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SOCIAL AND TECHNOLOGICAL ASPECTS OF RU486

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Executive Summary

Examining the abortion debate from its beginnings to the present, it can be shown that the politics of RU486 abortion is the same as abortion in general. The legalization of RU486 in the United States has been such an extensive process due to contention from pro-life advocates. The reasons people oppose RU486 are the same reasons why they generally oppose abortion. RU486 is a pill that causes a non-surgical abortion, but is not yet legal in the United States. Many women in society who are looking for different abortion methods are uninformed about RU486 or other abortion methods. Using the most popular information medium today, the facts and opinions will be accessible to help inform individuals about different abortion methods and abortion politics. Through the use of interviews, books, magazine articles, and web pages, an educational web page about this pill and other abortion techniques will be created. By conducting interviews with representatives of organizations from the two sides of the abortion debate, a more effective and informative representation of the pro-life or pro-choice organizations can be shown. The data collected from these interviews will serve as a support for the background information researched. Using the responses received from the interviews to reinforce the findings of the research, led to a conclusion that there are three major issues evident in this debate. These issues were common in the interview findings and the research. The first issue is the status of the embryo. The second issue is that the debate is not about data, but rather how to assess the data. Finally, the third issue is the role of a person in society. The purpose of this web page is to illustrate the political and technical aspects of RU486 and the abortion debate in an unbiased form, thus providing readers with the necessary information about RU486 and abortion to make educated decisions.

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Introduction

This project analyzes the political and technical aspects of RU486 and abortion. The goal will be to develop an educational web page that will have information about RU486 and other abortion techniques including procedural and the pros and cons of each technique. This will be accomplished by conducting a literature review, interviews with representatives of pro-life and pro-choice organizations, and analysis of other web pages. By using the web based coding language HTML (hypertext-markup language), the web page will be able to contain the research information as well as multimedia and hyperlinks. The main purpose of this project is to provide a resource for people interested in information about abortion and RU486. This web page is intended for individuals who may be doing research on a similar topic, and also those who are considering using RU486 or having an abortion. Presenting the information in an unbiased form will provide readers with the necessary tools to make their own decision about RU486 and abortion.

Literature Review

1.0 RU486 (Mifepristone)

There are many different abortion techniques used in the world today. Scientists are working to minimize risks, side effects, and costs. One of the most recent advancements in abortion techniques is mifepristone. Mifepristone is an abortion pill that has been shown to be effective in over 200,000 women worldwide. Mifepristone, also known as RU486, is a fertility control agent that causes a non-surgical abortion, where an abortion is defined as the premature expulsion of an embryo from the womb of the mother. RU486 is an anti-progesterone, where a progesterone is a hormone that is produced by the woman's body midway through her menstrual cycles. Progesterone signals the uterus to develop the lining that can receive and nourish a fertilized egg. If the egg is not fertilized then progesterone production ceases and the egg, along with the uterine lining, is shed during menstruation. If fertilization occurs, progesterone levels increase, preventing the shedding of the lining as well as ovulation and the start of a new cycle. Progesterone also aids in the development of the placenta and inhibits the production of natural prostaglandin's, hormones that cause uterine contractions and made the cervix softer and more pliable. RU486 works by inhibiting the production of progesterone, causing the uterus to shed off its lining. In the absence of progesterone, production of prostaglandin's increase, softening the cervix and causing the uterus to contract, thereby dislodging and expelling the embryo.(1)

Initially, the pill was only available in European countries such as France, Sweden, and Great Britain. In 1983 the US first began testing RU486 as a method of

early abortion. Largely unnoticed by the public, some women were already using RU486 in a special research program. Women early in their pregnancies can get the drug today at more than a dozen sites across the country, including the Johns Hopkins Bayview Medical Center in Baltimore. In the past 18 months, more than 3,000 women in the United States have taken RU-486 under this program, sponsored by an advocacy group known as the Abortion Rights Mobilization (ARM). The group's efforts have provided the drug to 15 centers from Seattle to Bellevue, Neb., to Cherry Hill, N.J.(2)

This administration of RU486 takes up to three doctor visits for completion of abortion. The first visit includes a physical examination, lab tests, consultation, medical history review, and if eligible, three 600mg RU486 pills that are taken by mouth. Any woman within sixty-three days of conception that doesn't have any contra-indications such as smoking, asthma, high blood pressure, or obesity, may be eligible for the drug. Conditions such as these have the potential to make RU486 lethal to the woman. The second visit occurs two days after the first and involves an examination to determine whether or not the woman is still pregnant. If she is not pregnant, the abortion was successful. If she is still pregnant, two prostaglandin pills are taken by mouth and she remains in the clinic for at least four hours for observation. The four-hour observation period is because most women abort during this period at the clinic, but about 30% abort up to 5 days later. A third visit about 2 weeks later determines if the abortion has occurred or a surgical abortion is necessary to complete the procedure. A fourth visit a week later is strongly recommended, to make sure the abortion is complete and to check for serious side effects. It is not foreseeable that women will simply be able to obtain a prescription and swallow a pill at home unsupervised.(3)

As with surgical abortion methods, the woman should be aware of the possible after or side effects. RU486 appears to produce few serious side effects, the main one being sustained bleeding, similar to a heavy menstrual period, which may last up to two weeks. Hemorrhage occurs in a few cases; 1 in 1,000 women my require a transfusion. Many women also report other side effects such as cramps and nausea, which may or may not have been caused by the pregnancy itself rather than the drug. RU486 has not been shown to have any effect on subsequent pregnancies. No anesthesia is required, and, because there is no instrumental intervention, there is no risk of cervical injury or uterine perforation.(4)

Statistics indicate that when mifepristone is taken with a prostaglandin within forty-nine days from the beginning of the last menstrual period, ninety-five to ninety-seven percent of women will have a complete abortion within fourteen days. Only two to four percent will have an incomplete abortion, and only one percent will have an ongoing pregnancy. Further studies have shown that within four hours of receiving prostaglandin, sixty percent of women will have a complete abortion and eighty to eighty-eight percent will have a complete abortion within twenty-four hours.(5)

2.0 Abortion Techniques

To fully understand the politics behind the abortion debate, it is necessary to understand the many ways in which abortions can be performed. The National Feminist Organization provides information about many abortion techniques on their web page. Presently the most common use of the term "abortion" refers to artificially induced abortions. Today most abortions (93%) are performed because of social reasons and not medical reasons. They are performed for a variety of reasons such as the woman not

being mature enough to raise a child or not being able to afford to raise a child. For those that choose to end a pregnancy for any reason, medical or social, there are many options. Many different types of artificially induced abortion methods are available to those that seek them. Each of these methods will be described in the following section.(6)

When the term abortion is used, it refers to any premature expulsion of an embryo, natural or self-induced, where an embryo is defined as an organism in its early stages of development before birth. In general, a pregnancy is aborted by first destroying and then removing the embryo using one of two classes of techniques. These two techniques are classified as surgical and chemical. In surgical abortions, the surgeon uses ultrasound to guide a sharp knife or suction tube into the womb to pull apart the embryo's ligaments and expel them from inside the womb. In chemical techniques, injections of drugs or chemicals into the uterus cause the death of the embryo and its expulsion from the womb.(7)

2.1 Instrumental Abortion Techniques

For this debate, it is critical to go in-depth into the actual methods of abortion and their side effects. The National Right to Life Coalition web site illustrates many of the different abortion techniques in a informative manner. In the following abortion technique descriptions, length of pregnancy is measured by the number of weeks since the last menstrual period, referred to as LMP. Since fertilization generally takes place midway through the menstrual cycle, gestational age is about two weeks less than the number of weeks LMP. Most medical professionals use this measurement method.

The first possible method of abortion is called menstrual extraction, which is the extraction of uterine contents before confirmation of pregnancy. This procedure must be

used within fourteen days after the expected onset of a menstrual period. This method is preferred for many reasons. It is simple to do, and can be performed with a small, flexible cannula and a hand suction device such as a syringe, without the need for dilatation or anesthesia. In fact it can be self-administered. It allows the woman to avoid the trauma of knowing for certain that she is pregnant. The negative side of this is that a proportion of menstrual extraction patients turn out not to be pregnant, and thus have exposed themselves to unnecessary risks. This method however, has a higher incidence of continued pregnancy because the embryo may be too small and may be missed. For this reason, other methods are available.(8)

Until the mid-1970's dilatation and sharp curettage, or D&C, was the most common method for performing early abortions. In this procedure the cervix is dilated using metal dilators and a sharp curette is used to scrape out the uterine contents. The procedure is usually performed under general anesthetic.

The vast majority of abortions performed currently in the United States use a method called "suction aspiration" or "vacuum curettage." This method may be used up to fourteen weeks since the last menstruation period (LMP). The vacuum aspiration method consists of two steps. First the cervix is dilated in one of two ways. Dilation can be done using tapered metal rods called dilators, which are progressively larger in diameter. These are inserted in the cervix one at a time, each time using a slightly large size, until the cervix is dilated enough to insert the vacuum cannula. Another method of dilation is using lamaria tents. These are sticks made from the stems of a kind of seaweed. As the stick absorb moisture, they swell from two to three times their original size. The tents are inserted into the cervix and left anywhere from a few hours to

overnight. As the tents swell, the cervix is gradually dilated. Laminaria tents are commonly used for later Dilatation and Evacuation abortions, but some practitioners prefer them over forcible dilatation even for early abortions, since the gradual dilation decreases the need for local anesthetic. Other methods of dilatation include plastic dilators; plastic foam sponges that, like Laminaria, swell when wet; and prostaglandin suppositories, which cause the cervix to soften and make dilatation easier. When the cervix is adequately dilated, the surgeon inserts a transparent hollow tube, or cannula, into the uterine cavity. The cannula, which may be either metal or plastic, is attached to a suction device, which is usually electric but may be hand operated. The vacuum pump is then started and the cannula is gently rotated to empty the uterus. In many cases the surgeon uses a small, sharp curette, or spoon-shaped instrument, to check for any residual tissue. The average time for the procedure is less than five minutes. In the earlier stages of pregnancy (up to twelve weeks) the cannula is about the diameter of a drinking straw. Vacuum aspiration requires less time, has a more complete removal of tissue, less blood loss, less complications, and is more adaptable to local anesthesia than previous dilatation and curettage method. (9)

Since the late 1970's, dilatation and evacuation, D&E, has become the preferred method for abortion performed from about thirteen to twenty weeks of pregnancy, rather than the more hazardous and traumatic saline or prostaglandin induction methods. In most cases dilatation and evacuation is a two-stage process, because the cervix must be dilated more than in early abortions. The procedure varies according to the clinic and the surgeon, but usually Laminaria are used to dilate the cervix. These are inserted and left anywhere from several hours to overnight, depending on the length of pregnancy.

Sometimes manual dilators are also used. Once the cervix is dilated, the physician removes the fetus and the placenta using a combination of vacuum suctions, forceps, and sharp curettage. The may be done either under general anesthesia, spinal or epidural anesthesia, or a paracervical block. For pregnancies up to about sixteen weeks, it is possible to use large cannula that will remove all of the uterine contents with suction. For later pregnancies and in cases where large cannula are not available, forceps are used to crush and dismember the fetus and withdraw it though the cervix. Possible complications include perforation of the uterus, cervical laceration, hemorrhage, incomplete abortion, and infection. Dilatation and evacuation is generally agreed to be safer and more effective than instillation methods, and it is less traumatic for the patient. However, it is more upsetting for the physician and assistants, particularly in later pregnancies where the embryo must be crushed and dismembered before the embryo can be removed.(10)

2.2 Medical Induction Techniques

Abortions can also be performed using chemicals to kill the embryo instead of surgically removing it with vacuums, knives, or forceps. Until recently, amnioinfusion with a saline solution was the most common method for abortions performed at sixteen weeks or later LMP, but it has been largely replaced by dilatation and evacuation for pregnancies of twenty weeks or less. Saline abortions usually require hospitalization. Under local anesthetic, a large needle inserted into the uterus is used to withdraw 100-200 millimeters of amniotic fluid. A similar amount of 20 percent hypertonic saline solution is then infused into the uterine cavity. In most cases, the fetal heartbeat stops within about 1.5 hours, and the woman goes into labor and delivers the dead fetus within

24 to 72 hours. The time between injection and the abortion may be reduced by the insertion of Laminaria at least 6 hours prior to the infusion; this also reduces the risk of cervical injury. Oxytocin is also often used to stimulate uterine contractions and shorten the injection to abortion time. A hyperosmolar urea solution may be used in place of saline. This may not be as effective as saline, but it is safer.(11)

Saline abortions carry a higher risk of complications than dilatation and evacuation abortions. Occasionally the fetus is born alive. Other possible complications include accidental injection of saline solution into a vein, hypernatremia (an increase in blood sodium levels), blood coagulation disorders, water intoxication, cervical injuries, infection, hemorrhage, and incomplete abortion. Instillation abortions can also be traumatic for the woman, who must endure a long a painful labor and the delivery of a dead, immature fetus.(12)

In comparison with these methods in safety, a prostaglandin can also be used. Prostaglandins are naturally occurring hormones or hormone-like substances that have proved effective in causing uterine contractions and expulsion of the fetus. They may be administered intravenously, intramuscularly, vaginally (through suppositories), or into the uterus itself, either extraamniotically (between the fetal membranes and the uterine wall) or intraamniotically (directly into the amniotic sac). Laminaria may be used to facilitate cervical dilation and decrease the number on contractions needed to expel the fetus, as well as to shorten the instillation to abortion time. Sometimes saline and prostaglandin's may be used together.(13)

Since prostaglandin's act on the musculature of the gastrointestinal tract as well as the uterus, they can cause severe gastrointestinal side effects. Other possible

complications include a higher incidence of retained placenta, as well as cervical trauma, infection, hemorrhage, and sudden death; also up to seven percent of fetuses will show brief signs of life.(14)

There is another chemical abortion method which isn't commonly used because of its sever side effects. This method involves the use of a chemical called methotrexate. This method consists of an injection of methotrexate by inserting a needle into the uterus. Methotrexate attacks the cells and the tissue surrounding the embryo that eventually gives rise to the placenta. After three to seven days, a prostaglandin is administered to the woman in order to trigger the expulsion of the dead embryo tissue from the uterus. Methotrexate is highly toxic, and has side effects that include nausea, pain, diarrhea, bone marrow depression, severe anemia, liver damage, and induced lung disease.(15)

