OCT 09 2003) 2003) 2003

Dear Senator Carol Kessler

I have received a letter from Fred Risser Concerning State Senate, Assembly Bill 67 the "Denial of Health Care Bill".

Surely this is one more step into state control of our private life. I happen to have claustrophobia; its reasonably minor but it's one of the reasons my Living Will & Power of Attorney for Health Care specifically state that I do not want to be kept alive in a paralized state. That some selfrighteous person could have the "right" by law to deny me my right frightens me.

One way or another everyone seems to be bent on being sure that the Church & State are separated. And yet the wishes of a patient could be ignored - by law - for "moral" or "religeous" reasons. A curious idea.

I don't want my rights as a patient to be ignored!

Thank you
Hazel Diemstra
6209 Memorial Pt Rd #[illegible]

ZIGNEGO COMPANY, INC.

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"Celebrating 50 Years of Quality Concrete!"

Friday, October 17, 2003

Wisconsin Legislators

Re: AB 67 and AB 63

Dear Legislators,

Please find a little gift enclosed. The booklet, prepared by very eminent physicians, merely points out that birth control itself will cause a woman to abort.

AB 67 and AB 63 are two versions of the "Pharmacist Conscience Bill" being currently considered in Madison.

AB 67 would try to force pharmacists, against their religious and ethical beliefs to distribute the pill, which kills babies in the womb.

On the other hand AB 63 is a true protection for those who have a moral and ethical problem distributing the pill. Please support AB 63, not AB 67.

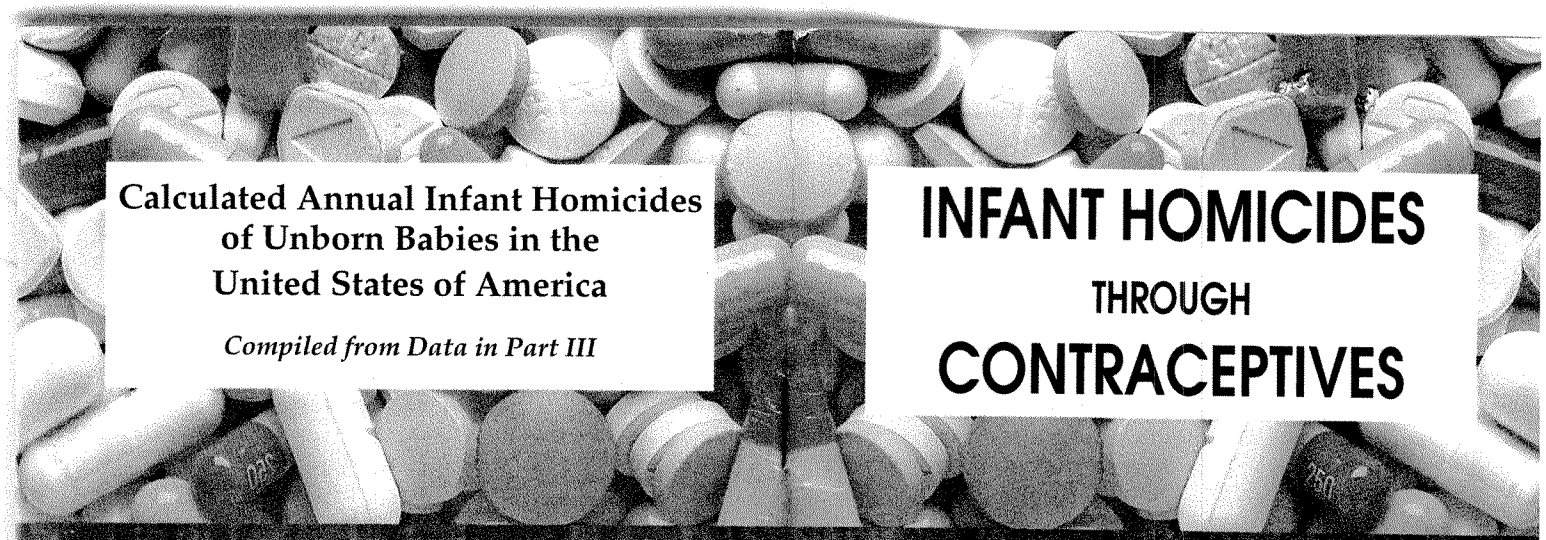
Very truly yours,

Thomas V. Zignego

Thomas V. Zignego
President

TVZ/kp

cc: All WI Legislators



INFANT HOMICIDES THROUGH CONTRACEPTIVES

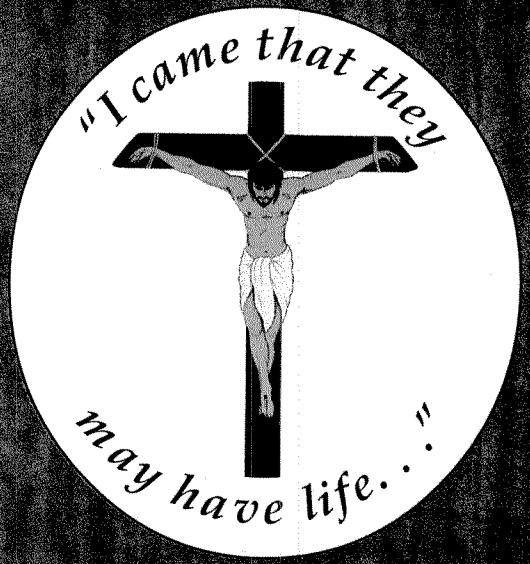
Calculated Annual Infant Homicides of Unborn Babies in the United States of America

Compiled from Data in Part III

Users	Type	Infant Homicides	
		Low Range	High Range
10,000,000	Oral Contraceptives	600,000	3,000,000
1,500,000	Intrauterine Device	3,825,000	3,825,000
1,500,000	Depo-Provera	1,800,000	2,700,000
1,000,000	Norplant	330,000	2,100,000
1,300,000	Surgical Procedure	1,300,000	1,300,000
50,000	Prostaglandin & Saline	50,000	100,000
15,350,000	TOTALS	7,905,000	13,025,000

". . .Contraceptives themselves are homicidal drugs and devices. They are more widely lethal than the commonly known surgical forms of killing unborn children. . . ."

— Father John A. Hardon, S.J. (INSIDE FRONT COVER)



"The potent steroids in OCs affect all vital organs of the OC user to one degree or another. Should the OC user conceive and *not* chemically abort, all the organs of the preborn child are affected as well, especially in the first three months of pregnancy when differentiation and organogenesis occurs."

—*Infant Homicides Through Contraceptives*, page 11

Commentary by Spiritual Directors and Commission Members

Dr. Kuhar's study will be a revelation to many people. He shows that the abortion plague is far more devastating than most of us realize. He conclusively proves that contraception is not only a selfish practice that leads to abortion. Contraceptives themselves are homicidal drugs and devices. They are more widely lethal than the commonly known surgical forms of killing unborn children.

Please God, this study will awaken the conscience of our nation. My prayer is that Infant Homicides Through Contraceptives will help to stem the global genocide of our day.

John A. Hardon, S.J.

Contraception is the defining evil of our time. Its legitimization leads inevitably, not only to abortion and euthanasia, but to a host of other evils, including promiscuity, divorce, pornography and homosexual activity. Dr. Kuhar provides abundant and authoritative detail on this modern plague. As he demonstrates, the contraceptive movement is based on exploitation and lies, including the lie that many abortifacients are "merely" contraceptives. Its foundational lie, however, is its claim that man, rather than God, is the arbiter of whether and if so, when human life will begin. The contraceptionist denies to god the right to be God. In this light the contraceptive movement is diabolic, a replay of the original Genesis script.

Charles E. Rice
Professor of Law

STUDY OF ABORTION DEATHS
AN AD HOC COMMISSION

Spiritual Directors:

Rev. John A. Hardon, S.J., S.T.D., R.I.P.
Rev. Edmund F. McCaffrey, Ph.D.

Commission Members

Eugene F. Diamond, M.D.
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James Hitchcock, Ph.D.
John F. Kippley
Bogomir M. Kuhar, Pharm.D.
James Likoudis
Thomas P. Monaghan, Esq.
Rev. Thomas J. O'Donnell, S.J.
Wanda Poltawska, Ph.D.
†Herbert Ratner, M.D.
Charles E. Rice, Ph.D.
William J. Smith, R.I.P.

