ABORTION HAS ARRIVED AT CVS AND WALGREENS

The CVS and Walgreens pharmacy corporations announced in March 2024 that they would begin dispensing the mifepristone abortion pill.

DRUG #1 MIFEPRISTONE

Mifepristone, the "abortion pill," is used in combination with a second drug called Misoprostol to induce an abortion. It is a chemical formulation developed specifically to eliminate a living, growing human being in utero. The drug displaces the female hormone progesterone, preventing nourishment from reaching the preborn child.

Mifepristone has caused a number of deaths in the U.S. and other countries

DRUG #2 MISOPROSTOL

Misoprostol is a much more common drug that has several ethical medical uses. When taken in a sufficient amount a day or two after ingesting Mifepristone, it causes intense menstrual-like contractions that force the developing baby out of the mother's body.

ABORTIONS AT 10 WEEKS AND BEYOND

The chemical abortion process involves intense pain and heavy bleeding. The blood loss can be severe in some cases.

At 8 weeks, a baby is called a "fetus" in medical terminology. Prior to eight weeks, the technical term is "embryo."

Initially approved for inducing an abortion as late as 7 weeks gestation, when the baby (technically, the embryo) has already been alive for 5 weeks, mifepristone is now approved by the FDA for inducing abortions as late as 10 weeks gestation, or 8 weeks into the life of the unborn child. The is the age when the medical term changes from embryo to fetus (Latin for "young one."). Practically all tissue types have differentiated and the organs and the various body systems (e.g. nervous, circulatory, endocrinal, gastrointestinal) are present and maturing. Fingers and toes, eyes and ears are visible, and the baby has been moving spontaneously for several weeks.

COMPROMISED SAFETY STANDARDS

Until recently, Mifepristone was tightly regulated by the federal government. It could only be taken in a physician's office after a thorough screening to: determine the correct age of the unborn child, rule out ectopic pregnancy, identify a negative Rh factor, and evaluate the woman's general health condition. This is no longer the case.

CVS and Walgreens are now playing a key role in a system that bypasses the former safeguards, allowing an individual to get mifepristone without even seeing a physician or other medical professional. Without an office visit, it is impossible for a physician to know with certainty who will be using the drug and under what circumstances (a minor evading parental involvement? a woman being trafficked for sex? a victim of statutory rape? Will a boyfriend trick his partner into consuming the drug unwittingly?).

In the absence of proper physician oversight, it is possible for mifepristone to be used much farther into pregnancy, even in the fifth month and beyond, when the danger of complications multiplies and the effectiveness of the drug is greatly diminished.

HAPHAZARD TESTING AND OVERSIGHT

The FDA does not require reporting of adverse events associated with mifepristone, thus making it difficult or impossible to get a complete picture of the drug's harmful effects. What information is available comes largely from limited private studies, many of them conducted by organizations that promote abortion by any and all methods.

Even the usual pre-approval testing was waived by the FDA under a federal regulation meant only for drugs being developed for "serious and life-threatening diseases." The implication was, of course, that pregnancy is, per se, a "serious disease." Neither did the FDA require any such studies after its abbreviated, fast-track approval.

DANGERS TO WOMEN

One later study conducted by the Charlotte Lozier Institute found that pregnancy-related emergency room visits increase over 500% during the first 30 days after taking mifepristone. According to a study conducted in Finland and published in 2009, 20% of women using mifepristone experienced an adverse event. The incidence of adverse effects for mifepristone abortion was four times higher than for a surgical abortion. A U.S. study of Medicaid patients revealed that 35.5% of women who underwent a mifepristone abortion required an emergency room visit (for whatever reason) in the first 30 days after the episode. Mifepristone predisposes the user to Sepsis, by suppressing the immune system, and to excessive bleeding by inhibiting normal blood vessel contraction. Mifepristone kills unborn children, and it also endangers women.

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