

Chemical abortions aren't medicine. They are a poison that kills unborn human beings. Moreover, especially when sent through the mail and ingested at home without supervision or in-person evaluation, they pose serious concerns for the health and safety of women.

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The Case Against Chemical Abortion

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Chemical abortions are on the rise. They provide a convenient way for the abortion industry to extend its reach—and are quickly becoming the most common method of abortion.

These drug-induced abortions (called “medication abortions” by supporters) haven’t typically generated the same level of opposition as abortions later in pregnancy or those that use viscerally brutal methods like dismemberment.

But they should. Chemical abortions threaten to produce—indeed, have already produced—a large-scale destruction of children and a range of dangers to their mothers.

Here’s the case against them.

Chemical abortion isn't ‘medication’

The first sign that something’s wrong with chemical abortion? It’s universally described by its proponents as “medication” even though it is demonstrably the opposite.

Medication treats or prevents disease, but chemical abortion doesn’t do that. It doesn’t restore health or save a life. On the contrary, it deliberately impairs healthy reproductive functioning in order to end a life. That’s its purpose.

Chemical abortion is usually a two-drug process. The first drug, mifepristone, blocks the pregnancy hormone progesterone, preventing the unborn child from receiving nutrients and support. It is literally a poison that causes death by starvation. The second drug, misoprostol, induces contractions to evict the child from her natural environment.

Whether that's morally right or wrong, it's not "medication." It's the death of a living, growing individual.

Chemical abortion takes a life that really matters

Many people think chemical abortions happen when unborn children are too small and undeveloped to really matter. These abortions remove amorphous "pregnancy tissue," not babies, Planned Parenthood says.

But abortion practitioners offer chemical abortions as late as 11 weeks' gestation. That's long after an unborn child has a heartbeat. It's well after she has detectable brain waves. It's after organs and major body systems have formed and the child looks recognizably human.

The most important biological fact, though, is that the unborn child—not just at 11 weeks, but since coming into existence at fertilization or conception—is a distinct and living member of the species *Homo sapiens*. She isn't mere *tissue*. She is, rather, a whole *organism* developing herself through the different stages of her life as a human being.

Those poisoned to death by chemical abortions are not a different kind of thing from us. They are what each of us once was.

And each of us—every single one—has value and human rights simply by virtue of being a human being. It doesn't matter if we are small, or immature, or dependent on other people. After all, big humans don't count more than small humans. Teenagers are physically and mentally superior to toddlers, but that doesn't make them any more valuable. Infants depend entirely on their parents, but that's no rationale for neglecting them.

Human embryos and human fetuses are our fellow human beings. And human beings are important. They deserve our respect, and they deserve the protection of our laws.

Chemical abortion risks genuine harm to women

Chemical abortion doesn't just destroy a young human being. It poses risks to the mother's health, too.

A large Finish study found that chemical abortions produced "adverse events" in 20 percent of cases—almost four times the rate of immediate complications as early surgical abortions. That shouldn't be surprising. Chemical abortions take longer than surgical ones. They cause more blood loss. They have a significant failure rate and can lead to infection. And, in some cases, they mask the presence of a deadly ectopic pregnancy because their expected symptoms are very similar.

The FDA reports 26 deaths of women in the U.S. (and thousands of other complications) connected to chemical abortion, and the inadequacies of U.S. reporting requirements mean that some complications go unreported.

And yet, in the years since these drugs first became available, proponents have succeeded in loosening or even removing important safety regulations. Now, following a recent change at the FDA under President Biden, abortion practitioners can send abortion drugs to women through the mail—with no in-person medical examination beforehand.

In-person screening can, among other things, verify gestational age (complications increase later in pregnancy) and rule out the possibility of ectopic pregnancy. The absence of such screening figures to only exacerbate the risks. One recent study found that 6 percent of patients visited an emergency room or urgent care center following a mail-order abortion. And research into such "telemedicine abortions" in the United Kingdom (where they have been legal for the last two years) has shown increases in post-abortion emergency care.

But the dangers don't end there. Some rural women who receive abortion drugs live far away from the help they would need in the event

of serious complications. Moreover, these at-home abortions make it much harder to detect and prevent pressure and coercion. A 2021 survey found 82 percent of British general practitioners were concerned about individuals falsely obtaining abortion drugs; 87 percent were concerned about the possibility of unwanted abortions coerced by domestic abusers.

Chemical abortions— especially when sent through the mail and ingested at home without supervision or in-person evaluation—raise serious worries about the health and safety of women. We should not ignore them.

Chemical abortion isn't good for anyone

The reality is that chemical abortions aren't good for anyone. They aren't medicine. They are a poison that kills unborn human beings and, too often, harms their mothers as well.

So, as these abortions spread, what can pro-lifers do?

We can inform others about the dangers to women and about the humanity of unborn children. We can advocate legislation to protect against chemical abortions and to require safety standards. We can support positive alternatives for pregnant women facing difficult circumstances. And we can promote abortion pill reversal (APR), an important new option that allows women who change their minds midway through an abortion to counteract the effects of mifepristone and save their baby.

The battle against chemical abortion has never been more important, and every pro-lifer needs to be part of it.