and 4 million in the US.¹¹⁵

¹¹⁴ Morton Mintz, "Nader Group, Citing Deaths, Urges Ban on Diabetic Drug," Washington Post, April 22, 1977; Morton Mintz, "Special Authority Invoked to Halt Phenformin Sales; Emergency Power Is Invoked to Halt the Sale of Phenformin," Washington Post, July 26, 1977.

¹¹⁵ Kathey Clarey and Guy Keller, "LIFE AFTER FEN-PHEN; 'NO MIRACLE TABLET'; Former fen-phen users are hoping for a replacement, but experts say only exercise and better dietary habits will prove successful," The Fresno Bee, March 31, 1998, https://www.nytimes.com/1997/09/23/science/ how-fen-phen-a-diet-miracle-rose-and-fell.html.

In 2019, the FDA acted decisively to regulate e-cigarettes and confront the growing teen vaping epidemic. CDC has reported at least 150 cases of minors sickened by lung illnesses related to vaping, and 26 total vaping-related deaths. Nearly 3.5 million minors were vaping by the end of 2018.¹¹⁶

Yet, ever since the FDA forced RU-486 through the approval process, this agency has barely taken notice of the abortion industry's noncompliance with even the most modest safety protocols. In fact, as a reward for the industry's open and persistent defiance of FDA label requirements, the Obama administration relaxed REMS in 2016.

Pregnancy is not an illness, and the abortion pill is not intended to prevent or cure a disease. Yet, the Clinton FDA used "accelerated approval" protocols typically reserved for high-risk drugs that cure life-threatening illnesses. The FDA disregarded standard procedures and best practices for clinical trials based on political marching orders from the White House to bring RU-486 to the market. No US pharmaceutical company wanted anything to do with this lethal drug, which is why the only organization willing to take Roussel Uclaf's "gift" was the Population Council—a nonprofit with deep ties to the eugenics movement.

By approving RU-486, the FDA disregarded its mandate to protect consumer safety, and pro-life leaders should not let the FDA continue to escape its responsibility when it comes to women and preborn children. At the same time, we must also put REMS and APR into perspective. REMS is a set of safety guidelines to protect the health and safety of women intentionally using a lethal drug that chemically destroys the lives of their preborn children.

Pregnancy is not an illness, and the abortion pill is not intended to prevent or cure a disease.

¹¹⁶ Moriah Balingit, "More than 150 teens have fallen ill from vaping. Is it enough to make their peers stop?; The outbreak of lung injuries has terrified some teenagers into giving up the devices," Washington Post Blogs, October 14, 2019; Laurie McGinley, "FDA plans curbs on e-cigarette sales over concerns about surge in teen vaping; Some vaping products will be banned from gas stations and convenience stores," Washington Post Blogs, November 8, 2018; FDA, "FDA, DEA seize 44 websites advertising sale of illicit THC vaping cartridges to US consumers as part of Operation Vapor Lock," Press Announcements, December 2019, https://www.fda.gov/news-events/press-announcements/fda-dea-seize-44-websites-advertising-sale-illicit-thc-vaping-cartridges-us-consumers-part-operation; FDA, "2018 NYTS Data: A Startling Rise in Youth E-cigarette Use," https://www.fda.gov/tobacco-products/youth-and-tobacco/2018-nyts-data-startling-rise-youth-e-cigarette-use; Centers for Disease Control and Prevention (CDC), "Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products," https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html.

We must keep in mind that none of these health and safety regulations will spare the lives of the more than 800,000 preborn children killed by abortion annually in the US (a rapidly increasing portion of which are chemical abortions).



When these women experience a change of heart, APR offers them a way to reverse their deadly decision. REMS and APR each serve to mitigate the damage to women's health caused by RU-486.

However, we cannot be satisfied with a status quo that preserves REMS, or merely with the return of pre-2016 REMS. We cannot be satisfied by requiring abortionists to disclose APR to women taking the abortion pill. We cannot be satisfied with the FDA cracking down on foreign websites and organizations counseling women to defy REMS and trafficking illegal abortion pills into US commerce.

We must keep in mind that none of these health and safety regulations will spare the lives of the more than 800,000 preborn children killed by abortion annually in the US (a rapidly increasing portion of which are chemical abortions). At best, REMS and APR are merely short-term remedies. The end goal remains the complete US ban on importing, distributing, and selling mifepristone. This lethal drug is dangerous for women, and nothing less than a way for the abortion industry to reduce its liabilities, overhead costs, and public scrutiny in order to increase its profits from the deaths of children.

The abortion industry envisions a day when vulnerable women can be convinced in their most desperate hour with the easy fix of a quick pill. They do not want her wasting too much time in making her decision, or driving to the abortion facility, or walking past sidewalk counselors who might offer her a prayer, a kind word, or access to resources she may desperately need. They do not want the red-tape of regulations or licensing requirements that might impose minimal standards of accountability on abortionists and their facilities. They do not want to make disclosures about medical risks, or women to give informed consent, or the liability that comes with operating brick-and-mortar facilities with licensed physicians. They do not want conscientious objection from Hippocratic medical professionals.

The abortion industry tells us that abortion is a form of healthcare, often "medically necessary." Yet, abortion advocates want the abortion pill "demedicalized," dispensed over the counter, without the slightest amount of supervision from licensed physicians or healthcare workers.

Abortion advocates once claimed they wanted abortions to be "safe" and "rare." Even before the FDA and the FTC cracked down on the tobacco industry's deceptive advertising of unsafe products which targeted children, tobacco companies never claimed they wanted smoking to be "rare." Possibly because nobody would sincerely believe any for-profit business wants fewer consumers using its products and services.

The abortion industry was never concerned with safety either. Abortion advocates insist on "access," not safety. And a lethal drug that chemically starves preborn children in the womb, while causing excruciating abdominal pain and days of severe bleeding to women, in successful cases, is only "safe" for the abortionist, not for the woman or her unborn child."

What Can Be Done

Live Action demands the removal of all legal protections for abortionists and any clinician that prescribes the abortion pill. Until that day comes, the FDA must not approve new abortion drugs, and it must resist efforts by the abortion industry to lift REMS and allow dangerous, unsupervised do-it-yourself abortions. Women also deserve to learn about APR before they are given a prescription for the abortion pill. We strongly urge HHS and the FDA to continue to fight the abortion industry's attempt to deregulate the abortion pill through the courts, and to fight back against the industry's opportunistic ploy to use the COVID-19 pandemic to expand at-home abortions.

Additionally, the FDA is charged with protecting the safety of human subjects used in clinical trials. The commissioner should take immediate steps to shut down the trials conducted by Gynuity for its dangerous and unethical practices, including soliciting girls as young as ten years old and high-risk foreign trials involving women in their second trimesters.

Finally, the FDA should pull mifepristone from the market today under its power to declare the drug an imminent hazard to public health. We urge the FDA commissioner to take immediate steps to ban this lethal drug due to the imminent danger it poses to women and preborn children.

BIBLIOGRAPHY

Books

Baulieu, Etienne-Emile, and Mort Rosenblum. The "Abortion Pill". New York: Simon & Schuster, 1990.

Journal Articles

Delgado, George, MD, Steven J. Condly, PhD, Mary Davenport, MD, MS, Thidarat Tinnakornsrisuphap, Ph.D., Jonathan Mack, PhD, NP, RN, Veronica Khauv, and Paul S. Zhou. "A Case Series Detailing the Successful Reversal of the Effects of Mifepristone Using Progesterone." Issues in Law & Medicine 38, no. 1 (2018). Accessed July 27, 2020. https://issuesinlawandmedicine.com/wp-content/uploads/2019/10/Delgado-Revisions-FINAL-1.pdf.

Delgado, George, MD, and Mary Davenport, MD. "Progesterone Use to Reverse the Effects of Mifepristone." Annals of Pharmacology 46 (2012). Accessed July 27, 2020. https://journals.sagepub.com/doi/abs/10.1345/aph.1R252.

Grossman, Daniel, MD, and Kate Grindlay, MSPH. "Safety of Medical Abortion Provided Through Telemedecine Compared With in Person." Obstetrics & Gynecology 130, issue 4 (2017). Accessed July 27, 2020. https://journals.lww.com/greenjournal/Fulltext/2017/10000/Safety_of_Medical_Abortion_Provided_Through.16.aspx.

Raymond, Elizabeth and Erica Chong, Barely Winikoff, Paula Bednarek, Meghan Keady, Esther Prigue. "TelAbortion: evaluation of a direct to patient telemedicine abortion service in the United States." Contraception Journal 100, issue 3 (2019). Accessed July 27, 2020.

https://www.contraceptionjournal.org/article/S0010-7824(19)30176-3/pdf.

Upadhyay, Ushma, PhD, MPH, Sheila Desai, MPH, Vera Zlidar, MHS, Tracy Weitz, PhD, MPA, Daniel Grossman, MD, Patricia Anderson, MPH, Diana Taylor, PhD, RNP. "Incidence of Emergency Department Visits and Complications After Abortion." Obstetrics & Gynecology 125, issue 1 (2015). Accessed July 27, 2020. https://journals.lww.com/greenjournal/Fulltext/2015/01000/Incidence_of_Emergency_Department_Visits_and.29.aspx.

Newspapers, Magazines & Online News Reports

Hutzler, Charles. "RU-486 Manufacturer Disclosed." ABC News, January 6, 2006. https://abcnews.go.com/Health/story?id=117901&page=1.

Flanagan, Caitlin. "Losing the Rare in 'Safe, Legal, and Rare'." The Atlantic, December 6, 2019. https://www.theatlantic.com/ideas/archive/2019/12/the-brilliance-of-safe-legal-and-rare/603151/.

Khazan, Olga. "Women in the U.S. Can Now Get Safe Abortions by Mail." The Atlantic, October, 18, 2018. Accessed July 27, 2020. https://www.theatlantic.com/health/archive/2018/10/women-on-web-safe-abortion-mail/573322/.

Murphy, Sean. "FDA: Women can take abortion pill later; pare clinic visits." Associated Press, March 30, 2016. Accessed July 27, 2020.

https://www.ksl.com/article/39112227/fda-women-can-take-abortion-pill-later-pare-clinic-visits.

