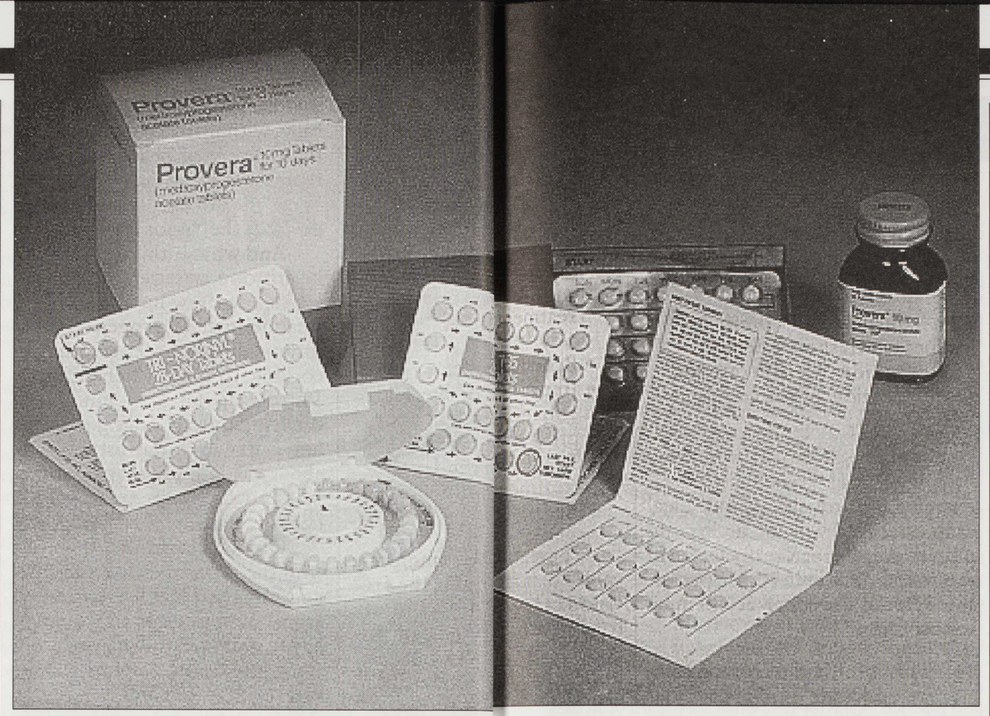
Birth Control and the New Abortionists

by Bogomir M. Kuhar, P.D.



Intrauterine Devices

Intrauterine devices (IUDs) are abortifacient devices which kill preborn children by means of the copper or progesterone contained on them via a mechanism of interfering with enzymatic processes and/or implantation of the 5 to 14 day old preborn baby. The latter is stated in the literature as "alteration of the uterine milieu to prevent nidation" (F & C, 1/91, p. 108k). In the case of progesterone laced IUDs (Progestasert), the progesterone from the IUD is slowly released and chemically suppresses proliferation of the endometrial tissue, thus preventing the endometrius from supporting a pregnancy.

The Dalkon fiasco, which bankrupted the A.H. Robins Company and threw it into the arms of another new abortionist, Wyeth-Ayerst, paved the way for near elimination of these abortifacient devices from the U.S. market. In 1986, after many lawsuits, and millions of dollars in settlements, G.D. Searle (see below under Prostaglandins) withdrew its CU-7 and Tatum-T IUDs from the U.S. market, but still sells and distributes them abroad. In fact, in the newly independent country of Slovenija — with a nominally 90% Catholic population — at least 25% of women of childbearing age use an abortifacient IUD, according to International Planned Parenthood Federation.

In recent years, IUD apologists, including one IUD manufacturer, have concocted a new theory of the IUD's mechanism — despite over 25 years' experience and research to the contrary — in which an IUD somehow magically prevents fertilization of an egg by a sperm. In fact, to the present, all IUDs must be labeled as interfering with enzymatic processes and interfering with nidation (implantation) based on FDA regulations contained in the Federal Register, the official publication of federal government rules and regulations. One recent pamphlet, published by New Abortionist Ortho Pharmaceuticals, states, "(the IUD) is a highly effective contraceptive (sic) and is thought to work by preventing sperm from reaching or fertilizing the egg." Nothing could be less true. IUDs mechanically or (in the case of the Progestasert) chemically inflame the endometrial tissue, thereby preventing implantation. Likewise, the copper IUDs (ParaGard, CU-7, Tatum-T) interfere with critical enzymatic processes in the blastocyst stage of the fetus development.

> *"(The IUD) is a highly effective contraceptive and is thought to work by preventing sperm from reaching or fertilizing the egg." Nothing could be less true. IUDs mechanically or chemically inflame the endometrial tissue thereby preventing implantation.*

Common side effects of IUDs include, but are not limited to: pelvic inflammatory disease (PID), ectopic (tubal) pregnancy, temporary or permanent sterility, perforation of the uterus, spontaneous abortion in post-IUD removal pregnancies, endometriosis, septicemia, and many others.