2.3 Surgical Methods

In comparison to other methods, surgical methods such as hysteronomy and hysterectomy carry a much higher risk. Hysteronomy resembles a cesarean section. An incision is made in the abdomen and the uterus, and the fetus is removed. If done early in the second trimester, a hysteronomy may be done vaginally. Hysteronomy is rarely used unless other abortion techniques have failed, usually repeatedly, or if the patient's medical condition makes other procedures unreasonable. Even more rarely, a hysterectomy, removal of the uterus, is performed. This is done almost always only in cases where a hysterectomy is already indicated, as in the case of a malignant tumor. Both hysteronomy and hysterectomy are performed under general anesthesia.(16)

2.4 Physical and Psychological Consequences of Abortion

It is easy to understand that having an abortion performed can cause a number of

pains to women, both physical and psychological. Studies reveal that ninety-seven percent of women having abortions reported experiencing pain during the procedure, and described it as intense and severe. Complications such as nausea, pain, diarrhea, and hemorrhaging are very common among women who have had an abortion. There is also strong evidence that abortion increases the risk of breast cancer. In 1994, The Journal of the National Cancer Institute found that women younger than forty-five who have had abortions increased their chances of getting breast cancer fifty percent. The Journal of the National Cancer Institute also found that women under eighteen years of age who have had an abortion after the 8th week of pregnancy increase their chances of getting breast cancer by eight hundred percent.(17)

With breast cancer being such a major medical and social issue in society, it is essential to understand why this happens. Most researchers believe the cancer originates in immature, undifferentiated breast cells (tissues which have not matured and specialized). Such cells reproduce dramatically in the first trimester of pregnancy because they are stimulated by increased concentrations of the female hormone Estrogen present at this time. During the second half of pregnancy, the Estrogen levels drop. Under the influence of such hormones as human placental Estrogen, the immature tissues grow and differentiate rapidly into mature, specialized milk-producing tissue. Once specialization has occurred, cells are less likely to turn cancerous. That is why scientists have long known that a completed pregnancy affirms protection against breast cancer. However, this process is short-circuited if a woman has an induced abortion. While the estrogen of early pregnancy still stimulates a reproduction of undifferentiated, cancer-vulnerable cells, the protection that comes from hormones released later in pregnancy never takes

place. Thus, an induced abortion leaves the woman with a greatly increased chance of breast cancer.(18)

3.0 Politics of Abortion

Aside from complications such as medical side effects, abortion also has many social effects. Abortion has been a social issue since the beginning of recorded history, and has varied much from culture to culture. A broad overview of the history of the debate will serve as a foundation for the present debate. For example, In the twelfth century BC, ancient Assyrian code ordered that any woman who aborted a pregnancy should be killed without the dignity of a burial. Then, moving forward to the classical period, Greeks and Romans permitted abortion primarily because the pregnancy resulted from prostitution or adultery. Up until the fifteenth century the English also observed the laws of the Greeks and Romans. It is also noted that early works of the Christian Church hardly mentioned abortion, but by the end of the first century AD the church had declared abortion a sin. The results of this sin were dependent upon when the abortion was performed. Abortions performed after formation of the child resulted in excommunication from the church, abortions performed before formation did not. Doctors appointed by the church determined the time of formation. It wasn't until 1634 that the law changed. The new law was that if an abortion was successful, no crime was committed, but if the baby is born alive and dies of poison afterwards, then it was considered murder. The Abortion Act of 1967 was passed by English Parliament and permitted abortion if two doctors determined the mother's health was at stake or the child would suffer deformities. The first laws of abortion in the United States were based upon this act. Progressing closer to present this law became widespread in the US. In the1950's all of the fifty states and the

District of Columbia allowed abortion to save the life of the mother.(19)

The question of when human life actually begins is fundamental to the issue of abortion. Whether or not the embryo is viewed to be a fetus or a child will determine whether or not abortion is viewed as murder. Kristen Luker states in her book Abortion and the Politics of Motherhood that neither side of the abortion debate share any common language. She states that those who oppose abortion often begin their argument by specifying that the embryo is an unborn child, which thus makes abortion equivalent to murder. In opposition, to those who accept abortion, this initial argument is questionable. In their point of view, the embryo has the potential to become a child but it is not a child yet, hence it belongs in a different moral category. One side finds that the embryo is the moral equivalent of the child it will become, and the other side finds this highly debatable. When Luker mentions the two sides, she is referring to the pro-choice side and the pro-life side. The pro-choice side believes that abortion is the woman's choice, and the pro-life side believes that abortion is wrong without exception. This is the basis for the opposing sides of the debate, but in no way is the entire debate that simple. It is necessary to understand why pro-live advocates feel the way they do, and why pro-choice advocates feel the way they do to fully understand and analyze such a major political and scientific issue in our society.(20)

Anti-abortionists believe that when the egg and sperm join, a combination of genetic elements is produced that has never existed before and will never exist again. The union of sperm and egg, which takes around the middle of the menstrual cycle, about two weeks since the last menstrual period, within one of the woman's Fallopian tubes. About 20 hours after a single sperm succeeds in penetrating the fertile ovum, the nuclei of the

sperm and egg fuse, forming a single cell, called a zygote, which contains the full human complement of 46 chromosomes. About 12 hours later the zygote begins to divide. As cell division continues, the zygote begins to travel down the tube toward the uterus. If it fails to reach the uterus, implanting instead in the Fallopian tube itself, an ectopic pregnancy results. About four or five days after fertilization, the still-dividing cells have formed a hollow, fluid-filled sphere called a blastocyst, which is about one-hundredth of an inch in diameter. The blastocyst floats around the uterine cavity for several days before attaching itself to the inner lining of the uterus. There it begins producing a hormone that signals the ovaries to make progesterone, which in turn signals the woman's pituitary that she is pregnant and stops the uterine lining from being shed through menstruation. By the twelfth day after fertilization, the dividing cells have begun to specialize, some form the embryo, the rest become the placenta. At the start of the fifth week, the embryo is about 78 thousandths of an inch long. The vertebrae, spinal cord, and nervous system are beginning to form, as is the brain. The tubular, S-shaped primitive heart has begun to beat, allowing the organism to circulate nutrients and waste through the placenta. During the sixth weeks the head begins to form, the backbone is formed, and the spinal cord has closed over. By the end of the seventh weeks, the chest and abdomen have formed and the heart is now contained therein. During the eighth weeks, the facial features begin to form along with facial muscles and teeth. This growing organism is now referred to as a fetus. During the tenth weeks, the eyes begin to move from sides of the head to the front, and the face begins to look human. The heart beats about 120 to 160 times per minute. At 13 and a half weeks, the arms, legs, hands, feet, finger, and toes, are completely formed. At eighteen weeks, the sex is clearly

distinguishable and the mother can feel fetal movements. The fetus is about 8.5 inches long and weighs 6 ounces. At 20 to 22 weeks, the perception portion of the brain is forming and by the 23 week, hair has begun to appear. At 27 weeks the eyes are open and the brain waves become regular. The fetus is now about 14 inches long and weighs about 2 pounds. If born there is a two-out-of-three chance of survival. By the end 32 weeks there is an 85 percent chance of survival. The fetus is over 3 pounds and 16 inches in length. At forty weeks, the fetus is ready to be born.(21)

Anti-abortionists claim that it is scientifically correct to state that human life begins at conception and that this developing embryo, in all stages of its life, is always a member of the human species. If they see the developing embryo as a member of the human species at all stages, then they feel abortion is murder regardless of method or when it is performed. Anti-abortionist's arguments are further backed by common American law which give embryos certain legal rights, e.g., the right to inherit property. Therefore, they feel embryos should also be entitled to basic inalienable human rights, with the major one being the right to life.(22)

In opposition to these arguments, Pro-abortionists believe that since the embryo is dependent upon the mother via the umbilical cord, it should be the mother who makes decisions during this time period. Because of its dependency upon the mother, pro-abortionists think that the embryo is not a person until it post-natally breathes for itself outside the womb, which isn't until birth.(23)

The reason that these two conflicting views of the personhood of an embryo is such a difficult debate is because it cannot be proven one way or another. Anti-abortionists cannot prove the embryo is a person at a certain point during the pregnancy

and pro-abortionists cannot prove that the embryo is not a person until birth. Without being able to prove something scientifically, it becomes a never ending back and forth debate. This point can be argued by philosophers, psychologists, and theologians infinitely and perhaps settled at one point, but it lies beyond the reach of science. For a debate such as this one, facts wouldn't end anything, they would simply give one side something more concrete to base their arguments on.

This debate must be looked from all aspects including some of the dominant religions. This is because the way people view the status of an embryo is often based on their religious backgrounds. People of some religious faiths look upon the conception of a child as the work of God. The core religious argument is that it is up to God to create the human being and therefore it is also up to God to decide whether or not it should survive and it is up to God to determine how long it lives. One of the most dominant faiths in society is Christian. Christians believe that the Bible contains messages conveying that abortion is wrong, although the Bible doesn't specifically prohibit it.(24)

Another major faith in society is that of Judaism, which has differing views from that of the Christian faith. The Jewish faith holds a position on abortion that human personhood begins when the baby is born and draws a breath. In Judaism the taking of the first breath is the beginning of life. A woman's life, her pain, and her concerns take precedence over those of the embryo. Existing life is always sacred and takes precedence over a potential life. The reason people of the Jewish faith feel this way is because the Bible says, "God breathed into his [Adam's] nostrils the breath of life and man became a living soul."[5] Both the Christian faith and the Jewish faith reference their beliefs to the Bible, but they find different interpretations. Christians interpret the Bible as having pro-

life implications and Judaism finds interpretations that supplement pro-choice views. Neither faith sees abortion as birth control acceptable. Abortion as a means of avoiding the responsibility of bearing children is unethical to Jewish values.(25)

Another influential faith is the Muslim faith. Muslims view abortion in the same context as having relevance only regarding pregnancies occurring in marriage. Not as a response to conception, but as a result of extra or pre-marital relationships. Early Muslim jurists considered abortion lawful in a variety of circumstances if they were performed prior to 40 -120 days after conception (first trimester). This was based on interpretation of the Koran that implied that life does not exist until after that time. Available technology allows for recognition of the embryonic heartbeat at four weeks of gestation. Hence contemporary Muslims clerics believe that life begins much earlier than previously thought. Therefore, to terminate an embryo would be to take a life illegally. Today, the majority of Muslims believe that abortion should be allowed only if the mother's life is significantly endangered by the pregnancy. The presence of certain abnormalities also makes abortion lawful to the Muslim faith. Muslim scholars also consider abortion appropriate in pregnancies resulting from rape or incest.(26)

4.0 Politics of RU486

The presence of all these differing viewpoints on abortion has led to an immense social and political debate. The legalization of RU486 in the United States has been an arduous process because there has been much opposition from pro-life advocates. In general, the RU486 debate is really just the abortion debate, with RU486 being a new type of chemical abortion. The reasons people oppose RU486 are the same they oppose abortion in general. However, people who support it feel they have a stronger argument

now because this pill can be used for many other common viruses or diseases. Those who support abortion incorporate the fact that RU486 can help with curing diseases as a supporting argument.

5.0 Technical Aspects

All the facts and ideas presented in this project are to be made publicly accessible using the World Wide Web as a resource for others. The World Wide Web is a vast array of information containing text, audio, and video scattered across networks of computers worldwide. The World Wide Web is the most commonly used and most easily accessible reference tool available today. Anyone with the necessary tools can write and publish a web page. To present the research using the web, it is necessary to set up a web page that requires an understanding of the program language used by web navigation software. A basic understanding of the ways files can be transferred between computers is also needed. A computer requesting information from the web is called a client, and the computer where the information is stored and being retrieved is called the server. A software tool that the client uses to search through information and send requests to servers is called a web browser or navigator. Within the web browser there are search engines in which the user can select topics and the engine returns all relevant web information.

5.1 HTML

All of the information to be presented on the web page needs to be written in the proper coding language, HTML. To create a web page, it is necessary to know the programming language called HTML, which stands for hypertext markup language. Hypertext is a way of creating multimedia documents and is also a method for providing

links within and between documents. The second part of the acronym, markup language, is a method for embedding special tags that describe the structure as well as the behavior of a document. HTML is a markup language that describes the structure of a web document's content plus some behavioral characteristics. Although there are other languages in which web pages may be written in, HTML is understood and can be interpreted by all web browsers and therefore, it is the language of choice. HTML is a way of representing text and linking text to other kinds of resources (sound, graphics, multimedia, and other types of files) that allows the concurrent display of different kinds of data and allows different resources to augment and reinforce one another. Looking at an HTML file, it appears to be just a plain text file with excessive brackets and backslashes. This file includes two kinds of text, the content and the markup. The content is the text or information for display or playback on the client's screen and speakers. The markup is the text or information to control the display or to point to other information items in need of playback or display.(27)

5.2 HTTP

There are certain rules and formats that govern the methods by which computers communicate and transfer data over a network, called a protocol. HTTP, which stands for hypertext transfer protocol, is an Internet protocol for the World Wide Web. It provides a way for web clients and servers to communicate primarily through the exchange of messages from clients and servers. A client's computer asks for a specific web document and the server supplies the requested information. Protocols that link clients and servers together must handle requests and responses. Information exchanges on the web happen in four parts, all classed as specific message types for HTTP. The

first part is the connection when the client tries to connect to a specific web server. The browser may display a status message "connecting to http server." If the client can't connect, the attempt usually times out and the browser displays a "connection timed out" message. The second part is the request in which the client asks for a web resource. The request includes the protocol to use the name of the object to find, and information about how the server should respond to the client. The third part is the response. If the server can deliver the requested object, it responds with a delivery in the requested form. If it can't deliver, the server sends an error message. The fourth component is called the close. After the server transfers information responding to a request, the connection between client and server is closed. Sending another request to the server can easily reopen a connection.(28)

5.3 FTP

The authors of a web page must transfer the source files for the web page along with any files to which the web page references to the server. The most commonly used method for this data transfer is called FTP. FTP, file transfer protocol, is a cross-platform tool for transferring files to and from computers anywhere on the Internet. Cross-platform means that any type of personal computer can be used. Using FTP software the contents of both the client and host computer can be viewed simultaneously and files can be transferred between the two.(29)

5.4 URL

Once a web page is written and transferred to the server, there must be a way for others to access it from the World Wide Web on any computer. With the web information can be easily located. Web resources have special names called URL's, or

uniform resource locators, that describe the protocols needed to access a resource and point to each resource's Internet location. For example, for this project the URL is http://www.wpi.edu/~schrecke/RU486.html. A URL has five parts. The first part is the protocol or data source, which is usually the name of the protocol used to access the data that resides on the other end of the link. For this project the protocol is HTTP. The second part is the domain name for the web server in which the desired web page or other resource resides. The domain name for this web page is www.wpi.edu. The third part is the directory path, which is the page's location in the web server's file system. In this example the directory path is schrecke. The fourth part is the actual name of the HTML file for the desired web page or the name of any other resource that you require. Here, the name of the HTML file is RU486.html. The fifth part is called the spot. Sometimes getting users to the HTML file isn't enough. If you want the user to be at a particular location within the file a spot is used. By preceding the name of an HTML anchor with a pound sign and adding it to a URL, you direct the browser to jump right to a specific location. For this web page, no spots were needed. A URL may or may not contain all of the parts mentioned depending on the specific page it is for.(30)

5.5 Putting it all to work

Having written the web page in the HTML language, it is necessary to choose a server to transfer the files to. A server with enough space and public access to your files after they have been transferred for updating is the best choice. It is the best choice because the web page files will not be limited to a certain amount of space, and the server will be able to handle the amount of traffic. Traffic is the amount of people requesting or viewing the web page at a particular time. After a web page is written and saved as an

HTML file, it must be transferred to a server to be publicly accessible. The HTML file and all the files which it needs to access such as audio, video, or images must also be sent to the server. This is done using FTP. The web server then provides the URL for the page. The page is now publicly accessible using a web browser and HTTP.(31)

Methods

To be able to best illustrate the political and technical aspects of RU486 and abortion, several processes were conducted to gather information from different types of sources. The methodology of the project was first, and its purpose was to gather background information on abortion, RU486, and the politics behind them. Second, information was to be collected from representatives in pro-life and pro-choice organizations. Finally, a web page was constructed illustrating all the information gathered from the previous parts. This web page contains the views about abortion from representatives and writers in this topic. Interviews were conducted with leaders or representatives of major national pro-life and pro-choice organizations. To support the researched information, it is necessary to be able to obtain information from those actually involved presently with this issue. National and local abortion organizations were chosen for these interviews because they are directly involved politically and socially with this ongoing debate. Most of these organizations have representatives assigned to address these situations.