McNamara, Eileen. "Owner of abortion facilities lack hospital admitting privileges." The Boston Globe, September 6, 1989. Accessed July 27, 2020.

"Abortion Pill Deaths Baffle Docs." CBS News, July 25, 2005. Accessed July 27, 2020. https://www.cbsnews.com/news/abortion-pill-deaths-baffle-docs/.

"Abortion Pill Maker Revealed." CBS News, October 13, 2000. Accessed July 27, 2020. https://www.cbsnews.com/news/abortion-pill-maker-revealed/.

"FDA could ban certain e-cigarette flavors as soon as Friday." CBS News, January 2, 2020. Accessed July 27, 2020. https://www. cbsnews.com/video/fda-could-ban-certain-e-cigarette-flavors-as-soon-as-friday/.

"FDA issues ban on most flavored e-cigarettes." CBS News, January 2, 2020. Accessed July 27, 2020. https://www.cbsnews.com/video/fda-issues-ban-on-most-flavored-e-cigarettes/.

"Safety of Abortion Pill Questioned." CBS News, November 16, 2004. Accessed July 27, 2020. https://www.cbsnews.com/news/safety-of-abortion-pill-questioned/.

Baer, Maria. "Abortion Regret Isn't a Myth, Despite New Study." Christianity Today, January 22, 2020. Accessed July 27, 2020. https://www.christianitytoday.com/news/2020/january/pro-life-abortion-regret-study-post-abortive-ministry.html.

La Vito, Angela. "FDA restricts sales of most flavored e-cigarettes to curb 'astonishing' surge in teen vaping, pursues menthol ban." CNBC, November 15, 2018. Accessed July 27, 2020. https://www.cnbc.com/2018/11/15/fda-restricts-most-flavored-e-cigarette-sales-pursues-menthol-ban.html.

"Abortion Pill heading to U.S. clinics as early as today." CNN, November 21, 2000. Accessed July 27, 2020. https://www.cnn. com/2000/HEALTH/women/11/21/abortion.pill/index.html.

de Vogue, Ariane. "Federal appeals court ruling allows 'medication abortion' in Texas while legal challenge continues." CNN, April 14, 2020. Accessed July 27, 2020. https://www.cnn.com/2020/04/14/politics/federal-court-texas-medication-abortion-coronavirus/index.html.

"Abortion access thrown into jeopardy by coronavirus pandemic." CNN Wire, April 9, 2020. Accessed July 27, 2020.

Allen, Samantha. "Abortion Reversal' is Scary, Bogus Science." The Daily Beast, April 13, 2017. Accessed July 27, 2020. https://www.thedailybeast.com/abortion-reversal-is-scary-bogus-science.

Simcox, Georgia. "Police investigate death of unborn baby after woman took 'pills by post' abortion drugs while 28 weeks pregnant - four past the legal limit." Daily Mail, May 22, 2020. Accessed July 27, 2020. https://www.dailymail.co.uk/news/article-8349739/Police-investigate-death-unborn-baby-woman-took-abortion-drugs-home-28-weeks-pregnant.html.

Lee, Tara Sander, and Michael Valley. "Contrary to Media Reports, New Abortion Pill Study Finds It Endagers Women and Reversal Works." The Federalist, January 10, 2020. Accessed July 27, 2020. https://thefederalist.com/2020/01/10/contrary-to-media-reports-new-abortion-pill-study-finds-it-endangers-women-and-reversal-works/.

Thomas, Clarence. "Abortion and Eugenics." First Things, May 28, 2019. Accessed July 27, 2020. https://www.firstthings.com/web-exclusives/2019/05/abortion-and-eugenics.

"Abortion Drug Adverse Events Reported." Fox News, December 30, 2005. Accessed July 27, 2020. https://www.foxnews.com/story/abortion-drug-adverse-events-reported.

Crothers, Brooke. "Coronavirus Pandemic Impact: What is Telemedicine and Telehealth?." Fox News, March 19, 2020. Accessed July 27, 2020. https://www.foxnews.com/tech/coronavirus-pandemic-impact-what-is-telemedicine-and-telehealth.

Dorman, Sam. "Pro-life doctors, leaders criticize study that purportedly casts doubt on abortion reversals." Fox News, December 13, 2019. Accessed July 27, 2020.

https://www.foxnews.com/media/pro-life-doctors-leaders-abortion-reversals.

Olson, Tyler. "Planned Parenthood sues Texas Gov. Abbott over order to stop elective abortions during coronavirus." Fox News, March 26, 2020. Accessed July 27, 2020. https://www.foxnews.com/politics/planned-parenthood-sues-texas-gov-abbott-over-order-to-stop-elective-abortions-during-coronavirus.

Clarey, Kathey and Guy Keller. "LIFE AFTER FEN-PHEN; 'NO MIRACLE TABLET'; Former fen-phen users are hoping for a replacement, but experts say only exercise and better dietary habits will prove successful." The Fresno Bee, March 31, 1998. Accessed July 27, 2020.

Redden, Molly. "New website offers US woman help to perform their own abortions." The Guardian, April 27, 2017. Accessed July 27, 2020. https://www.theguardian.com/world/2017/apr/27/abortion-website-women-help-women.

Means, Grady. "The Coronavirus: Blueprint for Bioterrorism." The Hill, March 9, 2020. Accessed July 27, 2020. https://thehill. com/opinion/national-security/485921-the-coronavirus-blueprint-for-bioterrorism.

Jeltsen, Melissa. "Inside the Dangerous Rise of 'Abortion Reversal' Bills." Huffington Post, June 29, 2019, updated August 1, 2019. Accessed July 27, 2020. https://www.huffpost.com/entry/abortion-reversal-bills_n_5d164c6ee4b07f6ca57cc6fc.

Associated Press. "France Orders Drug Firm to Market Abortion Pill." Los Angeles Times, October 30, 1988. Accessed July 27,

2020. https://www.latimes.com/archives/la-xpm-1988-10-30-mn-756-story.html.

Bernstein, Sharon. "Abortion Pill Saga." Los Angeles Times reprinted in Seattle Times, November 19, 2000. Accessed July 27, 2020. https://archive.seattletimes.com/archive/?date=20001119&slug=TTUJ2CJCR.

Bernstein, Sharon. "Persistence Brought Abortion Pill to U.S." Los Angeles Times, November 5, 2000. Accessed July 27, 2020. https://www.latimes.com/archives/la-xpm-2000-nov-05-mn-47330-story.html.

Grossman, Daniel. "Overregulation is forcing women to have late-term abortions." Los Angeles Times, February 28, 2017. Accessed July 27, 2020. https://www.latimes.com/opinion/op-ed/la-oe-grossman-remove-restrictions-on-medication-abortion-20170228-story.html.

Healy, Melissa. "Are restrictions on the 'abortion pill' politics or science?" Los Angeles Times, February 24, 2017. Accessed July 27, 2020. https://www.latimes.com/science/sciencenow/la-sci-sn-abortion-pill-20170223-story.html.

La Ganga, Maria L. "Suit Targets Distributor of RU-486." Los Angeles Times, October 7, 2005. Accessed July 27, 2020. https://www.latimes.com/archives/la-xpm-2005-oct-07-me-abortion7-story.html.

Smeal, Eleanor. "Should We Remove Restrictions? : YES : RU-486 is the moral property of all women, yet their interests are being held hostage to politics and the profit motive." Los Angeles Times, June 20, 1991. Accessed July 27, 2020. https://www.latimes.com/archives/la-xpm-1991-06-20-me-1140-story.html.

Tumulty, Karen, and Marlete Cimons. "Clinton Revokes Abortion Curbs : Executive orders: President ends ban on fetal tissue research, overturns gag rule at clinics and clears way for the FDA to allow importing of French RU486 pill." Los Angeles Times, January 23, 1993. Accessed July 27, 2020. https://www.latimes.com/archives/la-xpm-1993-01-23-mn-1587-story.html.

Andrews, Becca. "The Coronavirus Is Making the Case for Abortion Via Telemedicine." Mother Jones, March 18, 2020. Accessed July 27, 2020. https://www.motherjones.com/coronavirus-updates/2020/03/case-for-abortion-telemedicine/.

Conaboy, Chelsea. "She Started Selling Abortion Pills Online. Then the Feds Showed Up." Mother Jones, March/April 2019. Accessed July 27, 2020. https://www.motherjones.com/politics/2019/02/she-started-selling-abortion-pills-online-then-the-feds-showed-up/.

Baker, Carrie N. "Feminist Multi-Front Battle to End FDA's Abortion Pill Restriction." Ms. Magazine, May 20, 2020. Accessed July 27, 2020.

https://msmagazine.com/2020/05/20/feminist-multi-front-battle-to-end-fdas-abortion-pill-restriction/.

Baker, Carrie N. "Telemedicine Abortion: What It Is and Why We Need It Now More Than Ever." Ms. Magazine, March 26, 2020. Accessed July 27, 2020.

https://msmagazine.com/2020/03/26/telemedicine-abortion-what-it-is-and-why-we-need-it-now-more-than-ever/.

"5 Orders Set Wise Policy on Abortion." Morning Call, January 27, 1993. Accessed July 27, 2020. https://www.mcall.com/news/mc-xpm-1993-01-27-2905855-story.html.

Crary, David. "On abortion pill's 10th anniversary, new controversy grows." NBC News, September 26, 2000. Accessed July 27, 2020. http://www.nbcnews.com/id/39370156/ns/health-womens_health/t/abortion-pills-th-anniversary-new-controversy-grows/#.XsR3J5WSnZ8.

English, Taunya. "Abortion Doctor's License Suspended After Clinic Raid." National Public Radio, March 30, 2010. Accessed July 27, 2020. https://www.npr.org/templates/story/story.php?storyId=125307882.

Gordon, Mara. "Controversial 'Abortion Reversal' Regimen Is Put to the Test." National Public Radio, March 22, 2019. Accessed July 27, 2020. https://www.npr.org/sections/health-shots/2019/03/22/688783130/controversial-abortion-reversal-regimen-is-put-to-the-test.

Gordon, Mara. "Safety Problems Lead to Early End for Study of 'Abortion Pill Reversal." National Public Radio, December 5, 2019. Accessed July 27, 2020. https://www.npr.org/sections/health-shots/2019/12/05/785262221/safety-problems-lead-to-early-end-for-study-of-abortion-pill-reversal.