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Please note endorsements on inside front and back covers by Father John A. Hardon, S.J., Charles E. Rice, James Likoudis, and Dr. Eugene F. Diamond.

The Commission welcomes any studies or scholarly papers which will further shed light on the subject of Infant Homicides.

Address: ***Secretary, Study of Abortion Deaths Commission***
902 W. Stephen Foster Avenue
Bardstown, KY 40004
PH. 502-348-3963 FAX 502-348-2224

The Commission thanks Dr. Bogomir M. Kuhar, author, for the research and time devoted to this historically important document.

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Abortifacient Drugs and Devices: A Short Review

By Bogomir M Kuhar, PharmD, BS Pharm, FASCP

• • •

Introduction

This booklet is the fourth edition of a project begun in 1992 by the Ad Hoc Commission to Study Abortion Deaths, chiefly through the determined efforts of Commission secretary William J Smith. The author is forever grateful to Mr Smith for his persistence, guidance, gentle corrections and wholly true *sensus fideis*. The input, suggestions and corrections of the Commission members as well as other interested professionals has helped bring the final product to fruition.

Infant Homicides Through Contraceptives is not meant to be a detailed, exhaustive treatise on the subject, but rather a survey review of research and literature clearly and unequivocally providing the conclusion that all steroid-based so-called "contraceptives" and many other products are abortifacient in some instances, often more than has been surmised previously.

Using statistics from the pharmaceutical manufacturers of these abhorrent chemicals and the US federal government's own agencies, it conservatively estimates the horrific numbers of preborn children silently slaughtered in their most early days.

In establishing the truth which the intellectually honest scientist and layman will easily perceive when the mind is open to that truth, *Infant Homicides* conclusively lays to waste the disingenuous denials of health professionals who should, or could, know better. Having swallowed the poisonous lies of the pharmaceutical manufacturers and their financiers — such as the ubiquitous Rockefeller Foundation, Ford Foundation, Warren Buffett and all their fellow travelers — many even so-called "pro-lifers" have fallen prey to the "contraceptive mentality" which most often leads to the "abortion mentality". With this fourth edition of this little work, the Commission hopes to lay out in pristine, scientific form what the human heart already knows when seen in the eyes of the Faith.

The author is humbly thankful for all assistance given near and far for items included in this edition, as well as for the prayers of those who having read the truth herein have had the "scales fall from their eyes."

Bogomir M Kuhar, PharmD, FASCP
Powell, OH
June 1998 A.D.

Part I

Oral Contraceptives

So-called oral "contraceptives" (OCs) are commonly referred to as the "Pill" and it is generally agreed that OCs have three — possibly four — mechanisms of action. Two of these are "contraceptive" in nature that they prevent fertilization and do not cause demise of a new human life. OCs act by: (1) preventing ovulation by suppression of the critical area of the hypothalamus which controls the cascade of events leading to ovulation; (2) causing changes in the cervical mucus which prevents or delays migration of sperm into the uterus [womb]; and (3) preventing implantation/nidation of the newly conceived baby onto the lining (endometrium) of the mother's womb.[1-9, 11, 17, 20, 24, 25, 102, 103, 104, 105] Research into the molecular biology of OC effects has recently elucidated and again confirmed OCs prevent implantation by altering cell adhesion molecules called integrins, chemical receptors which are crucial for uterine receptivity of the newly conceived human being.[106]

It has been estimated by various sources that the third — the abortifacient — mechanism of

action comes into play anywhere from 2 to 10% (and at times higher) of female cycles per year.[15] This figure does not account for those times when other confounding factors would reduce likelihood of ovulation (e.g. hormonal variations from month to month and woman to woman, secondary disease states, nutritional status, other ingested drugs, etc.).[21, 40, 41, 54]

The abortifacient potential of OCs is further magnified in users who concomitantly take certain medicines which *decrease ovulation suppression* effectiveness. This includes all anti-convulsants (except valproic acid, clonazepam and gabapentin), rifampin, griseofulvin, barbiturates, sprinolactone and virtually all classes of antibiotics and the azole antifungals. It should be noted antibiotic/antifungal use among OC users is quite common since such women are more susceptible to bacterial, yeast and fungal infections secondary to OC use. With continuous suppression of the hypothalamus-pituitary-adrenal (HPA) axis by constant, daily doses of these potent steroids, such infections mimic people who are on immunosuppressive steroids for *bona fide* medical reasons. The HPA axis controls some of the immune system responses which handle infectious-type assaults on the human body.[40, 41, 54, 64, 65]

Other known drug interactions include, but are not limited to: benzodiazepines, tricyclic antidepressants, corticosteroids (oral, inhaled and injected), metoprolol, theophylline, clofibrate, dantrolene, oral anticoagulants (e.g. warfarin),

bromocriptine, sulfonylureas, acarbose, metformin, troglitazone, protease inhibitors [used for HIV infection] and nucleoside/non-nucleoside reverse transcriptase inhibitors [use for HIV infection].

There is increasing research and theorizing that the immune suppression acted out by OCs is a contributing factor in the increased incidence of heterosexually-contracted HIV infection.[65]

While systematically convincing Western women since around 1960 that OCs are the "perfect birth control," the pharmaceutical companies — the New Abortionists — have merely downplayed, but not denied, the deleterious and — at times — life-threatening side effects so common with chronic ingestion of the potent steroids found in OCs, even the newer, so-called "safer" low dose multi-phasic combinations.[5-9, 23, 27, 28, 30]

Of the multitude of side effects noted over almost 40 years of experience with OCs, five very serious risks are associated with OC use: increased incidence of sexually transmitted diseases; pelvic inflammatory disease; infertility; cervical and breast cancer; and ectopic pregnancy. There are also well known dangers of endometrial atrophy (shrinking of the womb) and permanent sterility. Extensive documentation of the plethora of adverse experiences emanating from OC use has been reviewed in scholarly fashion by Wilks.[107]

Three significant events point to the very real dangers of using OCs.[4, 30] One was the death of a 19-year-old British secretary in May 1988. She stepped out of her car on the way to work, fell down suddenly and was dead on arrival. At autopsy, her death was directly linked to using the low dose OC called Femodene by Schering Ltd. An embolism (blood clot) was the cause of death.[9, 46] Another British girl, Christina Robinson, was only 17 years old when she "died from blood clots after taking a contraceptive pill."[108] She was using the product Dianette to help control "mild acne of the face, arms and back." She was taken to a hospital but died 3 hours later, according to news reports.

Thirdly, the safety of OCs was put into serious question by the September 1986 exposé of the "serious deception" in Prof. Michael Briggs' research into the risk of heart and arterial disease among long-term OC users.[57, 58] An Australian citizen, Prof. Briggs' "fudged data on oral contraceptive safety" was spelled out in great detailed accounts in the *London Times* and the *Dundee Courier*, but mysteriously never reported in the United States or in any of the pharmacy trade and research magazines. Briggs' research was done mostly on trinordiol, made by drug giant Wyeth Laboratories (now known as Wyeth-Ayerst Laboratories, a subsidiary of American Home Products [AHP]) under license from Schering AG of Germany. Wyeth-Ayerst is part of the AHP conglomerate which along with Whitehall Laboratories, AH Robins, Lederle/ American Cyanamid, ESI and Genetics Institute

form a formidable worldwide pharmaceutical and chemical concern. AHP is maker of such products as Anacin, Inderal, Ismo, Isordil, Orudis, Premarin, Minocin, Stuartnatal, and SMA formula as well as abortifacients Ovral, LoOvral, TriPhasil, Nordette, Ovrette and Norplant, among others.

Quite naturally, Briggs' 55 research papers within 10 years' time were heavily cited by further researchers so that a pyramid of lies and deception built up until some honest, critical scientists questioned how it was Briggs was able to find so many ideal, healthy, young female subjects for his numerous experimental trials.