ParaGard T380-A IUD is made by the GynoPharm Corporation, on license from the Population Council (the latter also holds the patent for the abortifacient Norplant System distributed by Wyeth-Ayerst).

Prostaglandins

The category of anti-life chemicals which initially caused the most intense opposition from the pro-life movement were the prostaglandins, whose prime originator was the Upjohn Company of Kalamazoo,Michigan.

Prostaglandin's (PGs) discussed here are: misoprostil (Cytotec), prostaglandin E-2 (Prostin E-2), and carboprost tromethamine (Hemabate). All three are available in the U.S. A fourth PG, gemeprost, is available in Europe and has been used along with RU-486 in France in the past. It is manufactured by Rhone-Poulenec, which owns the American subsidiary Rhone-Poulenec-Rorer, the second largest drug firm in the America.

Misoprostil (Cytotec) is manufactured by G.D. Searle, based in Skokie, Illinois, and a subsidiary of Monsanto Chemical. Misoprostil is approved for use in the U.S. as a cytoprotective for patients using non-steriodal anti-inflammatory drugs (such as ibuprofen, naproxen, etc.) It has the potential to be abortifaciant in as little as one dose, and has shown that effect previously. Currently, it is used as an abortifacient in many parts of Latin America and is the PG of choice as an adjunct to RU-486 in a number of the countries where RU-486 is now legally available. Recently, amid the criticisms from many sides, Searle has issued strong statements condemning the use of misoprostil as an abortifacient, stating, in part, "Cytotec was discovered and developed by Searle for the prevention of ulcers in people taking arthritis medications...Any other use of this product constitutes its misuse. Searle strongly opposes any efforts designed to approve its use either in the Untied States or elsewhere for use with RU-486 in abortion.

"It is not Searle's intention or desire to become embroiled in the abortion issue..."

Searle's handwringing notwithstanding, it found no problem in the same communication (as a letter to the editor of the *Wall Street Journal*) to justify its relabeling of the product in France as "a limited exception permitting use in this population (women of childbearing potential) in specialized hospitals only." Those "specialized hospitals" are no less than abortion mills. Also, Searle's being "embroiled in the abortion issue" was determined long ago when it began selling two types of IUDs, both of them abortifacient, as well as being the first drug firm to breach the wall of making and selling oral contraceptives, all of them determined to be abortifacient. It can hardly play coy and innocent when it has stonewalled and ignored the letters and protestations of the pro-life movement over its other abortifacient drugs and devices for years.

Prostaglandins (PGs) are the body's most ubiquitous active biological substances and, in synthetic forms, can be used to induce labor during a complicated delivery or—in higher doses—to induce 2nd and 3rd trimester abortions. The PGs in the E and F series, like Misoprostil (Cytotec), induce the most violent uterine contractions and are of the greatest interest to the abortifacient manufacturers, the New Abortionists. PGs are primarily used in second trimester abortions from the 13th to 22nd weeks of gestation. It is not uncommon for the abortionist using PGs to be faced with the "dreaded complication" of a live abortion, which is many times handled via infanticide or outright neglect. One pharmacy reference states "a previable fetus aborted by these agents (PGs) could exhibit transient life signs" (F & C, 7/92, p. 118j).

PGs exhibit numerous side effects, many of which are potentially dangerous, including: special risk to patients with asthma, hypotension, hypertension, cardiovascular, renal, or hepatic disease, anemia, jaundice, diabetes, epilepsy or a compromised (scarred) uterus; uterine atony, hemorrhage, incomplete abortion (Abu Hayat syndrome), induced bone proliferation, vomiting, nausea, diarrhea, increased blood pressure, PG hyperthermia, headache, flushing, anxiety, chills, leg cramps, breast tenderness and many others.

> *Clearly, the present atmosphere surrounding the pharmacy profession does not bode well for preborn babies as the New Abortionists rush to make an increasing number of deadly chemicals and devices.*

Upjohn has been the object of an international boycott for over nine years, with some apparent success: it recently approached some prominent pro-life leaders to call off the boycott and to equivocate on the abortifacient properties of its Depo-Provera (see Jan/Feb 1993 issue of "Beginnings"). No serious-minded pro-life group shows any sign of letting up on the Upjohn boycott until the latter—the original "Merchant of Death"— makes a serious effort to stop manufacturing, marketing and distributing abortifacients here and abroad. Upjohn makes the PGs Prostin E-2 and Hemabate.

Clearly, the present atmosphere surrounding the pharmacy profession does not bode well for preborn babies as the New Abortionists rush to make and market an increasing number and types of deadly chemicals and devices. ■

Bogomir M. Kuhar is a licensed pharmacist and president & founder of Pharmacists For Life, which publishes the newsletter "Beginnings."