Harris, Richard, and Carmel Wroth. "FDA to Banish Flavored E-Cigarettes to Combat Youth Vaping." National Public Radio, September 11, 2019. Accessed July 27, 2020. https://www.npr.org/sections/health-shots/2019/09/11/759851853/fda-to-banish-

flavored-e-cigarettes-to-combat-youth-vaping.

McCammon, Sarah. "European Doctor Who Prescribes Abortion Pills to U.S. Women Online Sues FDA." National Public Radio, September 9, 2019. Accessed July 27, 2020. https://www.npr.org/2019/09/09/758871490/european-doctor-who-prescribes-abortion-pills-to-u-s-women-online-sues-fda.

McCammon, Sarah. "Federal Court: Medication ABortions Can Proceed in Texas." National Public Radio, April 14, 2020. Accessed July 27, 2020. https://www.npr.org/sections/coronavirus-live-updates/2020/04/14/834086810/federal-court-medication-abortions-can-proceed-in-texas.

McCammon, Sarah. "Medical Groups Ask FDA to Ease Access to Abortion Pill During the Pandemic." National Public Radio, May 27, 2020. Accessed July 27, 2020. https://www.npr.org/sections/coronavirus-live-updates/2020/05/27/863456070/medical-groups-ask-fda-to-ease-access-to-abortion-pill-during-the-pandemic.

McCammon, Sarah. "With Abortion Restrictions On the Rise, Some Women Induce Their Own." National Public Radio, September 19, 2019. Accessed July 27, 2020. https://www.npr.org/2019/09/19/759761114/with-abortion-restrictions-on-the-risesome-women-induce-their-own.

French, David. "The Abortion Industry Survices by Endagering Women's Lives." National Review, March 2, 2016. Accessed July 27, 2020. https://www.nationalreview.com/2016/03/abortion-supreme-court-substandard-care-facilities/.

Harrison, Donna. "Yes, Plan B Can Kill Embryos." National Review, October 9, 2014. Accessed July 27, 2020. https://www.nationalreview.com/2014/10/yes-plan-b-can-kill-embryos-donna-harrison/.

New, Michael J. "A Flawed Study Claims that Few Women Regret Abortion." National Review, January 15, 2020. Accessed July 27, 2020. https://www.nationalreview.com/corner/a-flawed-study-claims-that-few-women-regret-abortion/.

New, Michael J. and Donna Harrison. "New Report Misleads on the Health Risks of Abortion for Women." National Review, March 28, 2018. Accessed July 27, 2020. https://www.nationalreview.com/2018/03/abortion-safety-statistics-study-ignores-risks-women/.

Rose, Lila. "FDA Makes a Dangerous Abortion Pill Even More Dangerous." National Review, May 4, 2016. Accessed July 27, 2020. https://www.nationalreview.com/2016/05/food-and-drug-administration-abortion-pill-more-accessible-more-dangerous/.

Adams, Patrick. "Amid Covid-19, a Call for M.D.s to Mail the Abortion Pill." New York Times, May 12, 2020. Accessed July 27, 2020. https://www.nytimes.com/2020/05/12/opinion/covid-abortion-pill.html.

Adams, Patrick. "From Uruguay, a Model for Making Abortion Safer." New York Times, June 28, 2016. Accessed July 27, 2020. https://www.nytimes.com/2016/06/28/opinion/from-uruguay-a-model-for-making-abortion-safer.html.

Andrews, Edmund L. "I.G. Farben: A Lingering Relic of the Nazi Years." New York Times, May 2, 1999. Accessed July 27, 2020. https://www.nytimes.com/1999/05/02/business/the-business-world-ig-farben-a-lingering-relic-of-the-nazi-years.html.

Bazelon, Emily. "The Dawn of the Post-Clinic Abortion." New York Times, August 28, 2014. Accessed July 27, 2020. https://www.nytimes.com/2014/08/31/magazine/the-dawn-of-the-post-clinic-abortion.html.

 $Bazelon, Emily. `New Abortion Providers." New York Times Magazine. July 14, 2010. Accessed July 27, 2020. https://www.nytimes.com/2010/07/18/magazine/18abortion-t.html?pagewanted=1&_r=2&ref.$

Graham, Ruth. "A New Front in the War Over Reproductive Rights: 'Abortion-Pill Reversal." New York Times, July 18, 2017. Accessed July 27, 2020. https://www.nytimes.com/2017/07/18/magazine/a-new-front-in-the-war-over-reproductive-rights-abortion-pill-reversal.html.

Greenhouse, Steven. "A New Pill, A Fierce Battle." New York Times, February 12, 1989. Accessed July 27, 2020. https://www.nytimes.com/1989/02/12/magazine/a-new-pill-a-fierce-battle.html.

Harrison, Donna J. "Dangerous Medicine." New York Times, November 19, 2004. Accessed July 27, 2020. https://www.nytimes. com/2004/11/19/opinion/dangerous-medicine.html.

Hilts, Philip J. "Abortion Pills Are Confiscated By U.S. Agents." New York Times, July 2, 1992. Accessed July 27, 2020. https://www.nytimes.com/1992/07/02/us/abortion-pills-are-confiscated-by-us-agents.html.

Hilts, Philip J. "Birth Control Backlash." New York Times, December 16, 1990. Accessed July 27, 2020. https://www.nytimes. com/1990/12/16/magazine/birth-control-backlash.html.

Hooker, Jake, and Walt Bogdanich. "Chinese Exporter Suspected in Tainted Drugs Scandal." New York Times, January 31, 2008. Accessed July 27, 2020. https://www.nytimes.com/2008/01/31/world/asia/31iht-31pharma.9632360.html.

Kolata, Gina. "In Ancient Times, Flowers and Fennel for Family Planning." New York Times, March 8, 1994. Accessed July 27, 2020. https://www.nytimes.com/1994/03/08/science/in-ancient-times-flowers-and-fennel-for-family-planning.html.

Kolata, Gina. "Panel Advises F.D.A. To Allow Abortion Pill." New York Times, July 20, 1996. Accessed July 27, 2020.

Kolata, Gina. "U.S. Approves Abortion Pill; Drug Offers More Privacy, and Could Reshape Debate." New York Times, September 29, 2000. https://www.nytimes.com/2000/09/29/us/us-approves-abortion-pill-drug-offers-more-privacy-and-could-reshape-debate.html.

Manjoo, Farhad. "Abortion Pills Should be Everywhere." New York Times, August 3, 2019. Accessed July 27, 2020. https://www.nytimes.com/2019/08/03/opinion/abortion-pill.html.

Miller, Clair Cain and Margot Sanger-Katz. "Researchers on Abortion Find Blind Spot in Data." New York Times, September 21, 2019. Accessed July 27, 2020.

Myers, Steven Lee. "China Spins Tale That the U.S. Army Started the Coronavirus Epidemic." New York Times, March 13, 2020. Accessed July 27, 2020. https://www.nytimes.com/2020/03/13/world/asia/coronavirus-china-conspiracy-theory.html.

Riding, Alan. "Abortion Politics are Said to Hinder Use of French Pill." New York Times, July 29, 1990. Accessed July 27, 2020. https://www.nytimes.com/1990/07/29/world/abortion-politics-are-s aid-to-hinder-use-of-french-pill.html.

Riding, Alan. "France Is to Pay 80% of Cost of Abortion Pill." New York Times, February 28, 1990. Accessed July 27, 2020. https://www.nytimes.com/1990/02/28/world/france-is-to-pay-80-of-cost-of-abortion-pill.html.

Rosenbaum, David E. "Take a Number; What Can Clinton Change, and When?" New York Times, November 8, 1992. Accessed July 27, 2020. https://www.nytimes.com/1992/11/08/weekinreview/take-a-number-what-can-clinton-change-and-when.html.

Szegedy-Maszak, Marianne. "Calm, Cool and Beleaguered." New York Times, August 6, 1989. Accessed July 27, 2020. https://www.nytimes.com/1989/08/06/magazine/calm-cool-and-beleaguered.html.

Talbot, Margaret. "The Little White Bombshell." New York Times, July 11, 1999. Accessed July 27, 2020. https://www.nytimes. com/1999/07/11/magazine/the-little-white-bombshell.html.

Tavernise, Sabrina. "New F.D.A. Guidelines Ease Access to Abortion Pill." New York Times, March 30, 2016. Accessed July 27, 2020. https://www.nytimes.com/2016/03/31/health/abortion-pill-mifeprex-ru-486-fda.html.

Halpern, Sue. "The Challenges of Innovating Access to Abortion." The New Yorker, March 6, 2019. Accessed July 27, 2020. https://www.newyorker.com/science/elements/the-challenges-of-innovating-access-to-abortion.

Bernstein, Sharon. "Secret Deals, Big Money and Abortion Politics." Orlando Sentinel, November 26, 2000. Accessed July 27, 2020. https://www.orlandosentinel.com/news/os-xpm-2000-11-26-0011250026-story.html.

"Bill Moyers Interviews Bill Gates." PBS, May 9, 2003. Accessed July 27, 2020. http://www.pbs.org/now/transcript/transcript_gates.html.

"Gregory Pincus (1903-1967)." PBS, February 24, 2003. Accessed July 27, 2020. https://www.pbs.org/wgbh/americanexperience/features/gregory-pincus-1903-1967/.

Nasa, Rahima. "As "Abortion Reversal" Laws Spread, Doctors and Scientists are Pushing Back." PBS, August 27, 2019. Accessed July 27, 2020.

https://www.pbs.org/wgbh/frontline/article/as-abortion-reversal-laws-spread-doctors-and-scientists-are-pushing-back/. Tyson, Peter. "The Hippocratic Oath Today." PBS, March 26, 2001. Accessed July 27, 2020. https://www.pbs.org/wgbh/nova/ article/hippocratic-oath-today/. Craddock, Josh. "The Constitution Already Prohibits Abortion: An Originalist Case for Prenatal Personhood." Public Discourse, August 2, 2017. Accessed July 27, 2020. https://www.thepublicdiscourse.com/2017/08/19758/.

