The nature of the abortion industry is changing. While surgical abortions still abound, we are in the midst of a chemical abortion revolution. It is a revolution that has relied on changing definitions, suppressing information, and supplanting trustworthy agency decisions with a pro-abortion agenda. The chemical abortion revolution has placed “access”—and ultimately profit—above the health, safety, and informed consent of women. Abortion advocates have made clear that their intent is to continue the chemical abortion charge; to them, the revolution has only begun.

Analyzing recent U.S. trends in the incidence of abortion, the Guttmacher Institute—a former “special affiliate” of Planned Parenthood—noted that by 2008, chemical abortion had “become an integral part” of the abortion industry, and the number and proportion of all abortions accounted for by this method “grew substantially.”¹ While Guttmacher found the overall incidence of abortion “changed little” between 2005 and 2008, the number of chemical abortions performed by nonhospital facilities increased by 24 percent. Less than a decade after the Food and Drug Administration (FDA) approved the abortion drug RU-886, Guttmacher found that a “substantial number” of abortion providers offer only chemical, not surgical, abortions.

However, the Guttmacher-reported figure fails to capture the true extent of chemical abortions in the United States. In large part this failure is because abortion-inducing drugs other than the FDA-approved RU-486 regimen are not accounted for in Guttmacher’s findings.

In the chemical abortion revolution, these other drugs may dwarf RU-486 usage.

In a July 2009 *New York Times* interview, Supreme Court Justice Ruth Bader Ginsburg, reflecting on her pro-abortion judicial philosophy, noted, “I still think, although I was much too optimistic in the early days, that the possibility of stopping a pregnancy very early is significant. The morning-after pill will become more accessible and easier to take. So I think the side that wants to take the choice away from women and give it to the state, they’re fighting a losing battle. Time is on the side of change.”²

To be fair, Justice Ginsburg may have meant “preventing” rather than literally “stopping” a pregnancy, as her specific charge would indicate. However, her words as chosen, though perhaps not intended, are accurate; stopping (or terminating or aborting) an early pregnancy is one way in which *ella*, a new so-called “emergency contraceptive,” can work.
Other FDA-labeled “contraceptives” also have known life-ending mechanisms of action. Plan B, commonly referred to as “the morning after pill,” can kill a human embryo by preventing implantation.³ Hormonal contraceptives are alleged to change the endometrial lining, making a woman’s uterus hostile for the implantation of a human embryo.⁴ Intrauterine Devices (IUDs) are also acknowledged to work not only by preventing conception, but by blocking implantation.⁵ Indeed, the more “effective” a contraceptive drug or device is generally coincides with a mechanism of action other than preventing conception.

However, ella’s deadliness goes beyond that of any other “contraceptive” approved to date. Without diminishing the legitimate and serious objections to the deceptive approval of other life-ending drugs and devices, it must be acknowledged that by approving ella as “contraception,” the FDA has now obliterated the line between “contraception” and abortion. No longer is the FDA hiding behind a changed definition of “pregnancy”⁶; the FDA-approved “contraceptive” ella can work by ending an “established” pregnancy.

Like the abortion drug RU-486, ella is a selective progesterone receptor modulator (SPRM). Despite its FDA label and indication for use as “emergency contraception,” ella—like RU-486—can induce an abortion.⁷ This is because an SPRM works by blocking progesterone, a hormone that is necessary for pregnancy. By blocking progesterone, ella can kill a human embryo even after implantation.⁸

Studies confirm that ella is harmful to an embryo.⁹ Even the FDA’s labeling notes that ella may “affect implantation.”¹⁰ The FDA also contraindicates (or advises against) use of ella in the case of known or suspected pregnancy. Notably, at the FDA advisory panel meeting for ella, panelist Dr. Scott Emerson, a professor of biostatistics at the University of Washington, repeatedly raised the point that the low pregnancy rate for women taking ella four or five days after intercourse suggests that the drug must have an “abortifacient” quality.

Unfortunately, in light of all the evidence, it seems that a primary consideration for the FDA in approving a drug as a “contraceptive” is simply whether a woman is “not pregnant” after she takes it, rather than whether conception—or now even implantation—was prevented.

