women on oral contraceptives if they want to "make sure" not to get pregnant. The anti-progestin neutralizes the progestin (and one dose of RU-486 stays in the body at least three days), and pregnancy is now possible! Add to this the previously noted fact that RU-486 shifts the timing of the next menstrual cycle, and the bottom line is more unintended pregnancies guaranteed!

Even as pro-life efforts are directed against those who would make, license and distribute RU-486, it must be emphasized that similar anti-progestin steroids are waiting in the wings, and their manufacturers would have them slip quietly into the U.S. market. The most extensively tested of these is called onapristone (a.k.a. ZK-299), make by another German drug giant, Schering AG. (Schering AG is not related to the American company, Schering-Plough. Rather, it has an American subsidiary named Berlex, located in Wayne, New Jersey.) Unlike Hoechst, Schering has been scrupulously avoiding testing ZK-299 as an abortifacient (except in animals, where it works just fine). Rather, it has been testing it in Europe as a breast cancer treatment, and hopes to import it into the U.S. as such. But don't be fooled: any anti-progestin will induce abortion. And the Dutch drug giant, Organon (which has a big chunk of the American contraceptive market), also has a number of anti-progestins (with "ORG" code names, instead of "RU" or "ZK") in various stages of testing. If any one of these drugs makes it into the American market, so that it can be prescribed by any doctor, "Pandora's Box" will have sprung open.

Even in European countries which have already legalized RU-486 abortions, the distribution of the drug is absolutely controlled such as no drug can be controlled in this country. And the limitations on the duration of pregnancy of 7 weeks in France (8 1/2 weeks in the U.K.) is not a limitation of the action of the drug: it will work at any time during pregnancy. However, in addition to much greater risks in complications later in pregnancy, much greater doses would be needed to block the much higher blood levels of progesterone. Hence, the likelihood of incomplete abortions and deformed babies would soar.

The only good news about RU-486 is that it has been kept out of this country so far. With our continued faith, education and diligent effort, the American medical societies may yet wake up to remember and reaffirm by word and deed the ancient words of the Hippocratic oath they vowed to uphold until so recently:

"I will give no deadly medicine to anyone if asked, nor suggest any such counsel; furthermore, I will not give to a woman an instrument to produce abortion." ■

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Caption: *Nadine Walkowiak, a mother of five, seen here before her death. She died through the agency of an RU-486 abortion in France. Officials who approved the drug had already known of its dangers to mothers.*

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