Hemingway, Mark. "An American Later-Term Abortion Trial on Women in Impoverished Africa." Real Clear Investigations, December 26, 2019. Accessed July 27, 2020. https://www.realclearinvestigations.com/articles/2019/12/22/us_abortion_trial_in_impoverished_burkina_faso_121725.html.

Rapaport, Lisa. "Women rarely regret decision to get aboriton." Reuters, January 20, 2020. Accessed July 27, 2020. https://www.reuters.com/article/us-health-abortion-regret/women-rarely-regret-decision-to-get-abortion-idUSKBN1ZJ1WB.

Coeytaux, Francine, and Elisa Wells. "Misoprostol Is a Game-Changer for Safe Abortion and Maternal Health Care. Why Isn't it More Widely Available?" Rewire News, May 28, 2013. Accessed July 27, 2020. https://rewire.news/article/2013/05/28/why-arent-we-taking-advantage-of-the-potentially-game-changing-drug-misoprostol/.

Graham, Ruth. "The Dubious Research on Abortion-Pill 'Reversal'." Slate, July 19, 2018. Accessed July 27, 2020. https://slate. com/human-interest/2018/07/why-an-abortion-pill-reversal-study-has-been-temporarily-withdrawn-by-the-pro-life-journal-that-published-it.html.

Murphy, Kevin. "Abortion-drug dealer pleads guilty, linked to Grand Rapids man accused of poisoning pregnant woman's drink." Wisconsin Rapids Tribune, March 5, 2020. Accessed July 27, 2020. https://www.wisconsinrapidstribune.com/story/ news/2020/03/05/abortion-pill-dealer-ursula-wing-guilty-case-tied-grand-rapids-man/4966488002/.

Zimmerman, Rachel. "Abortion-Pill Venture Keeps To Shadows Awaiting Approval." Wall Street Journal, September 5, 2000. Accessed July 27, 2020. https://www.wsj.com/articles/SB968103355754057093.

Zimmerman, Rachel. "Chinese Firm Will Make Abortion Pill For U.S. Market as Partner With Danco." Wall Street Journal, October 13, 2000. Accessed July 27, 2020. https://www.wsj.com/articles/SB971392939523276337.

"Controversial Abortion Pill RU-486 to be Shipped Soon." Washington Post reprinted in Los Angeles Times, November 16, 2000. Accessed July 27, 2020. https://www.latimes.com/archives/la-xpm-2000-nov-16-mn-52907-story.html.

"FDA Approves Abortion Pill." Washington Post, September 28, 2000. Accessed July 27, 2020. https://www.washingtonpost.com/wp-srv/aponline/20000928/aponline115709_000.htm.

Barr, William P. "Fentanyl could flood the country unless Congress passes this bill." Washington Post, January 10, 2020. Accessed July 27, 2020. https://www.washingtonpost.com/opinions/william-barr-congress-pass-this-bill-so-we-can-attack-the-onslaught-of-illegal-fentanyl/2020/01/10/cbb8ccdc-33cb-11ea-a053-dc6d944ba776_story.html.

Martin, Nina. "Behind the Supreme Court's Abortion Decision, More Than A Decade Of Privately Funded Research." Propublica. org. July 14, 2016. Accessed July 27, 2020. https://www.propublica.org/article/supreme-court-abortion-decision-more-than-decade-privately-funded-research

Mintz, Morton. "Nader Group, Citing Deaths, Urges Ban on Diabetic Drug." Washington Post, April 22, 1977. Accessed July 27, 2020.

Mintz, Morton. "Special Authority Invoked to Halt Phenformin Sales; Emergency Power Is Invoked to Halt the Sale of Phenformin." Washington Post, July 26, 1977. Accessed July 27, 2020.

Murphy, Carle. "Abortion Pill's U.S. Sponsor Suing hungarian Drug Firm." Washington Post, June 12, 1997. Accessed July 27, 2020. https://www.washingtonpost.com/archive/politics/1997/06/12/abortion-pills-us-sponsor-suing-hungarian-drug-firm/f08f9b4e-36ea-45d1-aa1e-3c89f5496370/.

O'Harrow Jr., Robert. "Drug's U.S. Marketer Remains Elusive." Washington Post, October 12, 2000. Accessed July 27, 2020. https://www.washingtonpost.com/archive/politics/2000/10/12/drugs-us-marketer-remains-elusive/8b7b732b-0f23-4c96-9051-714cd3d9f6f8/?utm_term=.6aa5bb53d0fe.

Balingit, Moriah. "More than 150 teens have fallen ill from vaping. Is it enough to make their peers stop?; The outbreak of lung injuries has terrified some teenagers into giving up the devices." Washington Post Blogs, October 14, 2019. Accessed July 27, 2020.

McGinley, Laurie. "FDA plans curbs on e-cigarette sales over concerns about surge in teen vaping; Some vaping products will be banned from gas stations and convenience stores." Washington Post Blogs, November 8, 2018. Accessed July 27, 2020.
Somashkhar, Sandhya. "Admitting-privileges laws have created high hurdle for abortion providers to clear; The laws requiring physicians to form relationships with hospitals are a potent tool for antiabortion activists." Washington Post Blogs, August 11, 2014. Accessed July 27, 2020.

"Teen Dead After Abortion Pill." The Washington Times, September 22, 2003. Accessed July 27, 2020. https://www. washingtontimes.com/news/2003/sep/22/20030922-105418-2823r/.

Aultman, Kathi. "I was an abortionist. The abortion industry isn't willing to prioritize patient safety." USA TODAY, January 22, 2020. Accessed July 27, 2020.

https://www.usatoday.com/story/opinion/2020/01/22/abortion-doctor-complications-pro-life-roe-wade-column/4530180002/.

Clark, Maria. "How COVID-19 complicated an already complex abortion access issue in the South." USA TODAY, May 15, 2020. Accessed July 27, 2020.

https://www.usatoday.com/story/news/nation/2020/05/15/coronavirus-abortion-bans-complicated-access-texas-louisiana-alabama-tennessee/5201372002/.

Grossman, Daniel. "Why 2020 presidential candidates should support over-the-counter access to abortion pills." USA TODAY, December 18, 2019. Accessed July 27, 2020. https://www.usatoday.com/story/opinion/2019/12/18/abortion-pills-safe-could-ease-access-crisis-women-column/2665854001/.

Belluz, Julia. "Abortions by mail: the FDA is going after online pill providers." Vox, March 12, 2019. Accessed July 27, 2020. https://www.vox.com/2019/3/12/18260699/misoprostol-mifepristone-medical-abortion.

North, Anna. "Pregnant people are being offered an unproven treatment to 'reverse' abortions." Vox, December 6, 2019. Accessed July 27, 2020. https://www.vox.com/identities/2019/11/11/20953337/abortion-pill-reversal-ohio-bill-law-pregnancy.

The Endowment For Human Development. "Prenatal Form and Function - Making of an Earth Suit." Accessed July 27, 2020. https://www.ehd.org/dev_article_unit4.php.

Court Cases

American College of Obstetricians and Gynecologists v. US Food and Drug Administration, No. 8:20-cv-01320-TDC (D. Md. filed May 27, 2020).

The brief of petitioners June Medical Services and Rebekah Gee, June medical Services v. Rebekah Gee, and Rebekah Gee v. June Medical Services, In the Supreme Court of the United States, (Nos. 18-1323 and 18-1460). Retrieved from https://www.supremecourt.gov/DocketPDF/18/18-1323/126927/20191227154424488_AAPLOG%20Amicus%20Brief.pdf.

Chelius v. Azar, No. 1:17-cv-0493 (D. Haw. filed Oct. 3, 2017).

Gomperts v. Azar, No. 1:19-cv-00345 (D. Idaho filed Sept. 9, 2019). June Medical

Services, LLC v. Russo, 591 US_ (2020).

Report of the Grand Jury XXIII MISC. NO.0009901-2008 in the First Judicial District of Pennsylvania (Commonwealth of Pennsylvania v. Kermit Gosnell). Roe v. Wade, 410 US 113 (1973).

RU-486: Demonstrating A Low Standard For Women's Health: Hearing Before the Subcommittee on Criminal Justice, Drug Policy and Human Resources on Government Reform. (Serial No. 109-202). https://www.govinfo.gov/content/pkg/CHRG-109hhrg31397/html/CHRG-109hhrg31397.htm.

United States of America v. Brandt (1947).

United States of America v. Krauch (1948). Whole Women's Health v. Hellerstedt, 579 US__ (2016).

Website Content

Abort73. "Abortion and the Hippocratic Oath." Accessed July 27, 2020. https://www.abort73.com/abortion/abortion_and_the_hippocratic_oath/.

Abortion Pill Reversal. "FAQ." Accessed July 27, 2020. https://abortionpillreversal.com/abortion-pill-reversal/faq.

Advancing New Standards in Reproductive Health (ANSIRH). "There is no evidence to support pill 'reversal'." News. Accessed July 27, 2020. https://www.ansirh.org/news/there-no-evidence-support-abortion-pill-%E2%80%9Creversal%E2%80%9D.

ANSIRH. "Admitting privileges laws do not appear to benefit abortion patients." Accessed July 27, 2020. https://www.ansirh. org/news/admitting-privileges-laws-do-not-appear-benefit-abortion-patients#:~:text=Between%202011%20and%202014,%20 9,specified%20distance%20from%20the%20clinic.

Anderson, Maia. "Serious drug side effects likely underreported to FDA, study finds." Becker's Hospital Review. December 5, 2019. Accessed July 27, 2020. https://www.beckershospitalreview.com/pharmacy/serious-drug-side-effects-likely-underreported-to-fda-study-finds.html.

American Association of Pro-Life Obstetricians & Gynocologists (AAPLOG). "2019 AAPLOG Position Statement on Abortion Pill Reversal." Accessed July 27, 2020. https://aaplog.org/wp-content/uploads/2019/02/2019-AAPLOG-Statement-on-Abortion-Pill-Reversal.pdf.

AAPLOG. "AAPLOG Fact Sheet – Fetal Pain." February 13, 2019. Accessed July 27, 2020. https://aaplog.org/wp-content/uploads/2019/12/FINAL-Policy-Statement-Fact-Sheet-Fetal-Pain.pdf.

AAPLOG. "AAPLOG Files Citizen Petition on Mifepristone (Mifeprex) with FDA." Accessed July 27, 2020. https://aaplog.org/aaplog-files-citizen-petition-on-mifepristone-mifeprex-with-fda/.