In order to gather information about abortion and more specifically RU486 from representatives of well-known pro-life and pro-choice organizations, telephone interviews were conducted. The purpose of the interviews was to attain the viewpoint of individuals representing their respective organizations. These individuals were chosen because they are continuously involved with pro-life or pro-choice activities such as debates. Because of their continuous involvement, these representatives would be able to discuss recent advancements or obstacles encountered by their organizations' position on

RU486. Bruce L. Berg, in his book Qualitative Research Methods for the Social Sciences, discusses important guidelines for successful interviews.(32) He suggests to "Become comfortable with the interviewee by means of small talk about simple things like the weather, the surroundings or something of that nature." He also suggests to always keep a copy of the interview questions in hand in order to stay on track and not stray from the purpose of the interview. Also, he mentioned to try to act as if the questions aren't memorized, because interviews are much more productive when the questions seem natural. Never be presented as uninterested or unaware as to make the interviewee feel belittled. Pay special attention when the interviewee begins giving yes, no, or one syllable answers. When this occurs, he states, ask further probing questions in order to get the desired response. In the case of this project, the interviews will be conducted with individuals who are familiar with conducting telephone interviews. The answers were expected to be vague because of the organization's concern of being falsely quoted in a newspaper or magazine. For this reason, the questions asked during the interviews were questions that were aimed at avoiding vague answers. The process of choosing the correct type of questions and the wording of the questions is very important in trying to acquire the desired response. This process is described in the following paragraphs.(33)

The next step is to decide on the interview structure. The first step here is to identify exactly what kind of information is desired from the interviewees. Questions usually request people's attitudes, beliefs, and behavior. It is necessary to determine the objective of the interviews in order to find people's opinions. In this way, the objective, to find out people's opinions on abortion, may in fact reflect a desire to describe people's

beliefs, attitudes, or actual behavior. For this project the objective is to determine the representative's opinion of RU486. The second step in deciding on the interview structure is to structure the questions. There are four basic types of question structures that can be used. The first is open-ended questions. These questions require the interviewee to create his or her answers and state the answers in his or her words. The second type of question is close-ended with ordered choices. For these questions, scaled answer choices are provided. From the answer choices the interviewee chooses the most appropriate reply. Another type of question structure is close-ended with unordered choices. These questions also provide answers, but these choices are unrelated to each other. The interviewee must choose from among these unordered categories by evaluating each choice. The final type of question is partially close-ended. These questions provide the respondent with a compromise. Although answer choices are provided respondents may create their own response. These answer choices provided are almost always unrelated to each other.(34)

Each of these types of questions has a different purpose, and almost all interview questions fit into one of these categories. Some question structures are more desirable depending on the type of information requested. For the purposes of the interviews for this project, the most appropriate type of question would be open-ended. The reason open-ended questions are more desirable is because the interviewee's replies give the interviewee's opinion on abortion and more specifically RU486. Close-ended questions provide the respondents with choices that may not necessarily describe their opinions and therefore are very limited for this type of interview. Open-ended questions are normally used in situations in which respondents can express themselves freely. This situation is

very desirable for this project due to the freedom with which it provides the interviewee. With this freedom the interviewee can add any relevant information to the response.(35)

Phone interviews are a very common type of interviewing because it is possible to interview a wide range of people worldwide. In this project, phone interviews will provide opinions about abortion and RU486 from representatives from pro-life and pro-choice organizations. A phone interview involves three people, including the interviewer, the respondent, and a note-taker. The design of the telephone interview is shaped by the need of these three people. The interviewer's task is to see that good interviews are completed. This can include keeping a conversation going while mentally preparing to read the next question in order to avoid long silences created by the need to write responses. The interviewers for this project followed an outlined introduction. The introduction consisted of informing the interviewee another person (the note-taker) was going to be listening to the conversation. The interviewer also mentioned that the interview was for educational purposes, and that no names will be used in the summary of the interviews in the project report. Oftentimes the interviewer must probe further upon the responses the interviewees give in order to get a more relevant answer. Probing can be done by following up the response of the interviewee with a comment such as "What do you mean by that?" or "Can you explain?" The replies received after probing can further explain or clarify an earlier comment or answer to a specific question. During the interviews conducted in this project, many of the replies received often required further probing due to the nature of open-ended questions. In these 'probing' instances, the note-taker was very sure to write down all of the respondents' answers. The purpose of the note-taker is to increase the validity of the information received from an interview.

The note-taker must listen in the conversation and make note of the interviewee's answers and comments. The interviewer compares his notes with those of the note-taker and the results are collaborated. The interviewer, having less time to write during the interview, organizes the data received form the interview and compares this data to the data received by the note-taker. This data is then organized from all of the interviews and prepared for the web page.(36)

After having compiled all of the information gathered from interviews, and books, the web page is ready to be written. The first step is to choose a server to whom the web page will be published. A server that has enough space for all of your files and public access to all of your files after they have been transferred for updating is the best choice. The reason why access to all your files after they have been transferred for updating is desirable is because the actual file on the server can be used for editing. This allows for any changes made to the file to immediately appear on the web page. After a web page is written and saved as an HTML file, it must be transferred to a server so that the web page can be publicly accessible. The HTML file and all the files which it needs to access such as audio, video, or images must also be sent to the server. This is done using FTP, and electronic means of transferring files. The web server then provides the web page owner with page address or URL, which the owner can edit to a specific topic. The page is now publicly accessible using a web browser and HTTP or another protocol depending on the page. To allow the page to be found by those requesting information on the topic, the page must be electronically registered with search engines under the proper topic. The search engines are tools used by individuals to find Internet addresses that are related to a desired topic. For example, to find web pages related to cars, the topic that would be

entered into the search engine would be 'cars'. The topics related to the web page of this project are, for example, 'abortion', 'RU486', 'politics of abortion/RU486', etc. The user enters topics into a search engine and all the relevant pages are returned. From there the user can choose this page from a list of all pages returned on the subject requested. Next, the user's computer accesses the server computer, on which is the requested web page, and the data from the page is transferred to user's computer.(37)

Results and Discussion

Constraints of time enabled ten interviews to be conducted with various pro-choice and pro-life representatives. The purpose of these interviews was to obtain the viewpoint of the representatives of pro-life and pro-choice organizations about abortions and more specifically about RU486. The reason we decided to speak with representatives of pro-life and pro-choice organizations was because these individuals are involved with the aspects of abortion daily. The representative's viewpoints helped us in supporting the background information researched. Due to time constraints, and the difficulty of the representatives having time to speak when called, only ten interviews were conducted. By following the specifications for making the interview questions and proper interviewing techniques, we were able to conduct ten successful interviews. Successful interviews are interviews in which the interviewer obtains all the information desired, and the interviewee feels he or she has positively contributed to the research.(38)

One of the main goals of the interviews and also of the project is to show that the viewpoints and legality of RU486 is similar to that of abortion in general. The way we questioned the representatives of the organizations was the following. We asked the interviewee general questions about the organizations they are involved with, how the interviewee became involved with the organization, and what the interviewee's viewpoint is on abortion. Following the general questions, we asked more specific questions about the interviewee's belief on abortion. These questions involved the interviewee speaking about personal matters involving either themselves or someone close having an abortion. We were, however, more interested in how the interviewee believed the person was affected by the abortion. We felt that the interviewee's viewpoint on how and why the

person who has had an abortion was affected would help us further understand the reasoning behind the interviewee's beliefs. The remaining questions were concerning RU486. We first asked the interviewee about his or her position on RU486. This question was followed by questions that further probed into their RU486 position. For example, to further understand the reasoning behind the interviewee's attitude towards RU486, we asked the question "Do you think RU486 is a more humane method of abortion?" The interviewee's reply to this question provided a deeper understanding behind their belief. At the completion of the interview, we informed the interviewee that the information will be used strictly for educational purposes, and for confidentiality, no names would be used in the summary of the findings.

Through these interviews we learned that many of the representatives of pro-life and pro-choice organizations have become involved with the organizations because of friends and family. Four of the representatives interviewed replied that they joined the organization because a family member or a friend introduced the organization to the interviewee. Another four representatives stated they had joined their respective organization because they (the representatives) felt they needed, or wanted to help other individuals make the right choice. Two representatives had first thought of joining their respective organization after having seen advertisements on television and the Internet. Most of those interviewed didn't have any differing opinions from that of their respective organizations. The interviewees strongly stood behind the beliefs of their respective organizations. The two exceptions were in cases of rape, incest, or in cases where the mother or child's chance of survival is minimal. All of the individuals interviewed, with one exception, also knew of a person or persons who have had abortions. In three cases,

the interviewee decided to join the organization because of the effect an abortion had on themselves or someone close. For one of the representatives, having an abortion affected the representative's life so much, that this individual decided to be a pro-life advocate. A cousin of another representative had emotional distress after an abortion, and this caused the representative to join a pro-life organization. Another representative shared with us a similar experience with her college roommate. When we asked the representatives how a situation like this affected that person's life, and the replies ranged from emotional distress and regret, to a changed value of life. In general, we found that the responses to the question of how an abortion affected that person's life resulted in a negative implication. When questioned about RU486, the replies we received, as expected, were in compliance with the interviewee's views on abortion in general. We did not find a pro-life member who was for RU486, or a pro-choice member who was completely against it. Objections to RU486's legalization came from four of the representatives. One of the representatives opposed to the legalization of RU486 was a pro-choice advocate. This pro-choice representative felt RU486 was an important medical contribution for women's reproductive options, but should not be used as birth control. The three other representatives concerned with RU486's use as birth control were pro-life advocates. These three individuals believed that RU486 would be taken advantage of and used as another birth control method. In the following sections we discuss each representative's responses to the questions asked during the interview. To properly analyze the results and arrive at any conclusions, it is necessary to discuss each interview in depth.

Respondent 1 was a pro-choice female in her mid thirties, divorced, with one child, and a Protestant. She was very enthusiastic about discussing her organization's

viewpoints on abortion. She joined the organization in her teenage years when she was thinking of getting an abortion. She wasn't aware of all her options until one of her friends suggested she contact the organization in which she is now a member. She informed us that the organization she's involved with works to educate people on issues about women's reproductive rights, and she firmly stands behind these rights. She has no differing views from that of the organization with which she is involved. We then asked if there are any exceptions that she feels an abortion should not be performed, and found her reluctant to respond. Further probing led her to respond that an abortion isn't a birth control method, but she quickly added that in cases of rape abortion should be seriously considered. She said "An unwanted child conceived out of rape would not receive the life it deserves. In this case an abortion would be better for the mother and the child." We realized after the interview that we should have asked further in regards to this comment to better understand her viewpoint. When asked if she knew anyone who has had an abortion, she replied that she had an abortion in her teenage years, and became very expressive in telling us how that changed her life. She said she looked at many things differently such as herself and her family. Further probing on this comment, we found that the reason the abortion changed the respondent's view of life is because this respondent felt she had made the wrong choice for herself and her family. Her parents were not in agreement with the abortion, and this caused her to have arguments with her parents. Once the questions became more specific about the topic of RU486, she promptly responded "RU486 is a major advancement, but it should be used with close supervision. There should be many restrictions to avoid it being used as birth control."

The next representative, Respondent 2, was a pro-life, divorced female in her forties with no children. She was of the Christian faith but wasn't strictly dedicated; only going to church on Sundays. She became involved with her respective organization after a recent abortion that changed her life completely. She stated that she was so affected by the abortion that she decided to join a pro-life organization to prevent people from making the same mistake she had made. When asked further about how she was affected, she stated that one of the most prominent memories was the discussion she had with her husband prior to the divorce. Apparently, her parents did not want her to go through with the abortion, and she was conflicted between what her parents wanted and what she wanted. Her organization feels that abortion is not the right choice for women. However she does have a differing viewpoint from that of her respective organization. She personally feels that in extenuating circumstances, such as when either the mother or child has a very high chance of dying, then abortion is acceptable. This was inconsistent with what her organization stands for. Again, we realized that we should have asked further about her reasoning after the interview. When trying to contact the person again the next day, she had left on a business trip. The reason she feels this is an appropriate exception is because "It jeopardizes both the mother and the child's health." She revealed to us that her abortion completely changed her life and made her full of guilt and regret. When asked about the RU486 abortion pill she replied "I do not agree with it whatsoever." Probing deeper into her response, we found she felt RU486 should not be legalized because it would result in its use as birth control.

Another representative, Respondent 3, was a pro-choice, married male in his late twenties with no children. He was very direct and concise with all of his responses,

giving only brief, fragmented answers. It was almost as if he was reciting his answers. He told us he first heard of the organization on a television advertisement. He mentioned that his organization works to push the right to choose for all women. He had no differing opinions from that of his organization, but felt only wanted, loved children should be brought into the world. He knew someone who had an abortion but refused to comment further and got aggravated at our attempts to probe further. Upon noticing his aggravation we decided to continue the interview without irritating him further. He mentioned that to him, RU486 is a very well researched method of abortion. He is for its legalization, but only after more conclusive testing for its safety.