Other common drug-induced diseases reported for various OCs include: thromboembolism, coronary artery disease, cerebrovascular disease, hepatic adenomas, gall bladder disease, cholestatic jaundice, cancer (breast, uterine and vaginal), endometriosis, hypercalcemia, porphyria, uterine fibroids, migraines, headache, cycle irregularities, mental depression, vaginal infections, decreased libido and vaginal bleeding *inter alia*.[10, 12]

According to the 1995 AHP Annual Report, the global OC business grosses manufacturers $2.6 billion annually. The estimated 1996 US sales figure was $1.3 by the report and is expected to rise to $2 billion by the year 2000.[109] Of that amount, the following are the breakdown in percentages of estimated US market share: American Home Products (27%); Johnson & Johnson [Ortho Pharmaceutical] (28%); Mon-

santo [GD Searle] (12%); Warner-Lambert [Parke-Davis] (11%); Akzo-Nobel [Organon] (5%); Schering AG [Berlex] (5%); Bristol-Myers Squibb (4%) and others [mostly generic versions] (8%).

The progestin-only type OCs (POC) have been formulated to market OCs to those women in whom use of estrogen is contraindicated or risky. Often POCs are given to postpartum women who are breastfeeding on the mistaken assumption POCs are somehow safe to use for neonatal sucklings. In fact, besides being abortifacient, POCs have shown deleterious adverse effects on breastfed babies including lower infant weight gain, decreased milk production from the mother, and decreased composition of nitrogen and protein content of human milk.[110] Masculinization of female preborns has been associated with POCs. An increased risk of malformation has been shown including increased frequency of cardiovascular defects and hypospadias. One researcher observed two infants, one with spina bifida and one with hydrocephalus.[110]

Since progestins are poor at suppressing ovulation, they are more often reliant on the other 2 mechanisms of action for their so-called "efficacy." This is equally evident in the progestin-only products **Depo-Provera®** and **Norplant®**, which clearly show high levels of ovulation, especially as time progresses from initial dose.

Finally, it is important to note OCs send a chemical message to the rest of the body, giving

it the impression the OC user is constantly pregnant, twelve months out of the year, year after year of OC use. Surely the female anatomy was not intended to experience such unrelenting hormonal assault by its Maker. *The potent steroids in OCs affect all vital organs of the OC user to one degree or another.* Should the OC user conceive and **not** chemically abort, all the organs of the preborn child are affected as well, especially in the first three months of pregnancy when differentiation and organogenesis occurs.

TABLE I: Some abortifacient oral contraceptives[a]

Product	Estrogen (mcg)[b]	Progestin (mg)[c]	Cost[d]
Combination Type[e]			
Ortho Cept (O)	EE (30)	DG (0.15)	26.29
Loestrin 1/20 (PD)	EE (20)	NEA (1.0)	36.92
Estrostep-21 (PD)	EE (20, 30, 35)	NEA (1.0)	27.72
Alesse (WA)	EE (20)	LN (0.1)	26.06
Desogen (OG)	EE (30)	DG (0.15)	22.89
Loestrin 1.5/30	EE (30)	NEA (1.5)	36.92
Levlen (BX)	EE (30)	LN (0.15)	26.85
Nordette-21 (WA)	EE (30)	LN (0.15)	26.86
Levora (H)	EE (30)	LN (0.15)	24.07
Lo/Ovral (WA)	EE (30)	NL (0.3)	27.82
Tri-Levlen (BX)	EE (30, 40, 50)	LN (0.05,0.075,0.125)	25.62
TriPhasil (WA)	EE (30, 40, 50)	LN (0.05,0.075,0.125)	26.06
Ortho Tri-Cyclen	EE (35, 35, 35)	NG (0.18,0.215,0.25)	26.30
Ovcon 35 (BMS)	EE (35)	NE (0.4)	29.94
Brevicon (SX)	EE (35)	NE (0.5)	26.57
Genora 0.5/35 (W)	EE (35)	NE (0.5)	19.20
Modicon (O)	EE (35)	NE (0.5)	28.69
NEE 0.5/35 (LX)	EE (35)	NE (0.5)	10.25
Nelova 0.5/35 (WC)	EE (35)	NE (0.5)	15.05
Tri-Norinyl (SX)	EE (35, 35, 35)	NE (0.5, 1.0, 0.5)	25.44

Ortho-Novum7/7/7(O)	EE (35, 35, 35)	NE (0.5, 0.75, 1.0)	26.30
NEE 10/11 (LX)	EE (35, 35)	NE (0.5, 1.0)	10.25
Nelova 10/11 (WC)	EE (35, 35)	NE (0.5, 1.0)	15.05
OrthoNovum 10/11(O)	EE (35, 35)	NE (0.5, 1.0)	26.30
Jenest-28 (OG)	EE (35)	NE (1.0)	20.59
Genora 1/35 (W)	EE (35)	NE (1.0)	19.20
NEE 1/35 (LX)	EE (35)	NE (1.0)	10.25
Nelova 1/35 (WC)	EE (35)	NE (1.0)	15.05
Generic (DS)	EE (35)	NE (1.0)	12.99
Norcept-E (GP)	EE (35)	NE (1.0)	**Discontinued**
Norethin 1/35E (R)	EE (35)	NE (1.0)	12.00
Necon 1/35 (W)	EE (35)	NE (1.0)	19.20
Norinyl 1+35 (SX)	EE (35)	NE (1.0)	25.75
OrthoNovum 1/35 (O)	EE (35)	NE (1.0)	26.30
Ortho-Cyclen (O)	EE (35)	NG (0.25)	26.30
Demulen 1/35 (SR)	EE (35)	ED (1.0)	28.05
Zovia 1/35 (W)	EE (35)	ED (1.0)	22.49
Ovral (WA)	EE (50)	NL (0.5)	42.59
Norlestrin 1/50 (PD)	EE (50)	NEA (1.0)	**Discontinued**
Ovcon 50 (BMS)	EE (50)	NE (1.0)	33.04
Demulen 1/50 (SR)	EE (50)	ED (1.0)	27.13
Novia 1/50 (W)	EE (50)	ED (1.0)	22.49
Norlestrin 2.5/50 (PD)	EE (50)	NEA (2.5)	**Discontinued**
NEE 1/50M (LX)	M (50)	NE (1.0)	10.25
Genora 1/50 (W)	M (50)	NE (1.0)	19.20
Necon 1/50 (W)	M (50)	NE (1.0)	17.50
Nelova 1/50 (WC)	M (50)	NE (1.0)	15.05
Norethin 1/50M (R)	M (50)	NE (1.0)	12.00
Norinyl 1+50 (SX)	M (50)	NE (1.0)	25.75
OrthoNovum 1/50 (O)	M (50)	NE (1.0)	26.30
Enovid 5mg (SR)	M (75)	ND (5.0)	n/a
Enovid 10mg (SR)	M (150)	ND (9.85)	n/a
Progestin-only			
Ovrette (WA)	none	NL (0.075)	28.04
Nor-QD (SX)	none	NE (0.35)	20.11
Micronor (O)	none	NE (0.35)	30.54

Legend:

a) Different progestins cannot be compared on a mg for mg basis. Some products are available in 28-day regimens at a slightly higher cost.

b) Estrogen abbreviations: EE= ethinyl estradiol; M= mestranol.

c) Progestin abbreviations: DG= desogestrel; ED= ethynodiol diacetate; LN= levonorgestrel; ND= norethynodrel; NE= norethindrone; NEA= norethindrone acetate; NG= norgestimate

d) Cost to the pharmacist for one cycle, based on average wholesale price (AWP) listings per Drug Topics' Red Book 1998, Mar 1998 RB Update, and Medi-Span price updates through Mar 1998.

e) Pharmaceutical manufacturers/distributors abbreviations: BMS= Bristol-Myers Squibb; BX= Berlex (Schering AG); GP= GynoPharma; H= Hamilton (generic division of Syntex/Roche); LX= Lexis (Schering AG); O= Ortho Pharmaceuticals (Johnson & Johnson); OG= Organon (Akzo-Nobel); PD= Parke-Davis (Warner Lambert); SR= Searle (Monsanto); SX= Syntex/Roche; W= Watson Laboratories; WA= Wyeth-Ayerst (American Home Products); and WC= Warner Chillicott (Warner Lambert).

Part II

Other abortifacients

Anti-Progesterones

The anti-progesterones include the products mifepristone (RU 486), onapristone, lilopristone and other analogs, and epostane.[33-39] The anti-progesterones act by various mechanisms of action, but primarily prevent uptake of natural in-house progesterone by the developing child from the mother. Sufficient deprivation of progesterone at this portion of pregnancy causes a withering of the placenta and child and sloughing off, resulting in what is perceived as a heavy menstruation by the mother.