AAPLOG. "April 8 2019 Testimony of Donna J. Harrison M.D. Abortion until Birth: The Need to Pass the Pain Capable Unborn Child Protection Act before the U.S. Senate. Committee on the Judiciary." Accessed July 27, 2020. https://www.judiciary.senate. gov/imo/media/doc/Harrison%20Testimony1.pdf.

AAPLOG. "Medical Management of Elective Induced Abortion." Accessed July 27, 2020. https://aaplog.org/wp-content/uploads/2020/03/FINAL-PB-8-Medical-Management-of-Elective-Induced-Abortion.pdf.

AAPLOG. "Politicized Science: The Manipulated Approval of RU-486 and Its Dangers to Women's Health." Family Research Council. Accessed July 27, 2020. http://www.aaplog.org/wp-content/uploads/2009/01/FRCRU486pamphlet_fnl.pdf.

AAPLOG. "AAPLOG Statement on FDA Approval of Mifeprex (RU 486)." Accessed July 27, 2020. https://aaplog.org/aaplog-statement-on-fda-approval-of-mifeprex-ru-486/.

AAPLOG. "What is AAPLOG's Position on Treatment of Ectopic Pregnancy?" Accessed July 27, 2020. https://aaplog.org/what-is-aaplogs-position-on-treatment-of-ectopic-pregnancy/.

"Abortion Pill Maker Revealed." CBS News. October 13, 2000. Accessed July 27, 2020. https://www.cbsnews.com/news/abortion-pill-maker-revealed/.

Alliance Defending Freedom. "Pregnancy centers to defend ND law that ensures women are fully informed about abortion." December 10, 2019. Accessed July 27, 2020. http://www.adfmedia.org/News/PRDetail/10891.

American Civil Liberties Union (ACLU). "The Abortion Pill Is Safe and Effective, and We're Suing to Make it More Accessible." Accessed July 27, 2020.

https://www.aclu.org/blog/reproductive-freedom/abortion/abortion-pill-safe-and-effective-and-were-suing-make-it-more.

American College Of Obstetricians and Gynecologists. "Induced Abortion." Accessed July 27, 2020. https://www.acog.org/patient-resources/faqs/special-procedures/induced-abortion.

Alatawi, Yasser M., and Richard A. Hansen. "Empirical estimation of under-reporting in the U.S. Food and Drug Administration Adverse Event Reporting System (FAERS)." Taylor and Francis Online. May 9, 2017. Accessed July 27, 2020. https://www.tandfonline.com/doi/full/10.1080/14740338.2017.1323867.

Baca, Joe (@Joebaca), "Pregnancy is not a disease. Death is not the cure," from tiktok, March 27, 2020, https://www.tiktok. com/@joebaca/video/6809023992129654021.

Bill and Melinda Gates Foundation. "DKT International, Inc. February 2019." Accessed July 27, 2020. https://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database/Grants/2019/02/OPP1198727.

Bill and Melinda Gates Foundation. "DKT International, Inc. August 2016." Accessed July 27, 2020. https://www.gatesfoundation.org/How-We-Work/Quick-Links/Grants-Database/Grants/2016/08/OPP1147876.

Bill & Melinda Gates Foundation. "Grantmaking Awarded Grants." Accessed July 27, 2020. https://www.gatesfoundation.org/ How-We-Work/Quick-Links/Grants-Database#q/k=planned%20parenthood.

"Bill and Melinda Gates Foundation." Grantmakers.io. Accessed July 27, 2020. https://www.grantmakers.io/profiles/v0/562618866-bill-and-melinda-gates-foundation/?query=Planned%20Parenthood%20.

Bixby Center. "A call to end the excessive regulation of mifepristone." Accessed July 27, 2020. https://bixbycenter.ucsf.edu/news/ call-end-excessive-regulation-mifepristone.

Bixby Center. "Daniel Grossman, MD, FACOG." Accessed July 27, 2020. https://bixbycenter.ucsf.edu/daniel-grossman-md-facog.

Bixby Center. "Honoring San Francisco's Abortion Pioneers." Accessed July 27, 2020. https://intranet.bixbycenter.ucsf.edu/publications/files/HonoringSFsAbortionPioneers.pdf.

Bixby Center. "Abortion." Accessed July 27, 2020. https://bixbycenter.ucsf.edu/abortion.

The British Medical Journal (BMJ). "Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland." Accessed July 27, 2020. https://www.bmj.com/content/357/bmj.j2011.

British Pregnancy Advisory Service (@bpas). "As of today, BPAS can send Abortion Medication to women by post." Tweet on Twitter, April 8, 2020. Accessed July 27, 2020. https://twitter.com/bpas1968/status/1247828140581322753.

Campaign for Accountability. "Watchdog Calls on FDA to Seize Website Domains Promoting Dangerous and Unproven 'Abortion Reversal' Medication." Press Releases, Themis Project. Accessed July 27, 2020. https://campaignforaccountability.org/watchdog-calls-on-fda-to-seize-website-domains-promoting-dangerous-and-unproven-abortion-reversal-medication/.

Carafem. "2019 Annual Report." Accessed July 27, 2020. https://carafem.org/wp-content/uploads/2019/07/2019-carafem-annual-report.pdf.

Carafem. "About Us." Accessed July 20, 2020. https://carafem.org/about-carafem/.

Carafem. "Welcome Physicians and Community Partners." Accessed July 27, 2020. https://carafem.org/providers/.

Catholic Medical Association. "New Abortion Pill Reversal Study Shows a 68% Success Rate Authors Include Catholic Medical Association Members." Accessed July 27, 2020.

https://www.cathmed.org/new-abortion-pill-reversal-study-shows-a-68-success-rate-authors-include-catholic-medical-association-members/.

Centers for Disease Control and Prevention (CDC). "Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products." Accessed July 27, 2020. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html.

Chen, Melissa J., Mitchell D. Creinin, "Mifepristone With Buccal Misoprostol for Medical Abortion: A Systematic Review," UC Davis Previously Published Works, January 7, 2015. Accessed July 27, 2020. https://escholarship.org/content/qt0v4749ss/qt0v4749ss.pdf.

ClinicalTrials.gov. "Blocking Mifepristone Action With Progesterone." Accessed July 27, 2020. https://clinicaltrials.gov/ct2/show/NCT03774745?term=creinin.

ClinicalTrials.gov. "Feasibility of Medical Abortion by Direct-to-Consumer Telemedicine." Accessed July 27, 2020. https://clinicaltrials.gov/ct2/show/NCT02513043.

ClinicalTrials.gov. "Medication Abortion Via Pharmacy Dispensing." Accessed July 27, 2020. https://clinicaltrials.gov/ct2/show/NCT03320057?term=grossman%2C+mifeprex&rank=2.

Clinicaltrials.gov, "Mifepristone and Misoprostol for 2nd Trimester Termination of Pregnancy in Burkina Faso," Accessed July 27, 2020. https://clinicaltrials.gov/ct2/show/NCT03269279.

Congress of the United States. "May 10, 2019 Letter to Norman Sharpless, MD, Acting Commissioner, Food and Drug Administration." Accessed July 27, 2020. https://burgess.house.gov/uploadedfiles/burgess_and_roby_fda_letter_2019.pdf

Congress of the United States. "April 14, 2020 Letter to Honorable Stephen Hahn, MD, Commissioner, Food and Drug Administration." Accessed July 27, 2020. https://www.hydesmith.senate.gov/sites/default/files/2020-04/041420%20-%20 MOC%20Letter%20to%20FCA%20on%20Chemical%20Abortion%20During%20Coronavirus%20-%20final.pdf.

Congressional Research Service. "Abortion: Termination of Early Pregnancy with RU-486 (Mifepristone)." Accessed July 27, 2020. https://www.everycrsreport.com/files/20010223_RL30866_c6c423f682c56ed7c586755595c02d5202ddf6bd.pdf.

Charlotte Lozier Institute (CLI). "12th Anniversary of RU-486, a Somber Commemoration." Accessed July 27, 2020. https://lozierinstitute.org/12th-anniversary-ru-486-somber-commemoration/.

CLI. "Abortion Pill Reversal: A Second Chance at Choice." Charlotte Lozier Institute, April 17, 2018. Accessed July 27, 2020. https://lozierinstitute.org/abortion-pill-reversal-a-second-chance-at-choice/.

CLI. "Fact Sheet: Science of Fetal Pain." Accessed July 27, 2020. https://lozierinstitute.org/fact-sheet-science-of-fetal-pain/#_ednref2.

CLI. "Fact Sheet: Online Sales of Mifeprex and Misoprostol for Self-Abortion." Accessed July 27, 2020. https://lozierinstitute.org/fact-sheet-online-sales-of-mifeprex-and-misoprostol-for-self-abortion/.

CLI. "Full Disclosure: Blurry or Broken Language and the Beginning of Human Life." Accessed July 27, 2020. https://lozierinstitute.org/full-disclosure-blurry-or-broken-language-and-the-beginning-of-human-life/.

CLI. "News Release: Abortion Activist Sues FDA over Regulation of Dangerous Drugs." Accessed July 27, 2020. https://lozierinstitute.org/news-release-abortion-activist-sues-fda-over-regulation-of-dangerous-drugs/.

CLI. "Plan B: Abortifacient and Other Risks." Accessed July 27, 2020. https://lozierinstitute.org/plan-b-abortifacient-and-other-risks/.

CLI. "A Second Chance at Life: Reversing the Abortion Pill." Accessed July 27, 2020. https://lozierinstitute.org/a-second-chance-at-life-reversing-the-abortion-pill/.

CLI. "State Regulation of Telemedicine Abortion and Court Challenges to Those Regulations." Accessed July 27, 2020. https://lozierinstitute.org/state-regulation-of-telemedicine-abortion-and-court-challenges-to-those-regulations/#_ftn9.

CLI. "Written Testimony of George Delgado, M.D., F.A.A.F.P., in Support of Colorado Abortion Pill Reversal Bill." Accessed July 27, 2020. https://lozierinstitute.org/written-testimony-of-george-delgado-m-d-f-a-a-f-p-in-support-of-colorado-abortion-pill-reversal-bill.