Another representative, Respondent 4, was a pro-life, married, thirty-two year old female with no children. She was very polite and helpful to us by referring us to other individuals. She found out about the organization through the Internet, and with further research she decided to join. Her organization feels that abortion is never the right choice and she strongly believes this as well, and doesn't think there are any exceptions to having an abortion. She feels that RU486 is just another abortion method. When questioned about its legalization, her response was "It should not be legalized. Abortion is killing."

The fifth interviewee, Respondent 5, was a peppy, pro-life, married, forty-two year old female with one son. She believes in ensuring respect for life and its value in society. Her organization defends the right to life of all humans. She has no differing viewpoints on abortion from that of her respective organization, and feels an abortion should never be performed. She had a close cousin who had an abortion and she saw how it caused her cousin to have emotional distress and nightmares. Her cousin's

experience caused the respondent to join the pro-life organization with which she is now involved. She told us that the reason she joined her organization was so that she could help other women avoid making a mistake. When asked about RU486 she replied "I don't stand for anything that contributes to killing a child. No abortion is humane. It should definitely not be legalized because people would take advantage of it and it would become birth control."

The next representative we spoke to, Respondent 6, was a pro-choice, married female in her late twenties with one child. She was very quick and concise in giving her responses and seemed like it was routine procedure for her. She joined the organization because her friend, who was also a member, talked her into it. Her organization's viewpoint on abortion is the right for a woman to choose whether or not to terminate pregnancy. She has no differing opinions and feels that abortions should be the mother's choice. "Abortion is a choice the individual has to make. No one has the right to deny the person this choice." She has had multiple friends who have had abortions and in general they feel they are better off than if they had to raise an unwanted child. She feels RU486 is a good thing for abortion because it allows for the decision to be made and carried out as soon as a woman finds out of her pregnancy. This respondent feels RU486 should be legalized because it is a more humane method of abortion.

Another representative we interviewed, Respondent 7, was a pro-life, married, Christian female with two children. She became involved in this organization because her mother was a political advocate for this same organization. This organization sees abortion as killing, and killing is a sin. "We have no right to choose the path that the child's life will take." She stands firmly behind this and feels there are no exceptions.

"The point of abortion is to kill a child, and killing is committing a crime against God." She has not had any close relations with anyone who has had an abortion. She feels RU486 is a bad thing because people will use it as birth control and the government should not make it legal.

Another representative we interviewed, Respondent 8, was a pro-life, unmarried, twenty-seven year old female with no children. She seemed to be replying in a monotonous manner and it seemed she was reading her responses from a book. She became involved with this organization because her college roommate had an abortion and she saw how this affected her roommate. The respondent was very touched by how the abortion affected her roommate, and started to research different organizations until she decided to join the organization of which she is now a member. Her organization's purpose is to protect the lives of the world's unborn children. She has no clashing viewpoints with her organization, and feels abortions should never be performed. "An unborn child should never be denied a chance to live." After inferring further about her roommates' experience, she added, "She [respondent's roommate] told me that she felt it was one of the biggest mistakes she had made in her life." While discussing RU486, the respondent stated that she strongly opposed it as she does all forms of abortion. The respondent is against its legalization because she sees it as a law giving people permission to kill a baby.

The ninth interview was with Respondent 9, who was a pro-choice, single male in his early twenties. He seemed very leisurely when speaking about the topic. He joined his organization in order to help out people in his age group, and keep them from making choices that they might regret. This organization's purpose is not to promote abortion,

but rather to merely lay out all the choices available so the mother can make an informed decision. He does not have any different viewpoints from that of his organization. His sister had an abortion last year, and this has drawn a line between the family. His parents are now divorced because his father and mother were on different sides. His mother did not want the daughter to have an abortion. The father, however, did not like the fact that the daughter was not married, and wanted the daughter to have an abortion. The respondent added, "I don't want to see this happen to anyone else's family." He was very affected by how his family's incident caused turmoil, and stated it was the main reason why he is involved with the organization. When asked about RU486 he replied that he hasn't been involved long with the organization, and only knows briefly what RU486 is. "I cannot accurately comment about RU486 and its legalization." He quickly referred us to another individual who was better prepared to answer question on RU486. Attempts to contact this person, however, were not successful.

The last person interviewed, Respondent 10, was a pro-life, thirty-six year old, separated female with 1 child. She was stern, and seemed very knowledgeable in the subject. She became involved after a self-help seminar at a local university. Her organization feels that abortion is both ethically and morally unacceptable. Her only differing opinion from this organization is the extenuating circumstances of rape, incest, and when either the mother or child's health is at stake. She doesn't know of a person who has had an abortion. To her RU486 is another form of abortion, and it will only be used as birth control unless regulated. She became agitated when we probed further about her comment. We felt as if she was hiding her true response, but she refused to continue the interview when we asked her about this. We called the person once again,

and apologized for making her feel agitated, but she still refused to take part in the interview.

From the interviews, as well as from the research, we were able to analyze the information collected and conclude that to debate RU486, is to debate abortion. RU486 is an abortion method, and discussing its legality is the same as discussing the legality of abortion. All of the responses from the interviews show that the individuals who are pro-abortion are also pro-RU486. The reason why they are pro-RU486, is because they are also pro-abortion. Therefore, we conclude that to discuss the legality or morality of RU486, one needs to discuss the legality or morality of abortion in general. To discuss RU486, is to discuss whether or not aborting the embryo is the same as removing tissue or killing a child. This is the same argument behind the issue of abortion.

Everyone has long debated the question of when life begins, yet with little agreement. The response to this question has varied throughout history even within the same institutions. In many societies the legal status of abortion hinges on the answer to this question. It is rather in countries where abortion is safely provided that there is a unified campaign against women's access and rights to abortion.(39) Women in all societies seem prepared to act outside of the law when exercising their decision to abort a pregnancy, which emphasizes how fundamental abortion is to women's lives. Contrary to popular belief, increasing the effectiveness of contraception does not necessarily reduce the need for abortion. Conception can occur from rape, or simply because people take risks with their sexuality just as they do with other aspects of their lives. There may be a significant change in the life of the woman, such as the death of her partner, making it extremely difficult for her to cope with a pregnancy.(40)

As many people of both sexes instinctively recognize, abortion has to be seen as a question of morality rather than law. The respect for all life is common to most people. It is impossible to deny that the embryo is a potential human being. In the early stages of pregnancy, the embryo may be a clump of cells. The removal of these clumps of cells, however, cannot be equated with the clump of cells that might be removed in cancer surgery. The embryo from the very beginning contains all the genetic information that will enable its development into a full human. The development of the embryo is a continuous process, and there is no point before birth at which one can draw a line and say the nature of the developing embryo has changed. Abortion is never an easy decision, but women have been making that choice for thousands of years. Whenever a society has sought to outlaw abortions, it has only driven them into back alleys where they became dangerous and expensive. Women and men fought for and achieved a woman's legal right to make her own decisions about abortion. However, there are people in our society who still won't accept this right. Some argue that victims of rape or incest should be forced to bare the child. Pro-choice activists believe that the abortion issue is not really about abortion. It is about the value of women in society. In general, the morality of abortion is not a simple topic. It is less simple than many people will acknowledge, not only in public but also to themselves.(41)

Summarizing our results we conclude that there are three main issues to the abortion debate. The first and most important is the status of the embryo. Those who oppose abortion usually begin by arguing that since the embryo is an unborn child, abortion is morally equivalent to murder. But for those who accept abortion, this initial stipulation is exactly what is problematic; from their point of view, the embryo has the

capacity to become a child but it is not a child yet, and it therefore belongs in a very different moral category. Thus, one side begins with a given that the other side finds highly debatable, that the embryo is the moral equivalent of the child it will become.(42)

The second issue is not about the facts, but how to assess the facts. Both sides agree that embryos have heartbeats by their twenty-fourth day, but do not breathe until birth. They way both sides can interpret these two facts cannot be agreed upon. For example, a pro-choice person would say that since the embryo doesn't breathe until birth the embryo is therefore not a baby until that point. However, a pro-life person would argue that since it will breathe in time it should be considered a baby now. This is an example of how the two sides can take the same set of facts and analyze them in completely different ways.(43) The reason why a pro-choice person will use the fact that the embryo doesn't breathe until birth is to support his or her viewpoint on abortion. For this same reason, the pro-life individual will use this same argument to support his or her viewpoint.(44)

The third issue is that the debate about abortion is actually a debate about the role of a person. This argument again goes back to what is the embryo. We all agree that a baby is a person and has rights just like the rest of us. Whether the embryo is a fetus or a baby determines whether the embryo has the rights of a baby.(45)

In conclusion, pro-life and pro-choice activists live in different worlds. Their lives lead them in their belief that their own views on abortion are the more correct, more moral, and more reasonable. If one side wins, one group of women will see the very real devaluation of their lives and life resources. It is not surprising that after so much time, the abortion debate has generated so much controversy and so little agreement.

Bibliography

1. Alvaré, Wilson, Wolf. "Abortion:Whose Values? Whose Rights?" Tikkun, v21n1. Tikkun. January-February 1997.

2. Berg, Bruce L.. Qualitative Research Methods for the Social Sciences, California State University, Long Beach, CA. 1998.

3.Buckley, Wm. F. Jr.. "Abortion: The Two Sides Gear Up" The National Review, v47n3.The National Review, February 20, 1995.

4. Callahan, Daniel. "Bioethics and The Culture Wars" The Nation, v264n14. The Nation, April 14,1997.

5. Costa, Marie. Contemporary World Issues:Abortion, ABC-CLIO Inc., Denver, 1991.

6. Church, George J. "Pro-Life and Pro-Choice? Yes!" Time, v145n9. Time, March 6,1995.

7. Day, Nancy. Abortion:Debating the Issue, Enslow Publishers Inc, Springfield NJ. 1995.

8. Dillman, Don A. Mail and Telephone Surveys:The Total Design Method, Wiley-Interscience, New York NY 1978.

9. Gegax, T. Trent, Clemetson, Lynette, et al. Newsweek, v132n19. Newsweek, November 9, 1998.

10. Gregory, Hamilton. The Religious Case For Abortion, Madison & Polk, Asheville North Carolina, 1983.

11. Harrison, Beverly Wildung. Our Right To Choose:Toward a New Ethic of Abortion. Beacon Press, Boston MA., 1983.

12. Hedges, Bowermaster, et al. US News & World Report, v117. US News & World Report, November 14, 1994.

13. Hunter, James Davison. Culture Wars: The Struggle to Define America, BasicBooks-Harper Collins Inc., New York 1991.

14. Idelson, Holly. Congressional Quarterly Weekly Report, v52. Congressional Quarterly Inc., January 29, 1994.

15. Kauffman, Marc. Washington Post, Tuesday March 3, 1999. P207.

16. Keene, Tom. National Catholic Reporter, v32n20. National Catholic Reporter Publishing Co., March 15,1996.

17. Luker, Kristin. Abortion and the Politics of Motherhood. University of California Press, Los Angeles, 1984.

18. Liddy, Unna. Social Alternatives, v14n3. Social Alternatives, July 1995.

19. Maran, Ruth. Creating Web Pages Simplified, IDG Books Worldwide Inc., Foster City, CA. 1996.

20. Merton, Andrew H.. Enemies of Choice: The Right to Life Movement and Its Threat to Abortion. Beacon Press, Boston. 1981.

21. Noonan, John T.. Morality of Abortion: Legal and Historical Perspectives. Harvard University Press, Cambridge. 1970.

22. Sachdev, Paul. Perspectives on Abortion. Scarecrow Press Inc., Metuchen, NJ. 1985.

23. Sheeran, Patrick J.. Women, Society, The State, and Abortion: A Structuralist Analysis. Praeger, New York. 1987.

24. Siegel, Plesser, Jacobs. Abortion: An Eternal Social and Moral Issue, Information Aids Inc., Plano, TX. 1986.

25. Tittlel, Ed. HTML 4 for Dummies, IDG Books Worldwide Inc., Foster City, CA. 1998.

26. Tribe, Laurence. Abortion: The Clash of Absolutes, W.W. Norton and Co., London. 1992.

27. Wolf, Naomi. "Our Bodies, Our Souls" New Statesman and Society, v8n375. New Statesman and Society, October 20,1995.

28. http://www.zpg.org/ru486.htm

29. http://www.repro-activist.org/mifeprestone.htm

30. http://www.feminist.org

31. http://www.nrlc.org/national/abortion/

References

1. Costa, Marie. Contemporary World Issues:Abortion, ABC-CLIO Inc., Denver, 1991.

2,3 Kauffman, Marc. Washington Post, Tuesday March 3, 1999. P207.

4. Costa, Marie. Contemporary World Issues:Abortion, ABC-CLIO Inc., Denver, 1991.

5. http://www.zpg.org/ru486.htm

6,7. http://www.nrlc.org/national/abortion/

8,9,10,11,12,13,14 Costa, Marie. Contemporary World Issues:Abortion, ABC-CLIO Inc., Denver, 1991.

15. http://www.nrlc.org/national/abortion/

16. Costa, Marie. Contemporary World Issues:Abortion, ABC-CLIO Inc., Denver, 1991.

17. http://www.repro-activist.org/mifeprestone.htm

18. http://www.zpg.org/ru486.htm

19. Noonan, John T.. Morality of Abortion: Legal and Historical Perspectives. Harvard University Press, Cambridge. 1970.

20. Luker, Kristin. Abortion and the Politics of Motherhood. University of California Press, Los Angeles, 1984.

21. Costa, Marie. Contemporary World Issues:Abortion, ABC-CLIO Inc., Denver, 1991.

22,23. Harrison, Beverly Wildung. Our Right To Choose:Toward a New Ethic of Abortion. Beacon Press, Boston MA., 1983.

24,25,26. Gregory, Hamilton. The Religious Case For Abortion, Madison & Polk, Asheville, North Carolina, 1983.

27,28,29,30. Tittlel, Ed. HTML 4 for Dummies, IDG Books Worldwide Inc., Foster City, CA. 1998.

31. Maran, Ruth. Creating Web Pages Simplified, IDG Books Worldwide Inc., Foster City, CA. 1996.

32,33. Berg, Bruce L.. Qualitative Research Methods for the Social Sciences, California State University, Long Beach, CA. 1998.

34,35,36. Dillman, Don A. Mail and Telephone Surveys:The Total Design Method, Wiley-Interscience, New York NY 1978.

37. Maran, Ruth. Creating Web Pages Simplified, IDG Books Worldwide Inc., Foster City, CA. 1996.

38. Dillman, Don A. Mail and Telephone Surveys:The Total Design Method, Wiley-Interscience, New York NY 1978.

39. Costa, Marie. Contemporary World Issues:Abortion, ABC-CLIO Inc., Denver, 1991.

40. Buckley, Wm. F. Jr.. "Abortion: The Two Sides Gear Up" The National Review, v47n3. The National Review, February 20, 1995.