This approval of the abortion-inducing drug ella as “emergency contraception” illustrates multiple harmful effects of the chemical abortion revolution.

No longer is the FDA hiding behind a changed definition of “pregnancy”; the FDA-approved “contraceptive” ella can work by ending an “established” pregnancy.

First, and perhaps foremost, women become unwitting participants in the chemical abortion revolution. Intentional “off-label” use of ella for abortions is a concern. Already, ella is available for sale online, where a purchaser need only fill out a questionnaire to obtain the drug with no physician or pharmacist to exam-
ine the patient, explain the risks, or verify the identity and intentions of the purchaser.

And it is known that Planned Parenthood, which participated in the development of *ella* and is already promoting the drug, frequently uses drugs off-label. Planned Parenthood’s Dr. Vanessa Cullins practically boasted to the FDA advisory panel considering *ella*’s approval of her organization’s off-label use of Plan B past the FDA-permitted time for use. Dr. Cullins’ proffered rationale that Planned Parenthood’s misuse was based on a desire to give women “every opportunity” to “prevent” a pregnancy will assuredly be applied to a decision to dispense *ella* as it pleases.

These concerns are elevated by the fact that women taking *ella* are being misinformed about the drug. Watson Pharmaceutical, the U.S. manufacturer of *ella*, has developed a “cutesy” advertising campaign. To illustrate that *ella* can work by delaying ovulation, the Watson ads show a cartoon egg telling her sperm-suitor, who stands on her front porch, that she cannot come out for a date that night. The ad is clever and relatable. However, Watson fails to animate *ella*’s other mechanisms of action. Perhaps it would not make for a successful marketing campaign to show a cartoon of a unique, developing human being stranded on the porch (or forcibly removed from the house), starving to death, because the door is locked and its food supply is cut-off.

Planned Parenthood also has engaged in a general disinformation campaign about *ella*. Its website and background article on *ella* are rife with misleading and false statements. Why is the truth being hidden from women and even outright denied? It must be for the benefit of someone or something other than women, because truth is what women want. Studies confirm that women care about how their “birth control” works. Moreover, for women concerned about post-fertilization effects of a birth control method, at least one study has found that whether that was the primary mechanism of action was less important than the fact that it can have such a life-ending effect: “For those women who would not use or would stop using a method acting after fertilization, it did not matter whether such effects were common or rare.”

A true commitment to women would provide them with the information that they care about. Keeping women in the dark reveals instead a bottom-line profit motive. Second, labeling *ella* as contraception bypasses important safety requirements. Because of known significant risks to women, the RU-486 regimen was approved by the FDA under specific conditions. In addition, states have enacted laws regulating the distribution of the dangerous drug. However, *ella*—though chemically similar to RU-486—avoids these health and safety standards. This is particularly disconcerting considering the potential for
ella to be prescribed and used “off-label.” And with a push for women to obtain advance prescriptions of ella “just in case,” even ella’s own warnings and indications may be disregarded or forgotten when a woman does decide to take the drug.

Third, labeling ella as contraception allows the abortion industry to pickpocket Americans to fund its revolution.

Despite longstanding federal laws prohibiting taxpayer funding of abortion, classification of ella as “contraception” makes it eligible for state and federal family-planning funding. In addition, a recent mandate by the Department of Health and Human Services (HHS) requires nearly all insurance plans provide full coverage for ella. Labeled as contraception, ella squarely falls under the HHS mandate, which applies to “the full-range of FDA-approved contraceptives.” The ella mandate was a one-two punch by the FDA and HHS to force Americans to pay for the abortion-inducing drug.

Thus, it seems the FDA, more so than “time,” has also been on the side of “change” when it comes to chemical abortions. Unfortunately, change does not appear to be ending with ella. Other abortion-inducing drugs lay in the pipeline for FDA approval as something “other” than “abortion.”

CONCLUSION

The chemical abortion revolution has meant more than changing definitions. In the name of “access” (which not so coincidentally translates into profits for abortion providers and drug companies), the chemical abortion revolutionists are bypassing, and outright attacking, important health and safety laws and regulations for RU-486.