Danco Laboratories. "Important Safety Information." Accessed July 27, 2020. https://www.earlyoptionpill.com/.

Danco Laboratories. "Mifeprex (Mifepristone) Medication Guide." earlyoptionpill.com. Accessed July 27, 2020. https://www.earlyoptionpill.com/wp-content/uploads/2016/01/DAN_MedGuideEng_FINAL.pdf.

Danco Laboratories. "Mifeprex (mifepristone)." earlyoptionpill.com. Accessed July 27, 2020.https://www.earlyoptionpill.com/ for-patients/mifeprex-faqs/.

Danco Laboratories. "Why Choose Mifeprex?" earlyoptionpill.com. Accessed July 27, 2020. https://www.earlyoptionpill.com/.

Department of Health and Human Services. "Supplement Approval." Accessed July 27, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2011/020687s014ltr.pdf

Department of Treasury Internal Revenue Service. "Return of Organization Exempt from Income Tax." 2018. Accessed July 27, 2020.

https://2umya83uy24b2nu5ug2708w5-wpengine.netdna-ssl.com/wp-content/uploads/2019/11/DKT-2018-12-Tax-990-Public-Disclosure-Copy.pdf.

Department of Justice U.S. Attorney's Office Western District of Wisconsin. "New York Woman Sentenced for Selling Abortion-Inducing Pills Illegally Smuggled Into US." FDA, July 10, 2020. Accessed July 27, 2020. https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/press-releases/new-york-womansentenced-selling-abortion-inducing-pills-illegally-smuggled-us.

DKT International. "Donors." Accessed July 27, 2020. https://www.dktinternational.org/about/donors/.

DKT International. IRS Form 990s. Accessed July 27, 2020. https://2umya83uy24b2nu5ug2708w5-wpengine.netdna-ssl.com/wp-content/uploads/2019/11/DKT-2018-12-Tax-990-Public-Disclosure-Copy.pdf.

DKT International. "Safe Abortion." Accessed July 27, 2020. https://www.dktinternational.org/services/safe-abortion/.

Encyclopedia Britannica. "Hippocratic Oath." Accessed July 27, 2020. https://www.britannica.com/topic/Hippocratic-oath.

Encyclopedia Britannica. "RU-486." Accessed July 27, 2020. https://www.britannica.com/science/RU-486.

EveryCRSReport.com. "Abortion: Termination of Early Pregnancy with RU-486 (Mifepristone)." February 23, 2001. Accessed July 27, 2020. https://www.everycrsreport.com/reports/RL30866.html

Food and Drug Administration (FDA). "Aidaccess.org - 575658 - March 08, 2019." Warning Letters. Accessed July 27, 2020. https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/aidaccessorg-575658-03082019.

FDA. "Approval Letter for Mifeprex (mifepristone) tablets, 200mg." Accessed July 27, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2000/20687appltr.pdf.

FDA. "Approved Risk Evaluation and Mitigation Strategies (REMS)." accessdata.fda.gov. April 11, 2019. Accessed July 27, 2020. https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm?event=RemsDetails.page&REMS=390.

FDA. ``Birth Control.'' For Consumers. Accessed July 27, 2020. https://www.fda.gov/consumers/free-publications-women/birth-control#EC.

FDA. "Center for Drug Evaluation and Research, Application Number: 20-687." Accessed July 27, 2020. https://www.accessdata. fda.gov/drugsatfda_docs/nda/2000/20687_Mifepristone_medr_P1.pdf.

FDA. "Cytotec® (misoprostol)." Accessed July 27, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/label/2002/19268slr037.pdf

FDA. "FDA, DEA seize 44 websites advertising sale of illicit THC vaping cartridges to US consumers as part of Operation Vapor Lock." Press Announcements. December 2019. Accessed July 27, 2020. https://www.fda.gov/news-events/press-announcements/fda-dea-seize-44-websites-advertising-sale-illicit-thc-vaping-cartridges-us-consumers-part-operation.

FDA. "FDA's Decisions Regarding Plan B: Questions and Answers." Drug Safety and Availability. Accessed July 27, 2020. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/fdas-decision-regarding-plan-b-questions-and-answers.

FDA. "How FDA is Regulating E-Cigarettes." News and Events. Accessed July 27, 2020. https://www.fda.gov/news-events/fda-voices/how-fda-regulating-e-cigarettes.

FDA. "Medication Guide (Mifeprex)." Accessed July 27, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/label/2011/020687s014lbl.pdf.

FDA. "Mifeprex (mifepristone) Information." Drug Safety and Availability. Accessed July 27, 2020. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information.

FDA. "MIFEPREX™ (mifepristone) Tablets." Accessed July 27, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/label/2000/20687lbl.pdf.

FDA. "Mifepristone U.S. Post-Marketing Adverse Events Summary through 12/31/2018." Accessed July 27, 2020. https://www.fda.gov/media/112118/download.

FDA. "Misoprostol (marketed as Cytotec) Information." Accessed July 27, 2020. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/misoprostol-marketed-cytotec-information.

FDA. "Patient Agreement Form - Mifeprex (Mifepristone)." Accessed July 27, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/rems/Mifeprex_2016-03-29_Patient_Agreement_Form.pdf.

FDA. "Plan B (0.75mg levonorgestrel) and Plan B One-Step (1.5 mg levonorgestrel) Tablets Information." Drug Safety and Availability. Accessed July 27, 2020. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/ plan-b-075mg-levonorgestrel-and-plan-b-one-step-15-mg-levonorgestrel-tablets-information.

FDA. "Prescriber Agreement Form - Mifeprex (Mifepristone)." Accessed July 27, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/rems/Mifeprex_2016-03-29_Prescriber_Agreement_Form.pdf; https://www.accessdata.fda.gov/drugsatfda_docs/rems/Mifepristone_2019_04_11_Prescriber_Agreement_Form_for_GenBioPro_Inc.pdf.

FDA. "Questions and Answers on Mifeprex." Drug Safety and Availability. Accessed July 27, 2020. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifeprex.

FDA. "Rablon - 1111111 - March 08, 2019." Warning Letters. Accessed July 27, 2020. https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/rablon-1111111-03082019.

FDA. "Types of FDA Enforcement Actions." Resources for You. Accessed July 27, 2020. https://www.fda.gov/animal-veterinary/resources-you/types-fda-enforcement-actions.

FDA. "What does FDA regulate?" About FDA. Accessed July 27, 2020. https://www.fda.gov/about-fda/fda-basics/what-does-fda-regulate.

FDA. "Questions and Answers on FDA's Adverse Event Reporting System (FAERS)." Accessed July 27, 2020. https://www.fda.gov/drugs/surveillance/questions-and-answers-fdas-adverse-event-reporting-system-faers#:~:text=The%20 FDA%20does%20not%20receive,that%20occurs%20with%20a%20product.&text=Serious%20means%20that%20one%20 or,and%2For%20other%20serious%20outcome.

FDA. "Highlights of Prescribing Information." Accessed July 27, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020687s022lbl.pdf.

FDA. "2018 NYTS Data: A Startling Rise in Youth E-cigarette Use." Accessed July 27, 2020. https://www.fda.gov/tobacco-products/youth-and-tobacco/2018-nyts-data-startling-rise-youth-e-cigarette-use.

Flanders, Nancy. "Judge rules abortion businesses can sell women abortion pill without office visit during pandemic." liveaction. org/news. July 13, 2020. Accessed July 27, 2020. https://www.liveaction.org/news/judge-covid-19-abortion-pill-office-visit/.

Gordon, Mara. "Controversial 'Abortion Reversal' Regimen Is Put To The Test." Health News From NPR. March 22, 2019. Accessed July 27, 2020.

https://www.npr.org/sections/health-shots/2019/03/22/688783130/controversial-abortion-reversal-regimen-is-put-to-the-test.

Grossman, Daniel MD, and Kate Grindlay, MSPH. "Safety of Medical Abortion Provided Through Telemedicine Compared With in Person." Accessed July 27, 2020. http://unmfamilyplanning.pbworks.com/w/file/fetch/120098451/Grossman_OBGYN%20 2017.pdf

Grossman, Daniel, MD, and Kate Grindlay, MSPH. "Safety of Medical Abortion Provided Through Telemedicine Compared With In Person." Accessed July 27, 2020. https://pubmed.ncbi.nlm.nih.gov/28885427/

Grossman, David MD. "Alternative Provision Of Medication Abortion Via Pharmacy Dispensing." clinicaltrials.gov. September 22, 2017. Accessed July 27, 2020. https://clinicaltrials.gov/ProvidedDocs/57/NCT03320057/Prot_000.pdf.

Grossman, Daniel, Kari White, Lisa Harris, Matthew Reeves, Paul D. Blumenthal, Beverly Winikoff, David A. Grimes. "Continuing pregnancy after mifepristone and "reversal" of first-trimester medical abortion: a systematic review." Accessed July 27, 2020. https://www.ansirh.com/sites/default/files/publications/files/grossman-sep15-continuing_pregnancy_after_ mifepristone.pdf.

Guttmacher Institute. "Abortion Bans in Cases of Sex or Race Selection or Genetic Anomaly." State Laws and Policy. Accessed July

27, 2020. https://www.guttmacher.org/state-policy/explore/abortion-bans-cases-sex-or-race-selection-or-genetic-anomaly.

Guttmacher Institute. "Admitting Privileges are Back at the U.S. Supreme Court with Seruous Implications for Abortion Access." Policy Analysis. Accessed July 27, 2020. https://www.guttmacher.org/article/2019/10/admitting-privileges-are-back-us-supreme-court-serious-implications-abortion-access#.

Guttmacher Institute. "Medication Abortion." Evidence You Can Use. Accessed July 27, 2020. https://www.guttmacher.org/evidence-you-can-use/medication-abortion.

Guttmacher Institute. "Medication Abortion." State Laws and Policy. Accessed July 27, 2020. https://www.guttmacher.org/state-policy/explore/medication-abortion#.

Guttmacher Institute. "The Public Health Implications of the FDA Update to the Medication Abortion Label." Accessed July 27, 2020. https://www.guttmacher.org/article/2016/06/public-health-implications-fda-update-medication-abortion-label.