41. Church, George J. "Pro-Life and Pro-Choice? Yes!" Time, v145n9. Time, March 6,1995.

42. Liddy, Unna. Social Alternatives, v14n3. Social Alternatives, July 1995.

43. Luker, Kristin. Abortion and the Politics of Motherhood. University of California Press, Los Angeles, 1984.

44. Liddy, Unna. Social Alternatives, v14n3. Social Alternatives, July 1995.

45. Luker, Kristin. Abortion and the Politics of Motherhood. University of California Press, Los Angeles, 1984.

Appendix A

Interview Questions

1. Why did you become involved with this organization?

2. What is the organization's viewpoint on abortion?

3. Is there any one aspect in which your viewpoint differs from that of the organization?

4. Are there any circumstances you feel an abortion should or should not be performed?

5. Why do you feel this is an exception?

6. Do you know anyone personally who has had an abortion?

7. How did it affect that person's life?

8. What do you think about the RU486 abortion pill?

9. Do you think RU486 is a more humane method of abortion?

10. Why do you think RU486 should or should not be legalized in the United States?

11. (Against) If a family member had extenuating causes such as rape or incest, would you accept abortion?

Appendix B
Glossary of Terms

- AMNIOTIC SAC- A thin, tough, membranous sac that encloses the embryo or fetus of a mammal, bird, or reptile. It is filled with a serous fluid in which the embryo is suspended.
- ANESTHESIA-Total or partial loss of sensation, especially tactile sensibility, induced by disease, injury, acupuncture, or an anesthetic, such as chloroform or nitrous oxide.
- ANTIMETABOLITE- A substance that closely resembles an essential metabolite and therefore interferes with physiological reactions involving it.
- ASPIRATION- The process of removing fluids or gases from the body with a suction device.
- BLOOD COAGULATION-To cause transformation of blood into or as if into a soft, semisolid, or solid mass.
- BROWSER-The software that interfaces the user with the world wide web and allows for searches
- CANNULA-A flexible tube, usually containing a trocar at one end, that is inserted into a bodily cavity, duct, or vessel to drain fluid or administer a substance such as a medication.
- CERVICAL LACERATION-A jagged wound or cut to the cervix
- CHROMOSOME-A threadlike linear strand of DNA and associated proteins in the nucleus of animal and plant cells that carries the genes and functions in the transmission of hereditary information. A circular strand of DNA in bacteria and cyanobacteria that contains the hereditary information necessary for cell life.
- CLIENT- A computer or program that can download files for manipulation from a server.
- CROSS-PLATFORM-IBM PC or Macintosh compatible
- CURRETAGE- The removal of tissue or growths from a body cavity, such as the uterus, by scraping with a curette. Also called curettement.
- CYANOBACTERIA- A photosynthetic bacterium of the class Coccogoneae or Hormogoneae, generally blue-green in color and in some species capable of nitrogen fixation. Cyanobacteria were once thought to be algae. Also called blue-green alga.
- DILATATION- The condition of being abnormally enlarged or dilated, as of an organ, an orifice, or a tubular structure
- EMBRYO- An organism in its early stages of development, especially before it has reached a distinctively recognizable form.
- ESTROGEN- Any of several steroid hormones produced chiefly by the ovaries and responsible for promoting estrus and the development and maintenance of female secondary sex characteristics.
- EXTRAAMNIOTICALLY- Occurring outside the amniotic sac

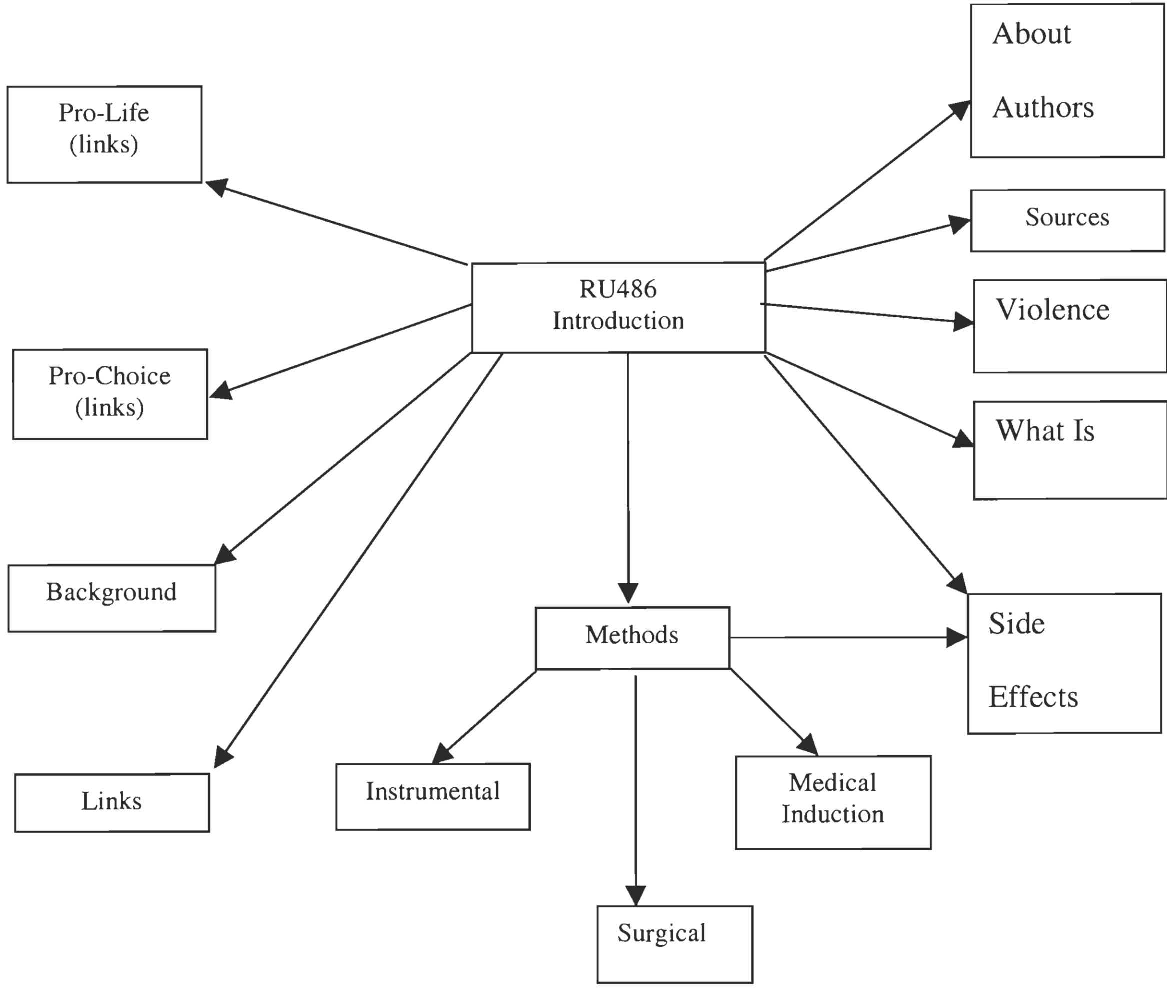
- FORCEPS- An instrument resembling a pair of pincers or tongs, used for grasping, manipulating, or extracting, especially such an instrument used by a surgeon.
- FTP-File Transmission Protocol, a cross-platform tool for transferring files to and from computers anywhere on the Internet.
- GAMETE- A reproductive cell having the haploid number of chromosomes, especially a mature sperm or egg capable of fusing with a gamete of the opposite sex to produce the fertilized egg.
- HEMORRHAGE- Excessive discharge of blood from the blood vessels; profuse bleeding.
- HTML- A computer-based text retrieval system that enables the user to provide access to or gain information related to a particular text.
- HTTP-Hypertext transmission protocol, an internet protocol that provides a way for web clients and servers to communicate primarily through the exchange of messages from clients and servers.
- HYPERNATREMIA- an increase in blood sodium levels.
- HYSTERECTOMY- Surgical removal of part or all of the uterus.
- HYSTEROTOMY- Surgical incision of the uterus, as in a cesarean section.
- INTRAAMNIOTICALLY-Occurring inside the amniotic sac
- LAMARIA TENTS- Sticks made from the stems of a kind of seaweed. As the stick absorbs moisture, they swell from two to three times their original size.
- LMP-Last Menstrual Period
- METHOTREXATE- A toxic antimetabolite, $C_{20}H_{22}N_8O_5$, that acts as a folic acid antagonist to interfere with cellular reproduction and is used in the treatment of psoriasis and certain cancers.
- MIFEPRISTONE-Another name for RU486
- OXYTOCIN- A short polypeptide hormone, $C_{43}H_{66}N_{12}O_{12}S_2$, released from the posterior lobe of the pituitary gland, that stimulates the contraction of smooth muscle of the uterus during labor and facilitates ejection of milk from the breast during nursing.
- PROGESTERONE- A steroid hormone, $C_{21}H_{30}O_2$, secreted by the corpus luteum of the ovary and by the placenta, that acts to prepare the uterus for implantation of the fertilized ovum, to maintain pregnancy, and to promote development of the mammary glands. A drug prepared from natural or synthetic progesterone, used to prevent miscarriage and to treat menstrual disorders.
- PROSTAGLANDIN- Any of a group of hormone-like substances produced in various mammalian tissues that are derived from amino acids and mediate a wide range of physiological functions, such as metabolism, smooth muscle activity, and nerve transmission.
- PROTOCOL- A standard procedure for regulating data transmission between computers.
- RU486- A fertility control agent that causes a non-surgical abortion
- SALINE- Of or relating to chemical salts.
- SEARCH ENGINE-Software accessed by a browser that conducts the searches on keywords and returns all relevant web links

- SERVER- A computer or program that controls a central repository of data that can be downloaded and manipulated in some manner by a client.
- TROCAR- A sharp-pointed surgical instrument, used with a cannula to puncture a body cavity for fluid aspiration.
- URL - A statement that specifies a transmission protocol and an Internet identifying number, used chiefly for moving from site to site on the World Wide Web.
- WWW-World Wide Web, an information server on the Internet composed of interconnected sites and files, accessible with a browser.
- ZYGOTE- The cell formed by the union of two gametes, especially a fertilized ovum before cleavage.

Appendix C

Layout of Web Page

www.wpi.edu/~schrecke/RU486.html



Appendix D

The Web Page

http://www.wpi.edu/~schrecke/RU486.html

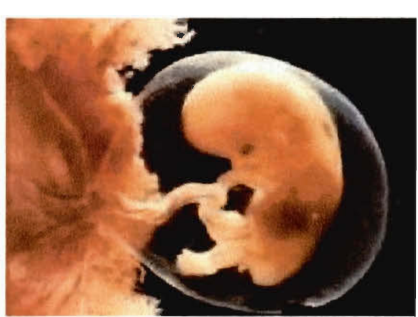
The following pages contain color printouts of the web pages written for this project. Please realize that web backgrounds do not print and therefore the pages do not look exactly as they were designed to. Some text may appear lighter than others because the dark background intended for that page is missing. Some pictures may be divided between two pages on the printout because the web page is longer than a sheet of letter size paper. To see the full web page design, go to the above address. The above address is the main page, from which there are also links to the following:

Shortcut Title	**Internet Address**
Background Information on the Politics of Abortion	www.wpi.edu/~schrecke/background.html
Abortion Methods(Surgical and Chemical)	www.wpi.edu/~schrecke/methods.html
Clinic Violence Statistics (12/31/98)	www.wpi.edu/~schrecke/statistics.html
What Exactly is RU486	www.wpi.edu/~schrecke/whatis.html
About the Authors	www.wpi.edu/~schrecke/authors.html
	www.wpi.edu/~schrecke/prolife.html
	www.wpi.edu/~schrecke/prochoice.html
Sources Consulted	www.wpi.edu/~schrecke/sources.html
	www.aaddzz.com
	www.addme.com
	www.virtualave.net
Send Email	mailto:schrecke@wpi.edu

This only represents links from the main page, each of the links listed also has links of their own. All links are represented in the printouts.

THE POLITICS OF RU486 (MIFEPRISTONE)

Is This Tissue or a Child?



- Background Information on the Politics of Abortion
- Abortion Methods (Surgical and Chemical)
- Clinic Violence Statistics (12/31/98)
- What Exactly is RU486
- About the Authors

Links

If it's not a baby.. You're not pregnant!

Pro-Choice Organizations

SHE'S A CHILD.. NOT A CHOICE

Pro-Life Organizations

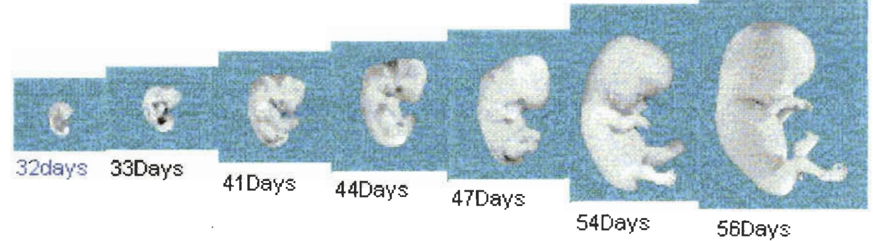
Sources Consulted in the Making of this Web Page

THIS SITE HAS BEEN ACCESSED 000000265 TIMES SINCE 3/4/99

all information and facts found on these page are a compilation of information from the sources listed on the sources page, and all images found on this page were found uncopywritten. If there are any problems send email and they will be removed.

Why Are People Pro-Choice or Pro-Life?

Abortion has been a social issue since the beginning of recorded history, and has varied much from culture to culture. It isn't necessary to go into great depth of history to understand the politics of abortion. One of the major reasons that this is such a heated debate is that people have a different view of the status of an embryo. Development Stages



Stages of the Embryo (32-56 Days):The moment when this embryo goes from a mass of tissue to a child is the the question

The question of the status of the embryo arose as early as the third century AD. Different sources of church teachings simply could not agree on this issue. In 1100 AD Ivo Chartres, a church scholar condemned abortion but also didn't associate it with murder. Throughout history, this debate went back and forth and that is why there was no qualified basis for the people of the nineteenth-century to base their position on. The first right to life movement began in 1900 when every state in the union had passed a law forbidding the use of drugs or instruments to procure abortion at any stage of pregnancy. The only time this was disregarded was when the woman's life was at risk.

Without going into detail, at the end of the nineteenth-century, the abortion decision was left up to qualified physicians only.