Internationally, RU-486 is being sold over the internet. Planned Parenthood has been using telemedicine, or “telemed,” replacing the in-person doctor-patient visit with a Skype interview—dangerously flouting the protocol required by the FDA and the abortion-drug’s manufacturer.

The push for chemical abortions—though touted as more “natural” and even “liberating” for women—is in large part is a response to a decrease in the number of willing abortion providers. While chemical abortions are “easier” to provide (particularly when ignoring important health and safety laws and regulations), chemical abortions are certainly not safer.

Chemical abortion revolutionists claim to be advancing the cause of women. However, just the opposite is the case; women are the victims of the chemical abortion revolution.

Endnotes
2 E. Bazelon, The Place of Women on the Court, NEW YORK TIMES, July 12, 2009.
4 See, e.g., C.A. Frye, An Overview of oral contraceptives: Mechanisms of action and clinical use, 66 NEUROLOGY S29 (2006) (“[C]hanges in the endometrium may affect survival of a blastocyst within the uterus or prevent implantation.”). See also W.L. Larimore & J.B. Sanford, Postfertilization Effects of Oral Contraceptives and Their Relationship to Informed Consent, 9 ARCH. FAM. MED. 126 (2000) (citing the FDA “approved product information” for oral contraceptives in the Physician’s Desk Reference: “Although the primary mechanism of action is inhibition of ovulation, other alterations include changes in the cervical mucus, which increase the difficulty of sperm entry into
the uterus, and changes in the endometrium, which reduce the likelihood of implantation.

5 The Department of Health and Human Services (DHHS) guide to “Birth Control Methods” describes the following among the mechanisms of action for copper IUDs: “If fertilization does occur, the IUD keeps the fertilized egg from implanting in the lining of the uterus.” For hormonal IUDs, the guide states, “It also affects the ability of a fertilized egg to successfully implant in the uterus.” See DHHS Office on Women’s Health, Birth Control Methods, available at http://www.womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.pdf (last visited Sept. 1, 2011).


8 Planned Parenthood materials acknowledge that chemical abortions are accomplished by blocking progesterone. See, e.g., Planned Parenthood of Arizona, Client Information for Informed Consent: using the abortion pill, available at http://www.plannedparenthood.org/ppaz/images/Arizona/web-AB_by_Pill_E(1).pdf (last visited Sept. 1, 2011) (“Abortion pill” is a popular name for a medicine called mifepristone…. It ends the pregnancy. It does this by keeping your body from making a certain hormone called progesterone. The pregnancy cannot go on without progesterone.”).


10 See ella Labeling Information, supra.

11 Planned Parenthood’s off-label use of Plan B is also advertised on its website. Plan B was approved for use “within 72 hours of intercourse.” See Plan B Label (0.75mg levonorgestrel) Tablets (Aug. 23, 2006), available at http://www.accessdata.fda.gov/drugsatfda_docs/label/2006/021045s011lbl.pdf (last visited Sept. 1, 2011). However, according to Planned Parenthood, “emergency contraception,” which includes Plan B, “can be started up to 120 hours—five days—after unprotected intercourse.” See Planned Parenthood Fed’n of Am., Morning-After Pill (Emergency Contraception), available at http://www.plannedparenthood.org/health-topics/emergency-contraception-morning-after-pill-4363.asp (last visited Sept. 1, 2011).

12 Planned Parenthood materials generally attempt to conflate ella with other so-called “emergency contraception.” Planned Parenthood’s background paper on ella cites a 1998 study for the proposition that “[e]mergency contraception prevents ovulation. It has no impact on pregnancies that are already underway.” Planned Parenthood Fed’n of Am., Inc., Background on Ulipristal Acetate (Ella) (2010) (citing P. Van Look & F. Stewart, Emergency Contraception, CONTRACEPTIVE TECHNOLOGY 277 (17th ed. 1998)). However, to make this point, the study examined progestin-based drugs. In fact, the study also acknowledges that RU-486, and similar drugs, could be used as “emergency contraception.” There is no debate that RU-486 also causes abortions in “pregnancies that are already underway.”


14 See J. de Irala et al., supra.