Gynuity. "Beverly Winikoff." Accessed July 27, 2020. https://web.archive.org/web/20181016175114/http:/gynuity.org/about/staff/winikoff/.

Harvard Medical School. "The myth of the Hippocratic Oath." Harvard Health Publishing. Accessed July 27, 2020. https://www.health.harvard.edu/blog/the-myth-of-the-hippocratic-oath-201511258447.

Harris, Gardiner. "Deaths After Abortion Pill to Be Studied by Officials." The New York Times, November 23, 2005. Accessed July 27, 2020.

https://www.nytimes.com/2005/11/23/us/deaths-after-abortion-pill-to-be-studied-by-officials.html

Harrison, Donna. "Dangerous Medicine." New York Times. November 19, 2004. Accessed July 27, 2020. https://www.nytimes. com/2004/11/19/opinion/dangerous-medicine.html.

Haynes, Suyin. "U.K. Government Changes Regulations on Abortion Pills During the Coronavirus Outbreak." Time.com. March 30, 2020. Accessed July 27, 2020. https://time.com/5812433/abortion-coronavirus-outbreak-uk/.

Hooker, Jane and Walt Bogdanich. "Tainted Drugs Tied to Maker Of Abortion Pill." New York Times. January 31, 2008. Accessed July 27, 2020. https://www.nytimes.com/2008/01/31/world/asia/31pharma.html

Ibis Reproductive Health. Accessed July 27, 2020. https://ibisreproductivehealth.org/funders; https://web.archive.org/ web/20200130190128/https:/ibisreproductivehealth.org/funders; https://ibisreproductivehealth.org/sites/default/files/files/ publications/Ibis%202016%20990.pdf; https://ibisreproductivehealth.org/sites/default/files/files/publications/Ibis%20 2017%20990.pdf.

International Women's Health Coalition. "Abortion with Self-Administered Misoprostol: A Guide for Women." Accessed July 27, 2020. https://iwhc.org/resources/abortion-self-administered-misoprostol-guide-women/.

Jones, Rachel K. Elizabeth Witwer and Jenna Jerman. "Abortion Incidence and Service Availability in the United States, 2017." Guttmacher Institute. Accessed July 27, 2020. https://www.guttmacher.org/sites/default/files/report_pdf/abortion-incidence-service-availability-us-2017.pdf.

Judicial Watch. "A Judicial Watch Special Report: The Clinton RU-486 Files." Accessed July 27, 2020. http://www.judicialwatch. org/archive/2006/jw-ru486-report.pdf.

Kaiser Health News. "It's Common Knowledge That Many Side Effects Don't Get Reported To FDA. But Study Reveals Startling Scope Of Problem." Accessed July 27, 2020. https://khn.org/morning-breakout/its-common-knowledge-that-many-side-effects-dont-get-reported-to-fda-but-study-reveals-startling-scope-of-problem/.

Life Issues Institute. "A Closer Look at the Abortion Pill." Accessed July 27, 2020. https://www.lifeissues.org/a-closer-look-at-the-chemical-abortion-pill/.

Life Issues Institute. "RU-486 Hoechsts Connection to the Jewish Holocaust." Accessed July 27, 2020. https://www.lifeissues.org/1995/03/ru-486-hoechsts-connection-jewish-holocaust/.

Live Action. "Abortion Procedures: What You Need to Know." Abortion Procedures. Accessed July 27, 2020. https://www.abortionprocedures.com/abortion-pill.

Live Action. "1st Trimester Medical Abortion: Abortion Pills." Accessed July 27, 2020. https://www.youtube.com/ watch?v=lRDnVSMr5j0&list=PLRCroccSjXWQSmO5hg2blGOVDrDwVisV_&index=2&t=0s.

The Los Angeles Times. "RU-486: The Abortion Battles New Frontier: RU-486: A Chronology." April 22, 1990, Accessed July 27, 2020. https://www.latimes.com/archives/la-xpm-1990-04-22-vw-376-story.html.

Mayo Clinic. "Fetal development: The 1st trimester." Accessed July 27, 2020. https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-care/art-20045302.

Muir, Jennifer. "Suit links death to 'abortion pill." Orange Country Register, October 7, 2005. Accessed July 27, 2020. https://www.ocregister.com/2005/10/07/suit-links-death-to-abortion-pill/.

NARAL. "2019 Annual Report." prochoiceamerica.org, 2019. Accessed July 27, 2020. https://www.prochoiceamerica.org/wp-content/uploads/2020/04/FY2019-Annual-Report-Digital-Edition.pdf.

Nasa,Rahima. "As "Abortion Reversal" Laws Spread, Doctors and Scientists are Pushing Back." Frontline. August 27, 2019. Accessed July 27, 2020.

https://www.pbs.org/wgbh/frontline/article/as-abortion-reversal-laws-spread-doctors-and-scientists-are-pushing-back/.

National Center for Biotechnology Information (NCBI). "A Political History of RU-486." Accessed July 27, 2020. https://www.ncbi.nlm.nih.gov/books/NBK234199/.

National Right to Life (NRCL). "California Health Department Cites Planned Parenthood Failures in Investigation of Teen RU486 Death." Accessed July 27, 2020. http://www.nrlc.org/archive/news/2004/NRL03/california_health_department_cit.htm.

NRCL. "RU-486." Accessed July 27, 2020. https://www.nrlc.org/abortion/ru486/.

"Nuremberg Trials." History.com. June 19, 2019. Accessed July 27, 2020. https://www.history.com/topics/world-war-ii/nuremberg-trials.

Obria. "Regret Taking The Abortion Pill? Call now...we can help!" Accessed July 27, 2020. https://www.obria.org/services/abortion-pill-reversal.

Open Society Institute. IRS Form 990s. Accessed July 27, 2020. https://projects.propublica.org/nonprofits/ display_990/137029285/2002_01_PF%2F13-7029285_990PF_200012.

A Report to the Attorney General of the United States. U.S. Department of Justice. Office of Special Investigations Criminal Division. In the Matter of Josef Mengele, October 1992. Accessed July 27, 2020. https://www.justice.gov/sites/default/files/criminal-hrsp/legacy/2011/06/06/10-30-92mengele-exhibits.pdf.

PBS. "Transcript: Bill Moyers Interviews Bill Gates." Accessed July 27, 2020. http://www.pbs.org/now/transcript/transcript_gates.html

Packard Foundation. "Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement." Accessed July 27, 2020. https://www.packard.org/wp-content/uploads/2019/12/Continuation-of-Part-VII-B-Line-5-C-Expenditure-Responsibility-Statement.pdf.

Packard Foundation. "Fifty Years of Lasting Change." Accessed July 27, 2020. https://timeline.packard.org/#page20.

Packard Foundation. "Gynuity Health Projects, LLC." Accessed July 27, 2020. https://web.archive.org/web/20190517205834/ https://www.packard.org/grants-and-investments/grants-database/gynuity-health-projects-llc/.

Packard Foundation. "Henry J. Kaiser Family Foundation." Accessed July 27, 2020. https://www.packard.org/grants-and-investments/grants-database/henry-j-kaiser-family-foundation/. Packard Foundation. "Ibis Reproductive Health." Accessed July 27, 2020. https://www.packard.org/grants-and-investments/grants-database/ibis-reproductive-health-12/.

Packard Foundation. IRS Form 990s. Accessed July 27, 2020. https://www.packard.org/wp-content/uploads/2011/05/2008_ statement_20_pages_26-465.pdf; https://www.packard.org/wp-content/uploads/2018/12/Part-XV-Line-3a-Grants-and-Contributions-Paid-During-the-Year.pdf; https://projects.propublica.org/nonprofits/organizations/942278431; https:// projects.propublica.org/nonprofits/display_990/942278431/2002_11_PF%2F94-2278431_990PF_200112; https://projects. propublica.org/nonprofits/display_990/942278431/2003_08_PF%2F94-2278431_990PF_200212; https://projects. propublica.org/nonprofits/display_990/942278431/2009_01_PF%2F94-2278431_990PF_200712; https://projects.propublica. org/nonprofits/display_990/942278431/2009_12_PF%2F94-2278431_990PF_200812; http://990s.foundationcenter. org/990pf_pdf_archive/942/942278431/942278431_200312_990PF.pdf; http://990s.foundationcenter.org/990pf_pdf_ archive/942/942278431/942278431_200912_990PF.pdf.

Packard Foundation. "Population Council." Accessed July 27, 2020. https://www.packard.org/grants-and-investments/grants-database/population-council-12/.

Packard Foundation. "Search Our Grants." Accessed July 27, 2020. https://www.packard.org/grants-and-investments/grants-database/?grant_keyword=Planned+Parenthood+&program_area=&award_amount=&award_year=.

Planned Parenthood. "The Abortion Pill." Accessed July 27, 2020. https://www.plannedparenthood.org/learn/abortion/the-abortion-pill.

Planned Parenthood. "Can the abortion pill be reversed after you have taken it?" Accessed July 27, 2020. https://www.plannedparenthood.org/learn/teens/ask-experts/can-the-abortion-pill-be-reversed-after-you-have-taken-it.

Planned Parenthood. "Mifepristone: Expanding Women's Options for Early Abortion in the United States." Accessed July 27, 2020. https://www.plannedparenthood.org/files/4014/6012/8629/Mifepristone.pdf.

Planned Parenthood, "What Happens In The Second Month Of Pregnancy," Accessed July 27, 2020. https://www.plannedparenthood.org/learn/pregnancy/pregnancy-month-by-month/what-happens-second-month-pregnancy.

Platoni, Kara. "The Making of a Martyr." Easy Bay Express. December 17, 2003. Accessed July 27, 2020. https://www.eastbayexpress.com/oakland/the-making-of-a-martyr/Content?oid=1072444&showFullText=true

"A Political History of Ru-486." National Center for Biotechnology Information. Accessed July 27, 2020. https://www.ncbi.nlm. nih.gov/books/NBK234199/.

Population Council. "Beyond Family Planning." Accessed July 27, 2020. http://uscl.info/edoc/doc.php?doc_id=83&action=inline.

The Practice Committee of the American Society for Reproductive Medicine. "Progesterone supplementation during the luteal phase and in early pregnancy in the treatment of infertility: an educational bulletin." Practice Committee Reports. April 2008. Accessed July 27, 2020. https://www.fertstert.org/article/S0015-0282(08)00253-7/pdf.