By the end of the nineteenth century, the success of the first "right-to-life" movement meant that abortion had become a medical rather than a moral issue. For almost a century, the philosophical issue involved-whether or not the embryo is a full human person-was hidden by the fact that physicians made almost all authoritative decisions on abortion.

After being such a major issue for so long it seemed odd that between 1890 and the late 1950's, both the public and the medical professionals accepted these laws as a legitimate part of society and few oppositions were made. After such a long quiet period, how did a nationwide movement in the 1960's put abortion back in the limelight of society? The medical profession is actually what led the need for change on the previous decision of 1890. By this point, few physicians were willing or able, to take on the task of deciding

which abortions were truly needed, justified, and should be performed. One of the main reasons people sought change at this point was because of the high number of women's deaths due to illegal or self-induced abortions. With all these problems with criminal abortions, it was necessary to attempt to make therapeutic abortions easier to obtain than previously.

The new goal on this issue was to safeguard health. When chances that an embryo would be born with severe handicaps and hence be "abnormal" were high, it was ethically preferred to end the life of the unborn by abortion. Between 1964-1965 there was an epidemic of rubella, and if a mother contracted rubella in the first seven weeks of pregnancy it often caused prenatal injuries. For this reason, more abortions were necessary and were therefore performed. This made abortions more common and possibly more acceptable in a way to many. At this point in time, participants in the abortion issue were prepared to do what no one else had done before. **Women challenged the medical professions control by making a claim that they had a right to abortion.** In doing so, they brought to the surface the philosophical issues that had remained hidden for so long: the value and the meaning of the embryo.

ITS OUR RIGHT!!!

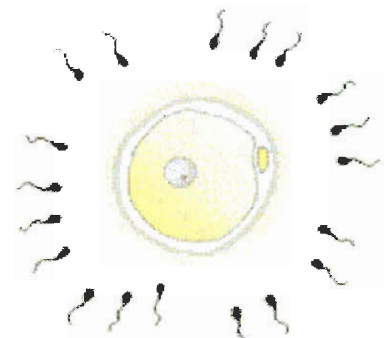
This new claim began in 1967 by a group of women who desired equality. Their big argument was that their right to abortion was their right to equality, to be treated as individuals rather than as potential mothers. A new law, or a change to the current physicians decision law was passed in 1967. The new law stated that abortions could be performed for reasons that went beyond simply protecting the physical life of the woman, but physicians would continue to have substantial control over abortions, and far from all abortions requested would be performed. The exact opposite is what seemed to have happened. In 1968 approximately five thousand abortions were performed, the next year that number tripled, and the year after it quadrupled. One out of every three pregnancies was being ended by abortion, and over 99 percent of desired abortions were granted.

Another major factor in the women's right to abortion movement was equality. Previously, women's main role was that of the child bearer and caretaker. As we move up to the present time, women are the equals of men and are much a part of the work force. They feel they should be given the same opportunities as men have, and thus the right to chose abortion or not. Luker arrived at many of these conclusions through extensive interviews with activists on both sides of the issue.

This second right-to-life movement, beginning in the 1950's had little in common with the previous one of 1890. Instead of the male professionals who commanded the issue until recently, ordinary women-have come to predominate in the ranks of those affected. This is a difficult statement to make because there are generally two types of ordinary women. There are the feminists and the housewives, these two different views of motherhood represent to us to different kinds of social worlds. The abortion debate has become a debate among women, their different values, experiences, and coping resources available to them. In summing up all the points brought forth about this debate, Kristen Luker says "women come to be pro-life and pro-choice activists as the end result of lives that center around different definitions of

motherhood." We grow up with a belief about the embryo, and events that occur within your life make you believe that the embryo is either a person or an fetus. One's social life, family life, and all human interactions give them a view of what motherhood is and the view of this debate are based upon that.

With a brief look at the history of the abortion debate, it is much easier to follow the politics of the debate. Many people believe the question of when human life actually begins is fundamental to the issue of abortion. Whether or not one believes the embryo to be a fetus or a child will determine whether or not abortion is viewed as murder or not. Kristen Luker states in her book Abortion and the Politics of Motherhood that both sides of the abortion debate share no common language. She states that those who oppose abortion often begin their argument by specifying that the embryo is an unborn child, which makes abortion equivalent to murder. On the other hand for those who accept abortion, this initial argument is questionable. In their point of view, the embryo has the potential to become a child but it is not a child yet, and it belongs in a different moral category. To sum up, she writes, "One side begins with a given that the other side finds highly debatable, that the embryo is the moral equivalent of the child it will become." When Luker mentions the two sides, she is referring to the pro-choice side and the pro-life side. The pro-choice side believes that abortion is the woman's choice, and the pro-life side believes that abortion is wrong without exception.



Anti-abortionists believe that when the egg and sperm join, a combination of genetic elements is produced that has never existed before and will never exist again. **Some say this combination is the start of a human life.** This fertilized egg has the entire genetic code which will develop into a human being if not interrupted. This single cell divides rapidly and within a few weeks has some recognizable features of a human. The heart beats between the eighteenth and twenty-fifth day after conception and has brain waves as soon as forty days. It is breathing in the uterus by eleven weeks. Conception is defined as the time of fusion of the egg cell and the sperm cell. Anti-abortionists claim that it is scientifically correct to state that human life begins at conception and that this developing embryo, in all stages of its life, is always a member of the human species. Their arguments are further backed by common American law which give embryos certain legal rights, e.g., the right to inherit property. Therefore, they feel embryos should also be entitled to basic inalienable human rights as well.

In opposition to these arguments, Pro-abortionists believe that since the embryo is dependent upon the mother via the umbilical cord, it should be the mother who makes decisions up until birth. Because of this dependency upon the mother, pro-abortionists think that the embryo is not a person until it breathes for itself outside the womb, which isn't until birth.

The reason these two conflicting views of the personhood of an embryo is such a difficult debate is because it cannot be proven one way or another. Anti-abortionists cannon prove the embryo is a person at a certain point during the pregnancy and pro-

Stages of Development

About 20 hours after a single sperm succeeds in penetrating the fertile ovum, the nuclei of the sperm and egg fuse, forming a single cell, called a zygote, which contains the full human complement of 46 chromosomes. About 12 hours later the zygote begins to divide. As cell division continues, the zygote begins to travel down the tube toward the uterus. If it fails to reach the uterus, implanting instead in the Fallopian tube itself, an ectopic pregnancy results. About four or five days after fertilization, the still-dividing cells have formed a hollow, fluid-filled sphere called a blastocyst, which is about one-hundredth of an inch in diameter. The blastocyst floats around the uterine cavity for several days before attaching itself to the inner lining of the uterus. There it begins producing a hormone that signals the ovaries to make progesterone, which in turn signals the woman's pituitary that she is pregnant and stops the uterine lining from being shed through menstruation. By the twelfth day after fertilization, the dividing cells have begun to specialize, some form the embryo, the rest become the placenta. At the start of the fifth week, the embryo is about 78 thousandths of an inch long. The vertebrae, spinal cord, and nervous system are beginning to form, as is the brain. The tubular, S-shaped primitive heart has begun to beat, allowing the organism to circulate nutrients and waste through the placenta. During the sixth weeks the head begins to form, the backbone is formed, and the spinal cord has closed over. By the end of the seventh weeks, the chest and abdomen have formed and the heart is now contained therein. During the eighth weeks, the facial features begin to form along with facial muscles and teeth. This growing organism is now referred to as a fetus. During the tenth weeks, the eyes begin to move from sides of the head to the front, and the face begins to look human. The heart beats about 120 to 160 times per minute. At 13 and a half weeks, the arms, legs, hands, feet, finger, and toes, are completely formed. At eighteen weeks, the sex is clearly distinguishable and the mother can feel fetal movements. The fetus is about 8.5 inches long and weighs 6 ounces. At 20 to 22 weeks, the perception portion of the brain is forming and by the 23 week, hair has begun to appear. At 27 weeks the eyes are open and the brain waves become regular. The fetus is now about 14 inches long and weighs about 2 pounds. If born there is a two-out-of-three chance of survival. By the end 32 weeks there is an 85 percent chance of survival. The fetus is over 3 pounds and 16 inches in length. At forty weeks, the fetus is ready to be born.

BACK

The Role of Religion on Abortion

This debate must be looked from all aspects including some of the dominant religions. This is because the way people view the status of an embryo is often based on their religious backgrounds. People of some religious faiths look upon the conception of a child as the work of God. The core religious argument is that it is up to God to create the human being and therefore it is also up to God to decide whether or not it should survive and it is up to God to determine how long it lives. One of the most dominant faiths in society is Christian. Christians believe that the Bible contains messages conveying that abortion is wrong, although the Bible doesn't specifically prohibit it. To see these passages, click here-Religious Tolerance.org

Another major faith in society is that of Judaism, which has differing views from that of the Christian faith. The Jewish faith holds a position on abortion that human personhood begins when the baby is born and draws a breath. In Judaism the taking of the first breath is the beginning of life. A woman's life, her pain, and her concerns take precedence over those of the embryo. Existing life is always sacred and takes precedence over a potential life. The reason people of the Jewish faith feel this wav is because the Bible says, "God breathed into his [Adam's] nostrils the breath of life and man became a living soul."5 Both the Christian faith and the Jewish faith reference their beliefs to the Bible, but they find different interpretations. Christians interpret the Bible as having pro-life implications and Judaism finds interpretations that supplement pro-choice views. Neither faith sees abortion as birth control acceptable. Abortion as a means of avoiding the responsibility of bearing children is unethical to Jewish values

Another influential faith is the Muslim faith. Muslims view abortion in the same context as having relevance only regarding pregnancies occurring in marriage. Not as a response to conception, but as a result of extra or pre-marital relationships. Early Muslim jurists considered abortion lawful in a variety of circumstances if they were performed prior to 40 -120 days after conception (first trimester). This was based on interpretation of the Koran that implied that life does not exist until after that time. Available technology allows for recognition of the embryonic heartbeat at four weeks of gestation. Hence contemporary Muslims clerics believe that life begins much earlier than previously thought. Therefore, to terminate an embryo would be to take a life illegally. Today, the majority of Muslims believe that abortion should be allowed only if the mother's life is significantly endangered by the pregnancy. The presence of certain abnormalities also makes abortion lawful to the Muslim faith. Muslim scholars also consider abortion appropriate in pregnancies resulting from rape or incest.

BACK

*Not all religions represented

The Politics of RU486

The presence of all these differing viewpoints on abortion has led to an immense social and political debate. The legalization of RU486 in the United States has been an arduous process because there has been much opposition from pro-life advocates. In general, the RU486 debate is really just the abortion debate, with RU486 being a new type of chemical abortion. The reasons people oppose RU486 are the same they oppose abortion in general. However, people who support it feel they have a stronger argument now because this pill can be used for many other common viruses or diseases. Those who support abortion incorporate the fact that RU486 can help with curing diseases as a supporting argument.

BACK

Abortion Techniques

When someone uses the term abortion, they are actually referring to any premature expulsion of a embryo, whether it is natural or self-induced. An embryo is defined as an organism in its early stages of development before birth. The point at when it is considered either a fetus or a child is based on one's personal opinions. A pregnancy is aborted by first destroying and then removing the embryo. There are three different types of abortion techniques, classified as instumental and medical induction, and surgical. In surgical abortions, the surgeon uses ultrasound to guide a sharp knife or suction tube to pull apart the babies ligaments and expel them from inside the womb. In other techniques injections of drugs or chemicals into the uterus cause the death of the embryo and its expulsion from the womb.

Surgical Techniques

Medical Induction Techniques

Instrumental Abortion Techniques

◇Also take a look at the Side Effects of Abortion◇

Surgical Abortion Methods

In comparison to other methods, surgical methods such as hysteronomy and hysterectomy carry a much higher risk. Hysteronomy resembles a cesarean section. An incision is made in the abdomen and the uterus, and the fetus is removed. If done early in the second trimester, a hysteronomy may be done vaginally. Hysteronomy is rarely used unless other abortion techniques have failed, usually repeatedly, or if the patient's medical condition makes other procedures unreasonable. Even more rarely, a hysterectomy, removal of the uterus, is performed. This is done almost always only in cases where a hysterectomy is already indicated, as in the case of a malignant tumor. Both hysteronomy and hysterectomy are performed under general anesthesia.

Medical Induction Techniques

Abortions can also be performed using chemicals to kill the embryo instead of surgically removing it with vacuums, knives, or forceps. Until recently, amnioinfusion with a saline solution was the most common method for abortions performed at sixteen weeks or later LMP, but it has been largely replaced by dilatation and evacuation for pregnancies of twenty weeks or less. Saline abortions usually require hospitalization. Under local anesthetic, a large needle inserted into the uterus is used to withdraw 100-200 millimeters of amniotic fluid. A similar amount of 20 percent hypertonic saline solution is then infused into the uterine cavity. In most cases, the fetal heartbeat stops within about 1.5 hours, and the woman goes into labor and delivers the dead fetus within 24 to 72 hours. The time between injection and the abortion may be reduced by the insertion of Laminaria at least 6 hours prior to the infusion; this also reduces the risk of cervical injury. Oxytocin is also often used to stimulate uterine contractions and shorten the injection to abortion time. A hyperosmolar urea solution may be used in place of saline. This may not be as effective as saline, but it is safer.

Saline abortions carry a higher risk of complications than dilatation and evacuation abortions. Occasionally the fetus is born alive. Other possible complications include accidental injection of saline solution into a vein, hypernatremia (an increase in blood sodium levels), blood coagulation disorders, water intoxication, cervical injuries, infection, hemorrhage, and incomplete abortion. Instillation abortions can also be traumatic for the woman, who must endure a long a painful labor and the delivery of a dead, immature fetus.

In comparison with these methods in safety, a prostaglandin can also be used. Prostaglandins are naturally occurring hormones or hormone-like substances that have proved effective in causing uterine contractions and expulsion of the fetus. They may be administered intravenously, intramuscularly, vaginally (through suppositories), or into the uterus itself, either extraamniotically (between the fetal membranes and the uterine wall) or intraamniotically (directly into the amniotic sac). Laminaria may be used to facilitate cervical dilation and decrease the number on contractions needed to expel the fetus, as well as to shorten the instillation to abortion time. Sometimes saline and prostaglandin's may be used together.

Since prostaglandin's act on the musculature of the gastrointestinal tract as well as the uterus, they can cause severe gastrointestinal side effects. Other possible complications include a higher incidence of retained placenta, as well as cervical trauma, infection, hemorrhage, and sudden death; also up to seven percent of fetuses will show brief signs of life.