Mifepristone is the much-publicized French abortion pill manufactured initially by Roussel-Uclaf, whence it derives its initials "RU" in its common name. RU is a subsidiary of Hoechst AG of Frankfort, Germany and a sister company to its US subsidiary, Hoechst America, now known as Hoechst Marion Roussel of Somerville, NJ. The French socialist government owned about 36% of RU, partly explaining why it ordered the abortifacient **back** onto the French market after a stormy entrance and exit in September-October 1988. The parent German company has reportedly bought up that portion.

About 54% of RU was owned by Hoechst AG, one of the spin-off companies from chemical giant IG Farben. Farben produced the deadly Zyklon B gas for the Third Reich's "final solution" death camps during World War II.

RU has reportedly sold any rights to mifepristone to one of its top officers, Dr Eduard Sakiz, apparently in response to increasing pressure from right to life groups world wide, but especially in the US. Legal wrangling over rights in the US as well as the discovery of a felony conviction of the main contractor with the Population Council, the Rockefeller Foundation subsidiary which reportedly owns production rights to mifepristone in the US.

Mifepristone, onapristone and lilopristone and similar congeners under investigation prevent uptake of the female natural progesterone, a hormone vitally necessary for continuation of pregnancy until the 8th or 9th week of pregnancy. Hence, the anti-progesterones are abortifacient only until about 63 days post start LMP (49 days after fertilization). It has become common practice to use mifepristone with a synthetic prostaglandin (PG) to increase abortifacient "effectiveness" in the 90-98% range. The PG can be given by injection, vaginally or orally. The present drug of choice in the PG category seems to be misoprostol (**Cytotec®**, GD Searle/ Monsanto).[75, 87] A PG is used to cause uterine contractions and help expel the progesterone-starved child out of the mother's womb.

The anti-progesterones cause severe and, at times, prolonged bleeding in some women up to 42 days post discontinuance. About 0.1% of users have needed transfusions from the severe bleeding. Other side effects noted include diarrhea, nausea, vomiting, cramping and incomplete abortion. Long term side effects have not been studied well, but some experts predict dire consequences owing to the chemical similarity of mifepristone and diethyl stilbesterol (DES) as well as consistent negative outcomes from long term use of fertility steroidal analogs. Several women have died post mifepristone use.[74, 83, 84, 86]

Mifepristone has been approved for use in France, communist China, Great Britain, Sweden and the United States. The US Food and Drug Administration (FDA) , regulatory arm of the government, all but invited RU to submit a new drug application after the victory of radically pro-abortion Bill Clinton in 1992. Fearing a possible reversal of pro-abortion activism at the FDA should Clinton lose a second term, the FDA use its "fast track" authority to ram the approval of mifepristone through in July 1996. After testing over 2000 American women as guinea pigs at some 20 sites around the US, the FDA approved mifepristone only to find there were no takers for manufacture of what has been termed the "human pesticide." A Hungarian firm, Richter Gedeon, was exposed as the proposed manufacturer after a series of embarrassing events and legal wrangling between various pro-abortion factions including the

Rockefeller Foundation's front operation, the Population Council (PC) and a California disbarred lawyer who was convicted of a felony while he lived in North Carolina. At press time (early 1998) there is no current known manufacturer or distributor of mifepristone for the US. Inordinate secrecy over the mifepristone approval process by the PC as well as the FDA has brought a whole new meaning to "open government."

Epostane is an experimental anti-progesterone owned by Sanofi, formerly known as Winthrop-Sanofi, a subsidiary of the French firm Sanofi SA. Before bought by Sanofi, Winthrop was a Rockefeller pharmaceutical firm, named after one of the family's patriarchs. Epostane was originally an Eastman-Kodak patent holding before being sold to Winthrop after much pro-life pressure. Epostane has a different mechanism of action than the other anti-progesterones, but with the same net effect of sloughing off of the developing child from the endometrium.[76]

The other anti-progesterones (onapristone, lilopristone, etc.) have been found to be even more potent than mifepristone, thereby allowing use of small doses of the drug as well as lower doses of concurrent PG. They have also shown a more favorable side effect profile vis-à-vis mifepristone.

Schering AG's subsidiary, Berlex (cf. Part I of this booklet) had tested Onapristone in the US at Jesuit-run Georgetown University Hospital under the pretext of a possible treatment for

breast cancer. All reputed "medical" uses for mifepristone and the other anti-progesterones have proven to be universally dismal failures, despite a well-orchestrated campaign of public relations puff pieces extolling all the "breakthrough" uses for these powerful steroids. To date, only elective chemical abortion has shown to be the sole effective use of anti-progesterones. On 25 January 1993, a few days after Clinton's inaugural, four pro-abortion congressmen — Ron Wyden (D-OR), Henry Waxman (D-CA), Patricia Schroeder (D-CO) and Joe DeFazio (D-OR) — introduced legislation authorizing the National Institutes of Health to conduct tests on **all** potential uses for anti-progesterones, according to the pharmacy journal *Drug Topics.*

Progestins

Depo-Provera (depot medroxyprogesterone acetate, DMPA) is made by the original "Merchant of Death", Upjohn of Kalamazoo, MI, now merged into the Swedish company known as Pharmacia & Upjohn. DMPA was originally approved for treatment of endometrial cancer and the FDA had consistently denied Upjohn's applications for Depo-Provera as a "contraceptive" until 29 October 1992. Although available for many years as a contraceptive/abortifacient, it was now legal for doctors to prescribe it for what was previously an "off label" use.

Like other progestins, DMPA has the same mechanism of actions: poor suppression of ovulation, change in the cervical mucosal consis-

tency to prevent migration of sperm, and altering the endometrium from a proliferatory to a secretory consistency so as to render implantation/nidation very difficult if not impossible.[38, 71] It is the latter mechanism which is abortifacient.

DMPA is given as an injection of 150mg of the drug intramuscularly (IM) every 3 months. Irregular bleeding is troublesome in most studies conducted and after one year's use, most women are amenorrheic, a source of much apprehension and reason for discontinuance in the Third World countries where WHO, IPPF and their fellow travelers have imposed this Western contraceptive imperialism on a less than receptive populace, many of whose cultures see fertility as a badge of honor and a very desirable thing.[12, 71]

Long term safety of this chemical weighs against it. There has been an increased risk of breast, hepatocellular and cholangio carcinomas. Serum lipids and glucose tolerance have also been altered. It also causes unfavorable blood pressure and cardiovascular changes as well as altered moods in some women, severe at times. Other known side effects are: irregular bleeding, edema, weight or cervical changes, cholestatic jaundice, thromboembolic events (including stroke), depression, pyrexia, insomnia, nausea, somnolence, breast tenderness, galactorrhea, acne, hirsuitism alopecia and rash.[111] A few case controlled studies showed no increase in breast cancer.[66]

The pursuit of this chemical abortifacient's approval by the then-Upjohn can only strengthen the boycott resolve of pro-lifers against the early

proponent of PG abortions. As far back as 1886, Upjohn was promoting drugs made from plants to be used to bring on menses i.e. as abortifacients. Over 110 years later and despite 25 years of self-inflicted bad repute, Pharmacia & Upjohn continues to disregard reasonable pleas to get out of the blood money business. The pleas fall on deaf ears and thus the boycott continues (cf. Prostaglandins in Part III).

Norethisterone enanthate (NET-EN, Noristat) is somewhat less widely used than DMPA and is not marketed in the US yet. Like DMPA, however, it has also been imperialistically imposed on unsuspecting Third World women by population control groups such as WHO, UNFPA, IPPF and others. *The Wall Street Journal* (2 Feb 1993) reported WHO was conducting an internal investigation of awarding such contracts, owing to financial irregularities long ago detected and reported by other international organizations. WHO chief, Hiroshi Nakajima, ordered an internal probe as well as an independent, outside audit. WHO sources stated the allegations centered on favoritism in awarding contracts to research institutes.

NET-EN is associated with disruptions in the menstrual cycle and irregular bleeding — like DMPA — and like DMPA it also incites changes in the endometrium which, according to IPPF, "play a role in reducing fertility." That fertility reduction is via chemical abortion.[66]

About 0.5% of users experience heavily vaginal bleeding requiring therapeutic interven-

tion. Women using NET-EN are less likely to experience amenorrhea as opposed to DMPA, as well as to have fewer changes in biochemical functions (cf. DMPA above).