ProPublica. "Behind the Supreme Court's Abortion Decision, More Than a Decade of Private Research." Accessed July 27, 2020. https://www.propublica.org/article/supreme-court-abortion-decision-more-than-decade-privately-funded-research.

"Public Health Advisory: Sepsis and Medical Abortion." Internet Archive. November 4, 2005. Accessed July 27, 2020. https://web.archive.org/web/20141216034815/http://www.fda.gov/Drugs/DrugSafety/ PostmarketDrugSafetyInformationforPatientsandProviders/ucm051734.htm.

Raymond, Elizabeth G., MD, MPH, Margo S. Harrison, MD, MPH, Mark A. Weaver, PhD. "Efficacy of Misoprostol Alone for First-Trimester Medical Abortion." Accessed July 27, 2020. https://journals.lww.com/greenjournal/Abstract/2019/01000/ Efficacy_of_Misoprostol_Alone_for_First_Trimester.19.aspx.

Reproductive Health Research and Policy. "Honoring San Francisco's Abortion Pioneers." Accessed July 27, 2020. https://intranet.bixbycenter.ucsf.edu/publications/files/HonoringSFsAbortionPioneers.pdf. Rosenfeld, Megan. "Conception of a Controversy." The Washington Post. December 18, 1986. Accessed July 27, 2020. https:// www.washingtonpost.com/archive/lifestyle/1986/12/18/conception-of-a-controversy/3d0dbba6-9248-4777-a4df-e6e17e83fa74/. "RU-486 Health and Safety Standards." C-SPAN. May 17, 2006. Accessed July 27, 2020. https://www.c-span.org/video/?192580-1/ru-486-health-safety-standard.

Society of Family Planning. Accessed July 27, 2020. https://www.societyfp.org/.

Steno Institute. "Press Release, 13 December 2019." Accessed July 27, 2020. stenoinstitute.org.

Susan B. Anthony List (SBA List). "Abortion Industry Negligence Nationwide: Highlighting the Most Eggregious Offenses." Accessed July 27, 2020. https://www.sba-list.org/negligencel.

SBA List. "Flawed Study on Pill Abortions Endagers Women's Health & Safety." Press Releases. Accessed July 27, 2020. https://www.sba-list.org/newsroom/press-releases/flawed-study-pill-abortions-endangers-womens-health-safety.

SBA List. "Pro-life Groups Back Legislation to Stop Expansion of Dangerous Abortion Drugs." Accessed July 27, 2020. https://www.sba-list.org/newsroom/press-releases/pro-life-groups-back-legislation-stop-expansion-dangerous-abortion-drugs.

SBA List. "Pro-life Leaders Urge FDA: Protect Women, Enforce Regulations on Dangerous Abortion Drugs." Press Releases. Accessed July 27, 2020. https://www.sba-list.org/newsroom/press-releases/pro-life-leaders-urge-fda-protect-women-enforce-regulations-on-dangerous-abortion-drugs.

The Susan Thompson Buffett Foundation. IRS Form 990s. Accessed July 27, 2020. http://990s.foundationcenter.org/990pf_pdf_archive/476/476032365/476032365_201612_990PF.pdf.

Simcox, Georgia. "Police investigate death of unborn baby after woman took 'pills by post' abortion drugs while 28 weeks pregnant - four past the legal limit." Dailymail.com. May 22, 2020. Accessed July 27, 2020. https://www.dailymail.co.uk/news/article-8349739/Police-investigate-death-unborn-baby-woman-took-abortion-drugs-home-28-weeks-pregnant.html.

Silverman, Ed. "What side effects? Problems with medicines may be vastly underreported to the FDA." Statnews.com. December 4, 2019. Accessed July 27, 2020. https://www.statnews.com/pharmalot/2019/12/04/fda-side-effects-adverse-events/.

Solis, Maria. "3 women on what it's like to give yourslef an abortion." Vice.com. February 24, 2020. Accessed July 27, 2020. https://www.vice.com/en_us/article/epg5xm/give-yourself-an-abortion-with-pills-bought-online-aid-access.

Smith-Spark, Laura. "Abortion access thrown into jeopardy by coronavirus pandemic." CNN. April 9, 2020. Accessed July 27, 2020.

https://www.cnn.com/2020/03/27/health/coronavirus-abortion-access-intl/index.html.

Stolberg, Sheryl. "FDA Panel Calls for OK of Abortion Pill." Los Angeles Times. July 20, 1996. Accessed July 27, 2020. https:// www.latimes.com/archives/la-xpm-1996-07-20-mn-25954-story.html. TelAbortion.org. "For Providers and Allies." Accessed July 27, 2020. https://telabortion.org/about/for-providers

Telabortion. "Get Started." Accessed July 27, 2020. https://telabortion.org/get-started/.

Tyson, Peter. "The Hippocratic Oath Today." NOVA. March 27, 2001. Accessed July 27, 2020. https://www.pbs.org/wgbh/nova/article/hippocratic-oath-today/

United States Holocaust Memorial Museum (USHMM). "The Doctors Trial: The Medical Case of the Subsequent Nuremberg Proceedings." Holocaust Enyclopedia. Accessed July 27, 2020. https://encyclopedia.ushmm.org/content/en/article/the-doctors-trial-the-medical-case-of-the-subsequent-nuremberg-proceedings.

USHMM. "Subsequent Nuremberg Proceedings, Case #6, the IG Farben Case." Holocaust Enyclopedia. Accessed July 27, 2020. https://encyclopedia.ushmm.org/content/en/article/subsequent-nuremberg-proceedings-case-6-the-ig-farben-case.

USHMI. "United States of America v. Karl Brandt et al., Nov. 21, 1946 - Aug. 20, 1947." Accessed July 27, 2020. https://collections.ushmm.org/search/catalog/irn504191.

USHMM. "Women During the Holocaust." Holocaust Enyclopedia. Accessed July 27, 2020. https://encyclopedia.ushmm.org/

content/en/article/women-during-the-holocaust.

United States House of Representatives, 109th Congress. "Hearing before the Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform." Accessed July 27, 2020. https://www.govinfo.gov/content/pkg/CHRG-109hhrg31397/html/CHRG-109hhrg31397.htm.

University of California. "Non-profit Funding." Accessed July 27, 2020. https://www.ucop.edu/institutional-research-academic-planning/_files/non-profit-research-funding.pdf.

University of California Davis (UCD). "Abortion." Family Planning. Accessed July 27, 2020. https://health.ucdavis.edu/obgyn/services/family-planning/medical-surgical-abortion.html.

UCD. ``First of its kind study seeks to answer whether the effects of the ``abortion pill'` can be reversed.'` Newsroom. Accessed July 27, 2020. https://health.ucdavis.edu/health-news/newsroom/first-of-its-kind-study-seeks-to-answer-whether-the-effects-of-the-abortion-pill-can-be-reversed/2019/12.

University of California San Francisco (UCSF). "Daniel Grossman, M.D." Accessed July 27, 2020. https://obgyn.ucsf.edu/san-francisco-general-hospital/daniel-grossman-md.

University of California San Francisco. "Medical Versus Surgical Abortion." Accessed July 27, 2020. https://www.ucsfhealth.org/education/medical-versus-surgical-abortion.

University of California San Francisco. "Daniel Grossman, MD." Advancing New Standards In Reproductive Health. 2015. Accessed July 27, 2020. https://www.ansirh.org/staff-members/daniel-grossman.

Vazquez, Joseph. "Bill & Melinda Gates Foundation Gave \$11,381,171 to 'Overpopulation'-Focused Population Council." NewsBusters.org. March 20, 2020. Accessed July 27, 2020. https://www.newsbusters.org/blogs/business/joseph-vazquez/2020/03/20/bill-melinda-gates-foundation-gave-11381171-overpopulation.

World Health Organization (WHO). "Clinical practice handbook for Safe abortion." Accessed July 27, 2020. https://apps.who.int/ iris/bitstream/handle/10665/97415/9789241548717_eng.pdf;jsessionid=E7CC683F50383BF810F3E80A9F017EE9?sequence=1

WHO. "Safe abortion: technical and policy guidance for health programs." Accessed June 15, 2020. Accessed July 27, 2020. https://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng. pdf;jsessionid=062AD6156C3172CE9BCCA182EB713FB5?sequence=1

Williamson, Kevin D. "Planned Parenthood's Century of Brutality." National Review. June 18, 2017. Accessed July 27, 2020. https://www.nationalreview.com/2017/06/planned-parenthoods-brutal-century/.

Women Help Women. "What to do in case of emergency?" Accessed June 15, 2020. https://consult.womenhelp.org/en/page/417/ what-to-do-in-case-of-emergency.

Women on Waves. "How to Abort at home with Pills (misoprostol, cytotec)?" Accessed July 27, 2020. https://www.womenonwaves.org/en/page/702/how-to-abort-at-home-with-pills-misoprostol-cytotec.

Women on Web. "Is it difficult to do an abortion by yourself at home?" Accessed July 27, 2020. https://www.womenonweb.org/en/page/482/is-it-difficult-to-do-an-abortion-by-yourself-at-home.

Women on Web. "Why You Only Need 4 Tablets Misoprostol 24 Hours After Using Mifepristone." Accessed July 27, 2020. ouonly-need-4-tablets-misoprostol-24-hours-after-using-mifepristone.

World History Project. "The United States of America vs. Carl Krauch, et al., also known as the IG Farben Trial." Accessed July 27, 2020.

https://worldhistory project.org/1947/8/27/the-united-states-of-america-vs-carl-krauch-et-al-also-known-as-the-ig-farben-trial.

World Medical Association. "Declaration of Geneva." Accessed July 27, 2020. https://www.wma.net/what-we-do/medical-ethics/declaration-of-geneva/.

World History Project. "The United States of America vs. Carl Krauch, et al., also known as the IG Farben Trial." Accessed June 15, 2020. https://worldhistoryproject.org/1947/8/27/the-united-states-of-america-vs-carl-krauch-et-al-also-known-as-the-ig-farben-trial.

World Medical Association. "Declaration of Geneva." Accessed June 15, 2020 https://www.wma.net/what-we-do/medical-ethics/declaration-of-geneva/

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