There is another chemical abortion method which isn't commonly used because of its sever side effects. This method involves the use of a chemical called methotrexate. This method consists of an injection of methotrexate by inserting a needle into the uterus. Methotrexate attacks the cells and the tissue surrounding the embryo that eventually gives

rise to the placenta. After three to seven days, a prostaglandin is administered to the woman in order to trigger the expulsion of the dead embryo tissue from the uterus. Methotrexate is highly toxic, and has side effects that include nausea, pain, diarrhea, bone marrow depression, severe anemia, liver damage, and induced lung disease.

Instrumental Techniques

The first possible method of abortion is called menstrual extraction, which is the extraction of uterine contents before confirmation of pregnancy. This procedure must be used within fourteen days after the expected onset of a menstrual period. This method is preferred for many reasons. It is simple to do, and can be performed with a small, flexible cannula and a hand suction device such as a syringe, without the need for dilatation or anesthesia. In fact it can be self-administered. It allows the woman to avoid the trauma of knowing for certain that she is pregnant. The negative side of this is that a proportion of menstrual extraction patients turn out not to be pregnant, and thus have exposed themselves to unnecessary risks. This method however, has a higher incidence of continued pregnancy because the embryo may be too small and may be missed. For this reason, other methods are available.

Until the mid-1970's dilatation and sharp curettage, or D&C, was the most common method for performing early abortions. In this procedure the cervix is dilated using metal dilators and a sharp curette is used to scrape out the uterine contents. The procedure is usually performed under general anesthetic.

The vast majority of abortions performed currently in the United States use a method called "suction aspiration" or "vacuum curettage." This method may be used up to fourteen weeks since the last menstruation period (LMP). The vacuum aspiration method consists of two steps. First the cervix is dilated in one of two ways. Dilation can be done using tapered metal rods called dilators, which are progressively larger in diameter. These are inserted in the cervix one at a time, each time using a slightly large size, until the cervix is dilated enough to insert the vacuum cannula. Another method of dilation is using lamaria tents. These are sticks made from the stems of a kind of seaweed. As the stick absorb moisture, they swell from two to three times their original size. The tents are inserted into the cervix and left anywhere from a few hours to overnight. As the tents swell, the cervix is gradually dilated. Laminaria tents are commonly used for later Dilatation and Evacuation abortions, but some practitioners prefer them to forcible dilatation even for early abortions, since the gradual dilation decreases the need for local anesthetic. Other methods of dilatation include plastic dilators; plastic foam sponges that, like Laminaria, swell when wet; and prostaglandin suppositories, which cause the cervix to soften and make dilatation easier. When the cervix is adequately dilated, the surgeon inserts a transparent hollow tube, or cannula, into the uterine cavity. The cannula, which may be either metal or plastic, is attached to a suction device, which is usually electric but may be hand operated. The vacuum pump is then started and the cannula is gently rotated to empty the uterus. In many cases the surgeon uses a small, sharp curette, or spoon-shaped instrument, to check for any residual tissue. The average time for the procedure is less than five minutes. In the earlier stages of pregnancy (up to twelve weeks) the cannula is about the diameter of a drinking straw. Vacuum aspiration requires less time, has a more complete removal of tissue, less blood loss, less complications, and is more adaptable to

local anesthesia than previous dilatation and curettage method.

Since the late 1970's, dilatation and evacuation, D&E, has become the preferred method for abortion performed from about thirteen to twenty weeks of pregnancy, rather than the more hazardous and traumatic saline or prostaglandin induction methods. In most cases dilatation and evacuation is a two-stage process, because the cervix must be dilated more than in early abortions. The procedure varies according to the clinic and the surgeon, but usually Laminaria are used to dilate the cervix. These are inserted and left anywhere from several hours to overnight, depending on the length of pregnancy. Sometimes manual dilators are also used. Once the cervix is dilated, the physician removes the fetus and the placenta using a combination of vacuum suctions, forceps, and sharp curettage. The may be done either under general anesthesia, spinal or epidural anesthesia, or a paracervical block. For pregnancies up to about sixteen weeks, it is possible to use large cannula that will remove all of the uterine contents with suction. For later pregnancies and in cases where large cannula are not available, forceps are used to crush and dismember the fetus and withdraw it though the cervix. Possible complications include perforation of the uterus, cervical laceration, hemorrhage, incomplete abortion, and infection. Dilatation and evacuation is generally agreed to be safer and more effective than instillation methods, and it is less traumatic for the patient. However, it is more upsetting for the physician and assistants, particularly in later pregnancies where the embryo must be crushed and dismembered before the embryo can be removed.

Abortion Side Effects

DEATH: The leading causes of abortion related deaths are hemorrhage, infection, embolism, anesthesia, and undiagnosed ectopic pregnancies. Legal abortion is reported as the fifth leading cause of maternal death in the United States, though in fact it is recognized that most abortion related deaths are not officially reported as such.

BREAST CANCER: The risk of breast cancer almost doubles after one abortion, and rises even further with two or more abortions.

CERVICAL, OVARIAN, AND LIVER CANCER: Women with one abortion face a 2.3 relative risk of cervical cancer, compared to non-aborted women, and women with two or more abortions face a 4.92 relative risk. Similar elevated risks of ovarian and liver cancer have also been linked to single and
multiple abortions. These increased cancer rates for post-aborted women are apparently linked to the unnatural disruption of the hormonal changes which accompany pregnancy and untreated cervical damage.

UTERINE PERFORATION: Between 2 and 3% of all abortion patients may suffer perforation of their uterus, yet most of these injuries will remain undiagnosed and untreated unless laparoscopic visualization is performed. Such an examination may be useful when beginning an abortion malpractice suit. The risk of uterine perforation is increased for women who have previously given birth and for those who receive general anesthesia at the time of the abortion. Uterine damage may result in complications in later pregnancies and may eventually evolve into problems which require a hysterectomy, which itself may result in a number of additional complications and injuries including osteoporosis.

CERVICAL LACERATIONS: Significant cervical lacerations requiring sutures occur in at least one percent of first trimester abortions. Lesser lacerations, or micro fractures, which would normally not be treated may also result in long term reproductive damage. Latent post-abortion cervical damage may result in subsequent cervical incompetence, premature delivery, and complications of labor. The risk of cervical damage is greater for teenagers, for second trimester abortions, and when practitioners fail to use laminaria for dilation of the cervix.

PLACENTA PREVIA: Abortion increases the risk of placenta previa in later pregnancies (a life threatening condition for both the mother and her wanted pregnancy) by seven to fifteen fold. Abnormal development of the placenta due to uterine damage increases the risk of fetal malformation, perinatal death, and excessive bleeding during labor.

HANDICAPPED NEWBORNS IN LATER PREGNANCIES: Abortion is associated with

cervical and uterine damage which may increase the risk of premature delivery, complications of labor and abnormal development of the placenta in later pregnancies. These reproductive complications are the leading causes of handicaps among newborns.

ECTOPIC PREGNANCY: Abortion is significantly related to an increased risk of subsequent ectopic pregnancies. Ectopic pregnancies, in turn, are life threatening and may result in reduced fertility.(10)

PELVIC INFLAMMATORY DISEASE (PID): PID is a potentially life threatening disease which can lead to an increased risk of ectopic pregnancy and reduced fertility. Of patients who have a chlamydia infection at the time of the abortion, 23% will develop PID within 4 weeks. Studies have found that 20 to 27% of patients seeking abortion have a chlamydia infection. Approximately 5% of patients who are not infected by chlamydia develop PID within 4 weeks after a first trimester abortion. It is therefore reasonable to expect that abortion
providers should screen for and treat such infections prior to an abortion.

ENDOMETRITIS: Endometritis is a post-abortion risk for all women, but especially for teenagers, who are 2.5 times more likely than women 20-29 to acquire endometritis following abortion.

IMMEDIATE COMPLICATIONS: Approximately 10% of women undergoing elective abortion will suffer immediate complications, of which approximately one-fifth (2%) are considered life threatening. The nine most common major complications which can occur at the time of an abortion are: infection, excessive bleeding, embolism, ripping or perforation of the uterus, anesthesia complications, convulsions, hemorrhage, cervical injury, and endotoxic shock. The most common "minor" complications include: infection, bleeding, fever, second degree burns, chronic abdominal pain, vomiting, gastro-intestinal disturbances, and Rh sensitization.

INCREASED RISKS FOR WOMEN SEEKING MULTIPLE ABORTIONS: In general, most of the studies cited above reflect risk factors for women who undergo a single abortion. These same studies show that women who have multiple abortions face a much greater risk of experiencing these complications. This point is especially noteworthy since approximately 45% of all abortions are for repeat aborters.

INCREASED RISKS FOR TEENAGERS: Teenagers, who account for about 30 percent of all abortions, are also at much high risk of suffering many abortion related complications. This is true of both immediate complications, and of long-term reproductive damage.

LOWER GENERAL HEALTH: In a survey of 1428 women researchers found that pregnancy loss, and particularly losses due to induced abortion, was
significantly associated with an overall lower health. Multiple abortions correlated to an even lower evaluation of "present health." While miscarriage was detrimental to health,

abortion was found to have a greater correlation to poor health. These findings support previous research which reported that during the year following an abortion women visited their family doctors
80% more for all reasons and 180% more for psychosocial reasons. The authors also found that "if a partner is present and not supportive, the miscarriage rate is more than double and the abortion rate is four times greater than if he is present and supportive. If the partner is absent the abortion rate is six times greater."

INCREASED RISK FOR CONTRIBUTING HEALTH RISK FACTORS: Abortion is significantly linked to behavioral changes such as promiscuity, smoking, drug abuse, and eating disorders which all contribute to increased risks of health problems. For example, promiscuity and abortion are each linked to increased rates of PID and ectopic pregnancies. Which contributes most is unclear, but apportionment may be irrelevant if the promiscuity is itself a reaction to post- abortion trauma or loss of self esteem.

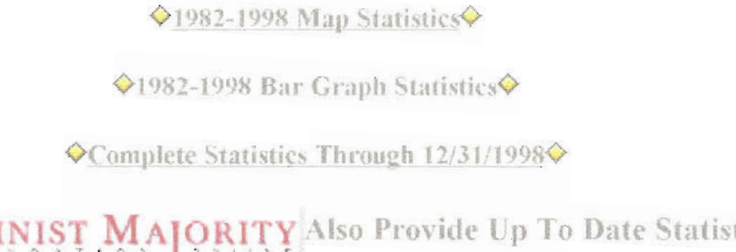
Violence Statistics

The National Abortion Federation (NAF), an organization of doctors committed to education and improving abortion health care, has been keeping statistics on clinic violence for the past two decades. As early as 1977, just four years after the Roe vs. Wade decision legalized abortion in all 50 states, there were signs of trouble.

1982-1998 Map Statistics

1982-1998 Bar Graph Statistics

Complete Statistics Through 12/31/1998



Also Provide Up To Date Statistics

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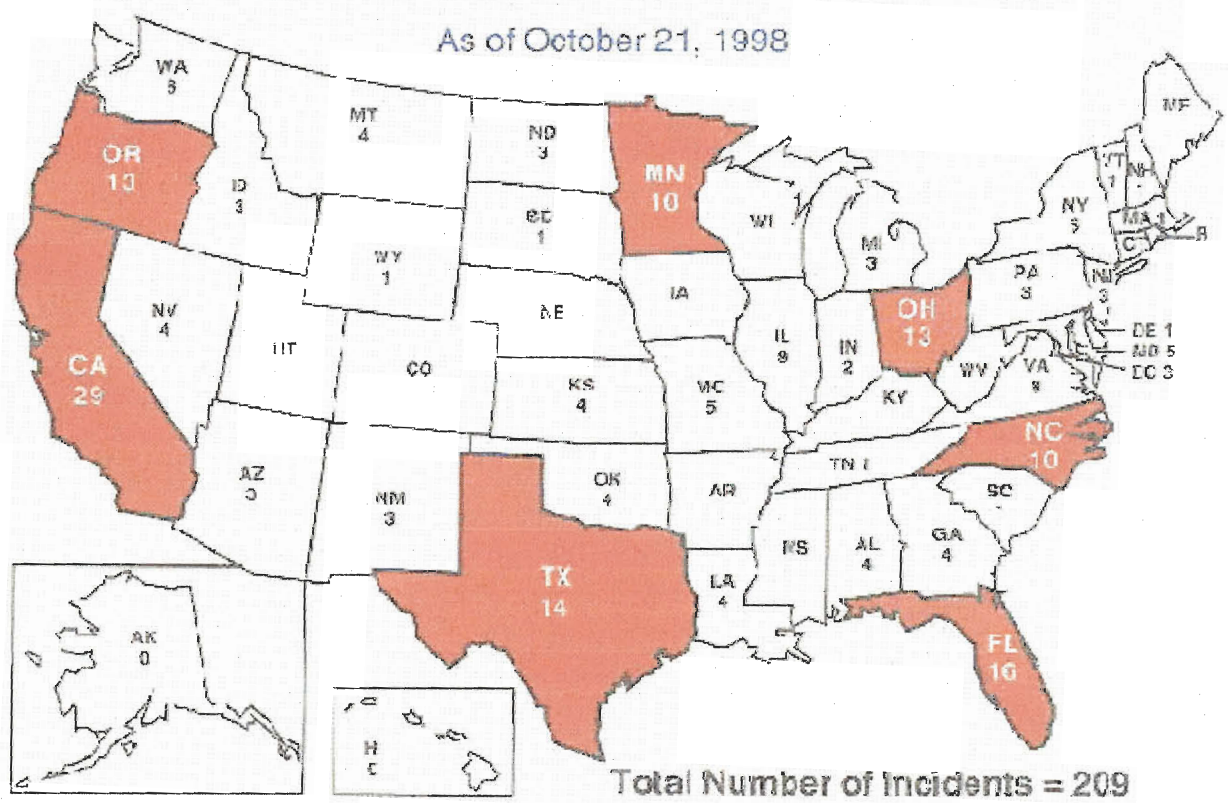
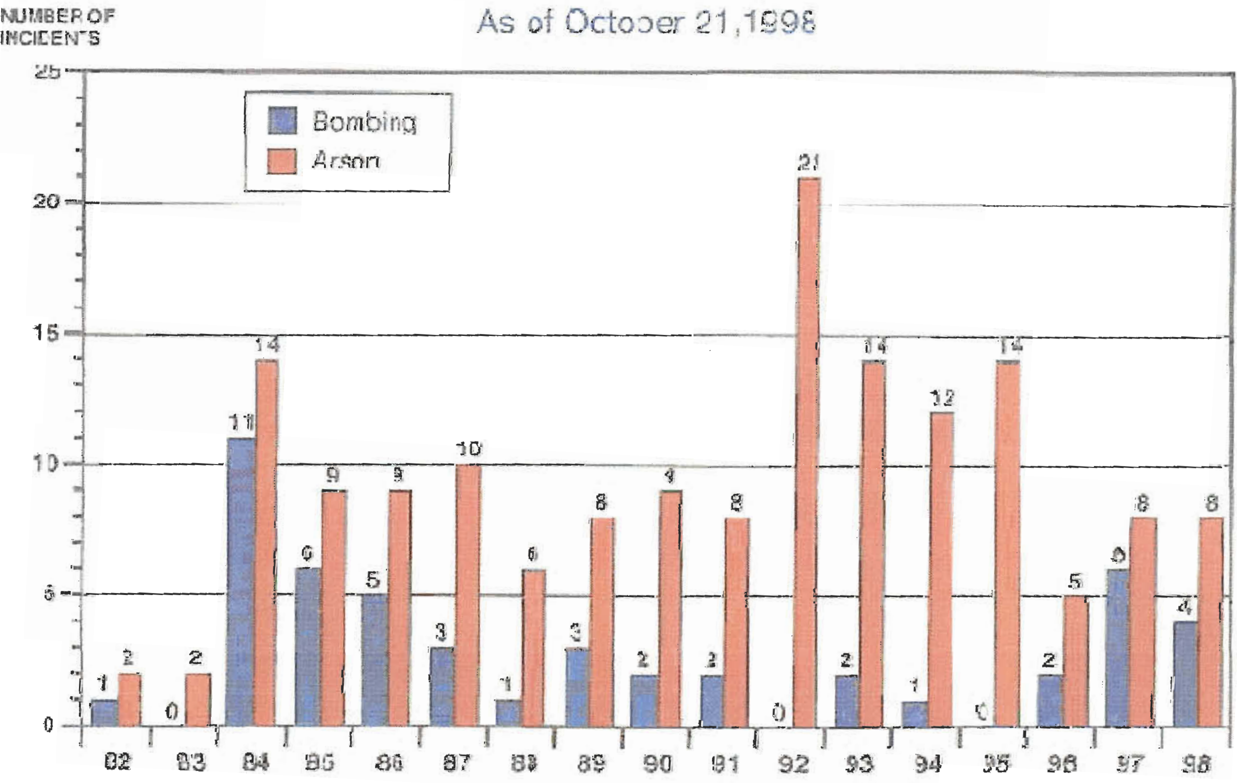