Currently, two combined injectables (CIs) are available but are not approved in the US: **Cyclo-Provera** (depot medroxyprogesterone acetate 2mg + estradiol cypionate 5mg) and **HRP-102** (norethisterone enanthate 50mg + estradiol valerate 5mg). Cyclo-Provera is close to approval in the US while **HRP**-102 remains investigational. Both are given once every 28-30 days by IM injection. Cyclo-Provera is a Pharmacia & Upjohn product while HRP-102 is by Hoechst Marion Roussel Pharmaceuticals (formerly Hoechst Roussel Pharmaceuticals, hence the initials HRP in the name). The CIs attempt to mimic OCs but using a once a month regimen instead of daily tablets. There is limited clinical experience with CIs but the mechanisms of action remain the same as the OCs and include the prevention of implantation/nidation, the abortifacient one.[66, 71]

Long term studies of the deleterious effects of CIs and Norplant have yet to be conducted. Prudence would presume in favor of avoiding use in possibly pregnant or nursing mothers, even if passage of these potent steroids in mother's milk is minimal as preliminary indications show.[96] The increased rate of feminizing characteristics in male offspring as well as falling counts of sperm production in otherwise healthy adult males shows a correlation between the increased ingestion of potent steroidal sex hormones and the negative effects found in males.[112]

Lastly among the progestins is that which initially spread quickly in use and disrepute in the US; **Norplant**. The Norplant System consists of six one-inch polymeric silastic capsules implanted subdermally in the woman's arm. It claims to have a so-called "contraceptive" efficacy for up to 5 years. Norplant has shown time and again in numerous studies to be minimal in suppressing ovulation (11-70%) while showing high levels of ovulatory activities and follicular development with subsequent menstrual flows.[71, 88-96, 113-115]

Increasing anecdotal and scientific reports continue to surface as to the side effect difficulties experienced by US and Latin American users. Some women, especially in the Third World or welfare recipients in the US, have found it difficult to have implants removed promptly and without additional exorbitant fees. Norplant has an average wholesale cost (AWP) to the pharmacist of about $500 and insertion and removal physician fees can range from $150 up to $1000.[95]

Several states have taken action which would make Norplant either mandatory and/or coerced by juridical, psychosocial and/or economic inducements. Cases have been litigated in California, Kansas and Oregon as well as several class action suits in Chicago and Georgia, as well as a civil action of 6 women in southern

Texas.[100, 116] Case law continues to unfold in the area of Norplant but the eugenics goal of mandatory chemical eunuchs doesn't seem so unreal or far away as it may have not that long ago. In Ohio, a bill in the 1991-92 assembly (HB 819) would have required state enforced sterilization or Norplant inserts for Medicaid females who didn't "acquire the knowledge to provide proper parental care" without defining what the latter means. Although it didn't make it out of committee, the issue resurfaced in May 1995 where it was defeated again.

The US maker of the PC-owned Norplant is Wyeth-Ayerst (American Home Products). It does not admit of the abortifacient aspect of Norplant but the latter is confirmed by numerous studies done on Norplant in Europe and the Third World since its introduction in Finland in 1975. A letter from Wyeth-Ayerst's associate director of clinical development, Margaret Weber, MD had stated: "While it is true progestins do alter the endometrial lining, this should be considered an irrelevant by-product of progestins"

There continue to be problems with the Norplant System. Women are suing Wyeth-Ayerst in the several class action and individual civil suits. Besides a civil suit of six women in Texas recently — subsequently dismissed as a mistrial — approximately 50,000 American women alone are suing Wyeth-Ayerst and the Population Council "claiming multiple and severe side effects from the use of Norplant. Some of the side effects included headaches, depression, hair loss, facial hair [hirsuitism], acne, amenorrhea [no bleeding], dizziness, severe bleeding, and large bleeding clots."[124] In the above-mentioned TX civil trial, a leading Canadian scientist avered that the defendents "did more than deceive the US Food and Drug Administration, women, and their doctors about the contraceptive's [sic] side effects. It comes closer to a conspiracy." Sales have plummeted, resulting from bad press, lawsuits and negative pharmaceutical reports. One such report stated: "The FDA also stated Norplant may be related to stroke, bleeding problems and intracranial hypertension."[44, 100, 116]

Anti-hCG vaccines

Being developed on at least two different fronts are the bioengineered recombinant vaccines known most commonly as **anti-human chorionic gonadotropin (anti-hCG) abortifacient vaccines** which program the body's immune system to respond to the newly conceived child as a "hostile" outside element. The vaccines — **anti-hCG beta peptide vaccine (AHBP)** and the **trophoblastic antigen vaccine (TBA)** — represent a new intrusion into the delicate fertility biochemistry of humans by the eugenics/population control extreme elements.

The key target of the various anti-hCG vaccines is the hCG produced by the growing embryo (baby). This hormone, specifically the beta-peptide, signals to the mother's body that the baby exists and that her usual monthly cycle

stop until the baby comes to term, and that the pregnancy continue. The focus on the beta-peptide chain came because the remainder of the hCG molecule is identical to leutinizing hormone (LH) and shares much commonality with thyroid stimulating hormone (TSH) and follicle stimulating hormone (FSH). All 3 hormones are critical in the normal female cycle, as well as in other areas. The hCG is present in as little as the day after the missed cycle (about 14-15 days after fertilization). Most home pregnancy tests are sensitive to 25-50 mIU of hCG. The baby produces the most amount of hCG around the 3rd month of gestation, giving the mother a serum level of 1000-50,000 mIU. After that time the level reduces somewhat and plateaus until term. [67-69, 117] The hCG sends a message to the corpus luteum to begin producing progesterone, a hormone needed to sustain the pregnancy, especially in the first 8-9 weeks of gestation.

The first generation of anti-hCG vaccine research was led by Dr Vern Stevens at Ohio State University and Dr GP Talwar at the National Institute of Immunology in New Delhi, India.[118] Both continue to be active in such vaccine research. Since at least 1976, support for such research has come from the World Health Organization (WHO), fueled by funds from the US government as well as anti-baby foundations such as the Robert Wood Johnson Pharmaceutical Research Institute, Sandoz Pharmaceuticals, the International Development Research Centre

of Canada and the Rockefeller Foundation — directly and via its subsidiary the Population Council—just to mention a few.

In some versions of the anti-hCG vaccines, other antigens are linked to the immuno-modulating hCG to act as alternate carriers of the hCG-based vaccines. This is done since about 15% of studied women in the Third World developed carrier-based immunosuppression when repeatedly immunized with the same carrier. Some favorite carriers are diphtheria toxoid (DT), tetanus toxoid (TT) and cholera toxin chain B (CHB). In the Philippines and in Latin America, women were given these experimental vaccines repeatedly and falsely told the vaccines only contained the bacterial antigens. In the former, 3.4 million women of child bearing age from 12 to 44 years old were vaccinated without informed consent before the outcry from the public, led by the Catholic Church, forced a stop to that heinous program in 1995.[119]

It is not unreasonable to conclude given the secretive and dishonest methods employed in experimenting with these vaccines in the past, and the public pronouncements of its researchers, forced chemical sterilization/abortion could be a powerful weapon in the hands of any government hostile to human life, especially the preborn in their earliest days of existence. Talwar has stated clearly what his objective is for such a vaccine: "A cheap birth control vaccine amenable to large-scale production... capable of preventing [sic] pregnancy. Last but

not least, such a vaccine would be very affordable. . . ."[120]

The RW Johnson Foundation is involved in the vaccine research for Johnson & Johnson's drug subsidiary, Ortho Pharmaceuticals. Ortho is very much involved in producing abortifacients under the veneer of "contraceptive" and this foray into abortifacient vaccines gives it a new avenue for revenue from chemical abortion. Its vaccine is reported to be taken either orally or by injection. It is claimed to be "effective" for 2 to 5 years. It has been used in clinical trials on baboons and human trials are underway, according to John Herr, MD, associate professor at the University of Virginia School of Medicine. Herr is a researcher for the J&J vaccine.

Other players vying for anti-hCG vaccines is Aphton Corporation, a California vaccine research biopharmaceutics firm and Zonagen, a Texas biopharmaceutical firm whose current main revenues come from Vasomax®, an oral treatment for male erectile dysfunction. Zonagen is "conducting studies in collaboration with the Shanghai Family Planning and Research Institute to develop an hCG contraceptive [sic] vaccine" according to its web site.[121] Zonagen is also developing a "contraceptive" vaccine called ZonaVax®. ZonaVax® is reported to prevent sperm from binding to or penetrating the female ovum and is alleged to be "effective" up to a full year. Aphton will likely take on the anti-hCG vaccine being developed

by Pasteur Merieux Connaught (PMC), producing it in the US for the Connaught affiliate, Bristol-Myers Squibb, in line with its multiple PMC alliances on other therapeutic vaccines. Anti-hCG vaccines are reported to be "effective" from 3 to 6 months.[69]

The other type of abortifacient vaccine, the TBA, aborts the embryo by focusing on a "select antigen on the trophoblastic layer of the human embryo", specifically the outer layer of the trophoblast called the trophoectoderm.[122] Research aimed at obtaining this vaccine would eventually require dissecting developing embryos (misnamed pre-embryos to make their destruction palatable), a practice deemed acceptable by the Ethics Committee of the American Fertility Society, a Rockefeller-founded front for scientific credibility. The National Institutes of Health ad hoc committee on Human Embryo Research also recently concluded it can support human embryo research for the development of "birth control" vaccines.[123]

Vaccines could prove to be a popular weapon by the New Abortionists as they are more readily acceptable in Third World countries where contraceptive/abortifacient imperialism from the eugenics driven West is always suspect given past experience. Vaccines have the outward appearance of being medicinal and therapeutic, quite realistically chosen for economy, ease of production and acceptability, as well as length of "effectiveness".

TABLE II: Some abortifacient anti-progesterones, progestins and vaccines

Generic name	Trade name	Manufacturer	Status[f]
Anti-progesterones			
Epostane	n/a	Sanofi	E
Lilopristone	n/a	Berlex/Schering AG	E
Mifepristone	Mifegyne/RU 486	Population Council	A[g]
Onapristone	n/a	Berlex/Schering AG	E
Progestins			
DMPA[h]	Depo-Provera	Pharmacia & Upjohn	A
DMPA + EC[i]	Cyclo-Provera	Pharmacia & Upjohn	E
NET-EN[j]	Cyclofem	Schering AG	E
NE + EV[k]	HRP-102	Hoechst-Roussel	E
l-norgestrel	Norplant[l]	Wyeth-Ayerst	A
	Norplant-2		
Vaccines			
Anti-hCG	n/a	Ortho Pharmaceutical	E
Anti-hCG	n/a	Aphthon	E
Anti-hCG	n/a	Zonagen	E
Anti-hCG	n/a	Connaught Labs	E
TBA[m]	n/a	NII (India)	E

Legend:

f) A = approved for us in the USA; E = experimental/ investigational in the USA, but may be approved in other countries.

g) Approved for use in the USA in July 1996, but manufacturer has not yet been selected due to legal entanglements and withdrawal of Gideon Richter as the designated manufacturer as of this writing.

h) Depot medroxyprogesterone acetate 150 and 400mg injection.

i) Depot medroxyprogesterone acetate 25mg + estradiol cypionate 5mg injection.

j) Norethisterone enanthate.

k) Norethisterone enanthate 50mg + estradiol valerate 5mg injection.

l) Available as 6 implantable silastic rods about 1" long each (Norplant) and as 2 implantable rods (Norplant-2).

m) TBA=trophoblastic antigen-based vaccine

Prostaglandins

The category of anti-life chemicals which caused the most initially intense opposition from the pro-life movement were the **prostaglandins**, who prime originator was the Upjohn Company, now merged into Pharmacia & Upjohn, of Kalamazoo, MI.[38]

Prostaglandins (PGs) discussed here are: misoprostol (**Cytotec®**) by GD Searle, prostaglandin E_2 (**Prostin** E2 ®), and carboprost tromethamine (**Hebamate** ®), the latter two are by Pharmacia & Upjohn.[38] All three are available in the US and many other countries. A fourth PG, gemeprost, by Rhone-Poulenc SA, is available in Europe and had been used in conjunction with mifepristone in France in the past. Rhone-Poulenc SA has an American subsidiary, Rhone-Poulenc Rorer, one of the larger American pharmaceutical firms. RP was also a former long-time shareholder of Roussel-Uclaf, maker of mifepristone, until 1997.

Misiprostol, manufactured by GD Searle of Skokie, IL, a subsidiary of Monsanto Chemical, is approved for use in the US as a cytoprotective for patients using non-steroidal antiinflammatory drugs (NSAIDs) to treat conditions which cause inflammation, especially in the joints (e.g. arthritis). It has the potential to be abortifacient in as little as one dose and has shown that effect

in clinical trials while it underwent approval as a cytoprotective as well as during trials in which it was used as a co-abortifacient along with mifepristone. It is the PG drug of choice as an adjunct to mifepristone in Europe, Latin America and North America.[76] Amid criticism from many sides, Searle has issued statements condemning the use of misoprostol as an abortifacient, although it has taken no active role in preventing dissemination of its product for chemical abortion. It has stated 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 effort designed to approve its use either in the United States or elsewhere for use with RU 486 [mifepristone] 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*, March 1993) 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" were no less than dedicated abortion mills. As to Searle's being "embroiled in the abortion issue", that was a decision the company made many years ago when it began selling two types of intrauterine devices (IUDs), mechanical devices which are abortifacient almost 100% of the time. Searle was also the first drug firm in the US to breach the tabooed wall of making and selling OCs, when it introduced Enovid on the US market in 1960 after years of experimenting guinea pig style with Puerto Rican women. Searle can hardly play coy and innocent when it stonewalled and ignored letters and protestations from thousands of pro-lifers over its abortifacient chemicals and devices for decades.[38]

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 much higher doses — induce second and third trimester abortions.[4] The PGs in the so-called E and F series induce the most violent uterine contractions and are of greatest interest to the abortifacient manufacturers, also known as **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 alone to be faced with the "dreaded complication" of a live abortion i.e. a baby who survives the chemical ordeal. Many times such a situation is handled via infanticide or outright neglect. One trade reference states "a pre-viable fetus [baby] aborted by these agents [PGs] could exhibit transient life signs."[4]

PGs exhibit numerous side effects, many of which are potentially dangerous and life-threatening including, but not limited to: special risks to patients with asthma; hypotension; hyperten-

sion; cardiovascular, renal and/or hepatic disease; anemia; jaundice; diabetes; epilepsy; a compromised [scarred] uterus; uterine atony; hemorrhage; incomplete abortion; induced bone proliferation; vomiting; nausea; diarrhea; prostaglandin hyperthermia; headache; flushing; anxiety; chills; leg cramps; breast tenderness; and many others.

Pharmacia & Upjohn (under the old name of Upjohn Company) has been the subject of an international boycott for over 13 years with some apparent success: the company approached some pro-life leaders in 1994 to call off the boycott and to equivocate on the abortifacient properties of its long-acting Depo-Provera (see section on Progestins; cf. ***Beginnings***, Jan/Feb 1993 AD). No serious-minded pro-life group shows any sign of letting up on the Pharmacia & Upjohn boycott until the latter — the original "Merchant of Death" — makes a serious show of stopping the manufacturing, marketing and distribution of abortifacients in the US and abroad.

Intrauterine Devices (IUDs)

Intrauterine devices (IUDs) are abortifacient devices which kill preborn children by means of copper or progesterone contained on them via two mechanisms of action: interfering with enzymatic processes (as in the case of copper) or interfering with implantation/nidation of the 5 to 14 day old embryo (baby) by chemical or mechanical inflammation of the endometrium.[97, 101]

The latter is stated in the literature as "alteration of the uterine milieu to prevent nidation. [4] In the case of a progesterone-laced plastic IUD (i.e. **Progestasert** ®), the progesterone is slowly released and chemically suppresses proliferation of the endometrial tissue, induces it to be in a secretory phase and, thus, prevents the endometrium from supporting the pregnancy.[4, 101]

The **Dalkon Shield®** fiasco, which bankrupted the AH Robins Company in the 1980s and threw it into the arms of another **New Abortionist**, Wyeth-Ayerst/American Home Products, paved the way for near elimination of these devices of death. In 1986, after many lawsuits and millions of dollars in settlement costs, GD Searle (see above under **Prostaglandins**) withdrew its **Cu-7®** and **Tatum-T®** IUDs from the US market, but continues to sell and distribute these devices in Canada and other countries.[98, 99] For example, in the newly independent country of Slovenija, a former satellite state of Jugoslavija, with a nominal Catholic population of 90%, at least 25% of women of childbearing potential have been reported to use abortifacient IUDs, some of them Searle products, according to an International Planned Parenthood Federation newsletter in 1988.

In recent years, IUD apologists have concocted a new mechanism of action theory for IUDs in which an IUD somehow (with no credible explanation) *prevents* fertilization of an egg by a sperm — despite over 25 years of experience and research to the contrary. Since being

approved on the US market all IUDs must be labeled as interfering with enzymatic processes and interfering with nidation [implantation] based on the FDA regulations contained in the Federal Register, the official publication of US federal statute rules and regulations. This requirement remains in force at the present time. One recent pamphlet published by Ortho Pharmaceuticals/Johnson & Johnson states, "[the IUD] is a highly effective contraceptive [sic] and is thought to work by preventing sperm from reaching or fertilizing the egg." Yet no proof or documentation is given to back up this fallacious assertion. IUDs mechanically or chemically inflame the endometrial tissue, thereby severely reducing its ability to maintain implantation and the pregnancy. Likewise, the copper IUDs (e.g. **ParaGuard®**, **Cu-7®** and **Tatum-T®**) interfere with critical enzymatic processes in the blastocyst stage of the preborn's development.[101, 125]

Women using the IUDs are at great risk for serious adverse effects the most notable are pelvic inflammatory disease (leading many time to sterility), perforation of the uterus, infection, pelvic pain and ectopic pregnancy.[125] Women using IUDs are 1000% more at risk for developing ectopic (tubal) pregnancies which nearly always end with killing of the preborn or risk of rupture and/or death of the mother if pregnancy continues.[126]

Other side effects of IUDs include: spontaneous abortion in post-IUD removal pregnancies, endometritis, septicemia and many others.[4, 42, 126]

ParaGard® T380-A IUD was originally made by GynoPharma on license from the Rockefeller-funded Population Council. It is now made and distributed by Ortho Pharmaceutical, no recent entry as a **New Abortionist**. The PC also holds the patent rights to the abortifacients **Norplant®** and mifepristone (RU 486) in the US.

TABLE III: Some abortifacient PGs and IUDs

Generic name	Trade name	Manufacturer
Prostaglandins (PGs)		
Carboprost tromethamine	Hemabate	Pharmacia & Upjohn
Gemeprost	Sulprostone	Rhone Poulenc Rorer[n]
Misoprostol	Cytotec	GD Searle[o]
Prostaglandin E_2	Prostin E_2	Pharmacia & Upjohn
Intrauterine Devices (IUDs)		
n/a	Cu-7	GD Searle
n/a	ParaGard T380-A	GynoPharma
n/a	Progestasert	Alza
n/a	Tatum-T[p]	GD Searle

n= not approved in the USA but readily available in Europe; originally the PG used with mifepristone

o= only approved as a cytoprotective in the USA and many other countries

p=currently not available in the USA but readily available in many other countries

Methotrexate (MTX)

Methotrexate is in the antimetabolite family of antineoplastic drugs. It is also referred to by the chemical name amethoptorin or the acronym MTX.

MTX acts by competitively inhibiting a key enzyme necessary for normal cell growth, dihydrofolic acid reductase.

Actively proliferating tissue such as malignant cancer cells, bone marrow, *fetal cells*, buccal and intestinal mucosa, and cells of the urinary bladder are generally more sensitive to this effect of MTX.[4]

MTX is used for certain cancers, psoraisis unresponsive to other therapy modalities, rheumatoid arthritis unresponsive to other therapy modalities and for unlabeled uses of adjuvant therapy in non-metastatic osteosarcoma, and to reduce corticosteroid requirements in patients with severe corticosteroid-dependent asthma.

In the "warnings" section of a highly respected pharmaceutical reference book, it is stated, "MTX has caused fetal death and congenital anomalies. . . women of child-bearing potential should not receive MTX until pregnancy is excluded and they should be fully counseled on the serious risk to the fetus [baby] should they become pregnant while undergoing treatment. . . . Do not administer to pregnant. . . patients." Other sources state similar warnings.[4]

Besides a laundry list of severe side effects and precautions, MTX has the ability — like many drugs used to treat cancer — to induce cancer in a non-cancerous patient, even in as few as one or 2 doses. The amounts used in chemical abortion approximate the equivalent of 30-50 tablets of MTX.

MTX was initially used as an abortifacient in the mid-to-late 1980s ostensibly for ectopic pregnancies which could or would not resolve naturally. Recently, a subset of physicians, who otherwise would not perform surgical abortion, are using the MTX/misoprostol combination to kill the very young preborn baby at the cellular level and then expulse it by the violent contractions induced by the prostaglandin misoprostol.

For less than $20 (at pharmacist's average wholesale price), the New Abortionists are racking up these early chemical abortions, charging clients the same as the standard first trimester surgical abortion. A number of tests have been conducted with approval of the FDA in a variety of places. On 3 March 1998 it was reported by a notorious Vancouver, BC abortionist at the National Abortion Federation's 20th annual meeting in 1996 that "several other practitioners. . . are using methotrexate in small communities. . . ."[127]

The innovator of MTX was Lederle Laboratories, formerly part of American Cyanamid and now part of the American Home Products conglomerate which includes Wyeth-Ayerst, AH Robins and ESI, *inter alia*. There are a number of generic versions of MTX. One unconfirmed inside source indicated Wyeth-Ayerst had conducted meetings shortly after acquiring Lederle, instructing its sales representatives on how to market MTX as an abortifacient to receptive physicians. If true, such a report does not bode well for the vulnerable preborns.

TABLE IV: Methotrexate (MTX)[q]

Generic name	Trade name	Manufacturer
Methotrexate injection	MTX, methotrexate sodium, assorted others	Americal, Barr, Quad, Adria, DuPont, Mylan, Lyphomed, Cetus, Astra, VHA Supply
Methotrexate	Rheumatrex	Lederle/Wyeth-Ayerst, Barr

q= the number of chemical abortions cannot be estimated at present due to lack of reporting mechanisms. Chemical is an unapproved, but not illegal, use of MTX.

Part III

Do the numbers add up?

This section will deal with the statistics and numbers estimated by the author as to how many chemical, mechanical and surgical abortions there are annually in the USA alone. A biostatistician and an environmental epidemiologist from the University of Pittsburgh as well as a technical consultant from Ohio State University assisted the author.

This section will discuss the various methods of chemical and mechanical assaults against preborn life and will attempt to quantify the estimated number of abortions which are due to each form of abortion. These numbers are just estimates and have been very conservatively surmised based on the best information known at the time of writing. They clearly lay out the truth that many so-called "contraceptives" are, in fact and deed, many times abortifacient.

A. Oral Contraceptives (OCs)

Oral contraceptives (OCs) have a three-fold mechanism of action which has been elucidated in numerous studies and papers: 1) they sup-

press ovulation [a contraceptive effect]; 2) they alter cervical mucus to reduce sperm migration into the cervical os [a contraceptive effect]; and 3) they alter the biochemical milieu in the endometrium resulting in prevention of implantation/nidation. The latter is an abortifacient mechanism of action.

OCs have a breakthrough ovulation rate of anywhere from 2 to 10%[15] This figures varies from study to study. For example, one study by van der Vange found an ovulation rate of 4.7% using all low dose OCs, the only kind found in the USA any longer.[13] Various estimates are given as to the number of women using OCs in the USA (and elsewhere for that matter). The most recent data available at time of writing was the IMS America National Prescription Audit run during November 1996.[128] It is estimated that 60 million new OCs prescriptions were written in 1996 up from the 55 million written in 1991. A roughly equal number of refills can be attributed to the same year based on figures found in the Lilly Annual Report. This would amount to about 10 million woman-years of OC use in 1996. Due to discontinuance or non-compliance during the year the total number of actual users may be slightly higher, as was reported in the 1991 Ortho Contraception Report.[39]

Using our estimates from above on ovulation rates and number of women-years usage, a 2% ovulation rate yields 200,000 ovulatory cycles. It is also known that in any given cycle,

there is a 25% overall conception rate for "normally fertile couples of average sexual activity."[35] Multiplying the two yields a result of 50,000 chemical abortions per cycle or 600,000 per annum.

A 10% rate yields 1,000,000 ovulatory cycles multiplied by the 25% conception rate for a resulting 250,000 chemical abortions per cycle or 3,000,000 per annum. Thus we have a range of 600,000 to 3 million chemical abortions per annum in the USA based on 1996 usage of OCs.

B) Intrauterine Devices (IUDs)

IUDs work by interfering with the enzymatic processes of the developing blastocyst and by biochemically or mechanically inflaming the endometrium whereby it is inhospitable to implantation/nidation. Also, progestin-laden IUDs (e.g. Progestasert ®) act by altering the endometrial milieu making it also inhospitable to implantation/nidation.[97] It does not act as a "contraceptive."

The probability of conception using an IUD, based on an estimated 1.5 million users in the USA multiplied by the 25% conception rate yields 375,000 conceptions, since IUDs do not prevent ovulation (despite a disinformation campaign recently by population control groups and manufacturers). It is also known there is a 15% IUD user unplanned continued pregnancy rate. Therefore, 56,250 pregnancies are continued per cycle, yielding 318,750 mechanical abortions per cycle or 3,825,000 per annum.

C) Depo-Provera (DMPA)

This long-acting synthetic progestin is injected intramuscularly into the deltoid or gluteal muscle every 3 months. It was approved by the FDA in December 1992 for so-called "contraceptive" use. Depo-Provera (depot medroxyprogesterone acetate; DMPA) has been available for over 25 years and many physicians have used it for its abortifacient properties, an unlabeled and at the time unapproved indication, but one which is perfectly legal in the USA. Based on an estimated 1.5 million users (and increasing yearly) and an ovulation rate estimated at 40-60%,[129, 130] we can determine at the lower rate there are 600,000 ovulatory cycles multiplied by the 25% conception rate yielding about 150,000 chemical abortions per cycle or 1,800,000 per annum.

At the 60% ovulation rate, we have 900,000 ovulatory cycles multiplied by a 25% conception rate yields 225,000 chemical abortions per cycle or 2,700,000 per annum. It must borne in mind the worldwide chemical abortion number (for this and other products mentioned herein) must be quite significant since it has been used in developing Third World countries for over 25 years, many times without local government sanction, shipped from Pharmacia & Upjohn's facility in Belgium.

Besides being very poor at suppressing ovulation, DMPA also acts by altering the endometrial milieu, preventing implantation/nidation by the tiny preborn human.[38]

D) Norplant (levonorgestrel implants)

Norplant (levonorgestrel implants) is a subdermal implant of six one-inch long silastic rods which slowly release the synthetic progestin levonorgestrel for a period of up to 5 years. There are an estimated 1,000,000 users — down significantly from a few years ago following numerous lawsuits — in the USA with another million users worldwide according to Wyeth-Ayerst, distributor of the product in the US for the patent holder, the Rockefeller funded Population Council. Like other progestins (supra A and C) Norplant is poor at suppressing ovulation and acts as an abortifacient with an ovulation rate from 11 to 70%.[92]

At an 11% ovulation rate, there are an estimated 110,000 ovulatory cycles multiplied by a 25% conception rate yielding 27,500 chemical abortions per cycle or 330,000 per annum.

At a 70% ovulation rate, there are an estimated 700,000 ovulatory cycles multiplied by a 25% conception rate yielding 175,000 chemical abortions per cycle or 2,100,000 per annum.

E) Prostaglandin (PG) and Saline abortions

Based on data from the Centers for Disease Control and Prevention (CDC), there are approximately 50,000 to 100,000 PG and saline abortions per year combined.[38]

F) Surgical abortions

Based on data from the CDC for 1994, and figures provided by the Alan Guttmacher Insti-

tute (a subsidiary of Planned Parenthood), there are approximately 1,300,000 surgical abortions reported annually in the USA. Actual figures may be higher due to inconsistent reporting requirements and mechanisms in various states.

Conclusion

Summing up the above figures brings a grand total range of 7,905,000 to 13,025,000 chemical, mechanical and surgical abortions in the USA annually. The good news is that with increasing awareness of the true mechanisms of various abortifacient "contraceptives", more women are opting out of the contraceptive/abortion mindset. The bad news is that the staggering figures are still immensely high and holocaust in proportion. Extrapolating our findings above from 1973 — the year of legalization of abortion on demand in all 50 states — a total of 197,625,000 to 325,625,000 chemical, mechanical and surgical abortions have wiped out the equivalent of the entire US population, more or less. Truly, this has been the bloodiest century in history.

Prescription for Victory

Clearly the present atmosphere surrounding the pharmacy profession does not bode well for preborn babies as pharmaceutical companies — the New Abortionists — rush to make and market an increasing number and types of deadly chemicals and devices. At the time of writing, there are 14 new products being tested with the intention of marketing in the near future in the

US alone. With the data revealed herein that 7.9 to 13 million chemical, mechanical and surgical abortions occur yearly *based on conservative estimates*, the fear of future potential holocausts with the likes of mifepristone (RU 486) pale in comparison to what has been already occuring right under most peoples' noses.

Pharmacists For Life International (PFLI) and all those pharmacists who maintain a shred of moral scruples in their practice can do nothing less than demand that patients be clearly and with ***complete disclosure*** informed of all mechanisms of action of so-called "contraceptives" so they may truly make an informed decision when considering use of these dangerous and toxic chemicals and devices. They must be apprised that these products do not serve to remedy, restore or treat *bona fide* medical conditions.

At the same time, as we appear to be careening toward the precipice of death on demand, pharmacists must lobby and secure a conscience clause (e.g. *PFLI's Model Pharmacist's Conscience Clause*) which protects their right to conscientious objections to dispensing abortifacient or potentially abortifacient chemicals and devices. Nothing less will do.

A prescription for victory in this battle for the basic, God-given right to life must include much *prayer and fasting*, active *education* of the health professions and the public by pharmacists, pro-active *membership* in groups like PFLI, as well as prudent and judicious *boycotting* the

products of the New Abortionist drug manufacturers to the extent possible and practical without jeopardizing one's health.

• • •

About the author: Dr Bogomir M Kuhar is founder and Executive Director of Pharmacists For Life International. He is a clinical and consultant pharmacist as well as an instructor of pharmacology. PFLI publishes its quarterly newsletter ***Beginnings*** and welcomes new memberships from pharmacists ($40 per year), non-pharmacists ($25 per year) and students/technicians ($15 per year). All donations are tax-deductible to the full extent of the law.

Pharmacists For Life International
PO Box 1281 * Powell, OH 43065-1281 USA
Phone: 740-881-5520
Fax: 707-667-2447
e-mail: pfli@pfli.org
Web page —http://www.pfli.org

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5th Edition — July 2003 AD

Footnotes

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It is typical of our present "Culture of Death" that the scientific facts concerning oral contraceptives have been withheld from the public by the pro-abortionists dominating the Pharmaceutical Industry and Mega-Media.

Pro-lifers will find invaluable Dr. Bogomir M. Kuhar's research gathering together the scientific data illustrating the abortifacient character of many types of contraceptives.

Jim Likoudis, President
***Catholics United for the Faith* (CUF)**

Modern reproductive technology has made it virtually impossible to sustain the so-called "anti-abortion, pro-contraception" position. With the recognition that the estrogen fraction of combination contraceptives was responsible for the many thromboembolic complications attendant on their use, it became necessary to reduce the amount of estrogen in order to reduce the side effects. The estrogen component was however, responsible for the ovulation suppression effect of the pill. What emerged were pills with mini and micro doses of estrogen and progesten-only pills. These so-called contraceptives work primarily by their effect on the prevention of the implantation of the blastocyst. This anti-implantation is an abortifacient effect. To be truly pro-life requires that we go beyond surgical abortion to oppose those early abortions which result from pills and intrauterine devices. Dr. Kuhar has authoritatively and lucidly documented the mechanism leading to these "silent" abortions.

Eugene F. Diamond, M.D.
Loyola University Medical Center