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
Abortion Clinic Violence 1982 - 1998
As of October 21, 1998
WA 6
OR 13
CA 29
NV 4
MT 4
ID 3
WY 1
UT
CO
AZ
NM 3
ND 3
SD 1
NE
KS 4
OK 4
TX 14
MN 10
IA
MO 5
AR
LA 4
WI
IL 9
MI 3
IN 2
OH 13
KY
TN
MS
AL 4
GA 4
FL 16
SC
NC 10
VA
WV
PA 3
NY 5
NJ 3
DE 1
MD 5
DC 3
AK 0
HI
Total Number of Incidents = 209

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS

Abortion Clinic Violence 1982 - 1998

As of October 21,1998



Incidents of Violence and Disruption Against Abortion Providers, 1998

VIOLENCE	'77-83	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	TOTAL
Murder	0	0	0	0	0	0	0	0	0	0	1	4	0	0	0	2	7
Attempted Murder	0	0	0	0	0	0	0	0	2	0	1	8	1	1	2	1	16
Bombing	8	11	2	3	0	0	1	1	1	0	1	1	1	2	6	1	39
Arson	13	14	9	7	8	5	8	10	8	19	12	11	14	3	8	4	153
Attempted Bombing/Arson	5	6	10	4	7	3	2	3	1	13	7	3	1	4	2	5	76
Invasion	68	34	47	53	14	6	25	19	29	26	24	26	4	0	7	5	363
Vandalism	35	35	49	43	29	29	24	26	44	116	113	42	31	29	105	7	795
Assault and Battery	11	7	7	11	5	5	12	6	6	9	9	7	2	1	9	4	111
Death Threats	4	23	22	7	5	4	5	7	3	8	78	59	41	13	11	25	315
Kidnapping	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3
Burglary	3	2	2	5	7	1	0	2	1	5	3	3	3	6	6	6	55
Stalking (2)	0	0	0	0	0	0	0	0	0	0	188	22	61	52	67	13	403
TOTAL	149	132	148	133	75	53	77	74	95	196	437	162	159	111	223	112	2,336
DISRUPTION																	
Hate Mail & Harassing Phone Calls	9	17	32	53	32	19	30	21	142	469	628	381	255	605	2829	903	6425
Bomb Threats	9	32	75	51	28	21	21	11	15	12	22	14	41	13	79	31	475
Picketing	107	160	139	141	77	151	72	45	292	2898	2279	1407	1356	3932	7518	8037	28611
TOTAL	125	209	246	245	137	191	123	77	449	3379	2929	1802	1652	4550	10426	8971	35511

CLINIC BLOCKADES																	
No. Incidents	0	0	0	0	2	182	201	34	41	83	66	25	5	7	25	2	673
No. Arrests (3)	0	0	0	0	290	11732	12358	1363	3885	2580	1236	217	54	65	29	16	33825

*Numbers represent incidents reported to NAF as of 12/31/98 and classified by the ATF; actual incidents are most likely higher.

*Stalking is defined as the persistent following, threatening, and harassing of an abortion provider, staff member, or patient away from the clinic. Tabulation of stalking incidents began in 1993

*The "number of arrests" represents the total number of arrests, not the total number of *persons* arrested. Many blockaders are arrested multiple times.

BACK

What Is RU486 (mifepristone)?

One of the most recent advancements in abortion techniques is mifepristone. Mifepristone is an abortion pill that has been shown to be effective in over 200,000 women worldwide. Mifepristone, also known as RU486, is a fertility control agent that causes a non-surgical abortion, where an abortion is defined as the premature expulsion of an embryo from the womb of the mother. RU486 is an anti-progesterone, where a progesterone is a hormone that is produced by the woman's body midway through her menstrual cycles. Progesterone signals the uterus to develop the lining that can receive and nourish a fertilized egg. If the egg is not fertilized then progesterone production ceases and the egg, along with the uterine lining, is shed during menstruation. If fertilization occurs, progesterone levels increase, preventing the shedding of the lining as well as ovulation and the start of a new cycle. Progesterone also aids in the development of the placenta and inhibits the production of natural prostaglandin's, hormones that cause uterine contractions and made the cervix softer and more pliable. RU486 works by inhibiting the production of progesterone, causing the uterus to shed off its lining. In the absence of progesterone, production of prostaglandin's increase, softening the cervix and causing the uterus to contract, thereby dislodging and expelling the embryo.

Initially, the pill was only available in European countries such as France, Sweden, and Great Britain. In 1983 the US first began testing RU486 as a method of early abortion. Largely unnoticed by the public, some women were already using RU486 in a special research program. Women early in their pregnancies can get the drug today at more than a dozen sites across the country, including the Johns Hopkins Bayview Medical Center in Baltimore. In the past 18 months, more than 3,000 women in the United States have taken RU486 under this program, sponsored by an advocacy group known as the Abortion Rights Mobilization (ARM). The group's efforts have provided the drug to 15 centers from Seattle to Bellevue, Neb., to Cherry Hill, N.J.

RU486 Procedure

This administration of RU486 takes up to three doctor visits for completion of abortion. The first visit includes a physical examination, lab tests, consultation, medical history review, and if eligible, three 600mg RU486 pills that are taken by mouth. Any woman within sixty-three days of conception that doesn't have any contra-indications such as smoking, asthma, high blood pressure, or obesity, may be eligible for the drug. Conditions such as these have the potential to make RU486 lethal to the woman. The second visit occurs two days after the first and involves an examination to determine whether or not the woman is still pregnant. If she is not pregnant, the abortion was successful. If she is still pregnant, two prostaglandin pills are taken by mouth and she remains in the clinic for at least four hours for observation. The four-hour observation period is because most women abort during this period at the clinic, but about 30% abort up to 5 days later. A third visit about 2 weeks later determines if the abortion has occurred or a surgical abortion is necessary to complete the procedure. A fourth visit a week later is strongly recommended, to make sure the abortion is complete and to check for serious side effects. It is not foreseeable that women will simply be able to obtain a prescription and swallow a pill at home unsupervised.

RU486 Side Effects

As with surgical abortion methods, the woman should be aware of the possible after or side effects. RU486 appears to produce few serious side effects, the main one being sustained bleeding, similar to a heavy menstrual period, which may last up to two weeks. Hemorrhage occurs in a few cases; 1 in 1,000 women my require a transfusion. Many women also report other side effects such as cramps and nausea, which may or may not have been caused by the pregnancy itself rather than the drug. RU486 has not been shown to have any effect on subsequent pregnancies. No anesthesia is required, and, because there is no instrumental intervention, there is no risk of cervical injury or uterine perforation.

◆ABORTION SIDE EFFECTS -MORE GENERAL◆

BACK

About the Authors

This Web Page was written as partial fullfillment of an Interactive Qualifying Project at Worcester Polytechnic Institute in Worcester, MA

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"The emphasis must be not on the right to abortion but on the right to privacy and reproductive control."

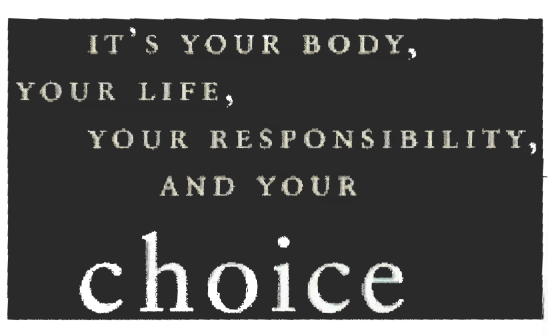
Ruth Bader Ginsberg (b. 1933), U.S. educator, Supreme Court justice. Quoted in: Ms. (New York, April 1974).The *Columbia Dictionary of Quotations is licensed from Columbia University Press.* *Copyright © 1993, 1995 by Columbia University Press. All rights reserved.*

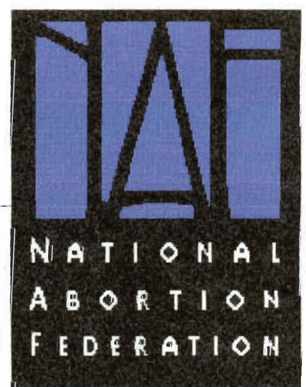
"The preservation of life seems to be rather a slogan than a genuine goal of the anti-abortion forces; what they want is control. Control over behavior: power over women. Women in the anti-choice movement want to share in male power over women, and do so by denying their own womanhood, their own rights and responsibilities."

Ursula K. Le Guin (b. 1929), U.S. author. "The Princess," address, Jan. 1982, to National Abortion Rights Action League, Portland, Maine (published in Dancing at the Edge of the World, 1989).*The Columbia Dictionary of Quotations is licensed from Columbia University Press.* *Copyright © 1993, 1995 by Columbia University Press. All rights reserved.*

Pro-Choice Links

NATIONAL ORGANIZATION FOR WOMEN
NOW Foundation **NOW/PAC**


IT'S YOUR BODY,
YOUR LIFE,
YOUR RESPONSIBILITY,
AND YOUR
choice


NATIONAL
ABORTION
FEDERATION

responsible
choices
Planned Parenthood

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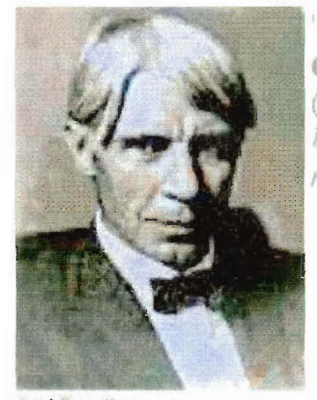
Home

Pro-Life

click on image for sound



Carl Sandburg
Culver Pictures, Inc.

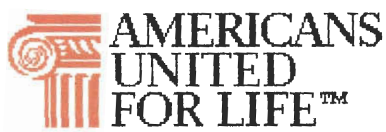
"A baby is God's opinion that life should go on."
Carl Sandburg (1878-1967), U.S. poet. Remembrance Rock, ch. 2 (1948).The Columbia *Dictionary of Quotations is licensed from Columbia University Press.* *Copyright © 1993, 1995 by Columbia University Press. All rights reserved.*

"The greatest destroyer of peace is abortion because if a mother can kill her own child, what is left for me to kill you and you to kill me? There is nothing between."
Mother Teresa (b. 1910), Albanian-born Roman Catholic missionary in India. Nobel Peace Prize Lecture, 1979. *The Columbia Dictionary of Quotations is licensed from Columbia University Press.* *Copyright © 1993, 1995 by Columbia University Press. All rights reserved.*

Mother Teresa
Photo/Gamma Liaison

"The cemetery of the victims of human cruelty in our century is extended to include yet another vast cemetery, that of the unborn."
Pope John Paul II [Karol Wojtyla] (b. 1920), Polish ecclesiastic, pope. Quoted in: Observer (London, 9 June 1991). *The Columbia Dictionary of Quotations is licensed from Columbia University Press.* *Copyright © 1993, 1995 by Columbia University Press. All rights reserved.*

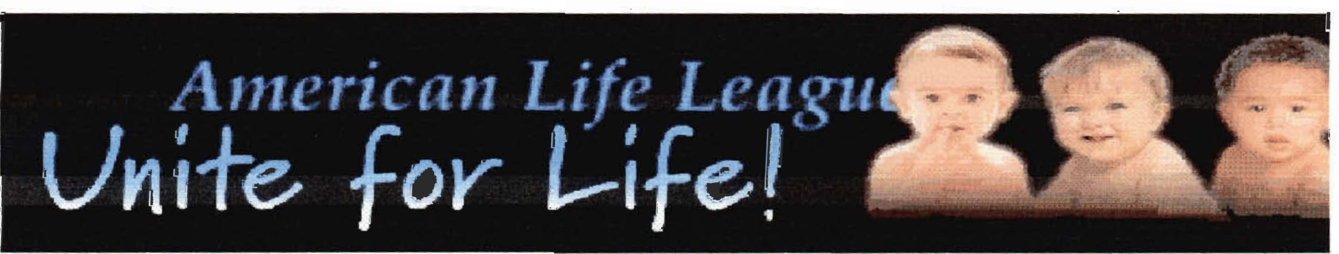
Pro-Life Links



national RIGHT TO LIFE

National Coalition for Life and Peace

Promoting life through a positive right to life ethic.



Consulted Sources

1. Alvaré, Wilson, Wolf. "Abortion:Whose Values? Whose Rights?" Tikkun, v21n1. Tikkun. January-February 1997.

2. Berg, Bruce L.. Qualitative Research Methods for the Social Sciences, California State University, Long Beach, CA. 1998 .

3.Buckley, Wm. F. Jr.. "Abortion: The Two Sides Gear Up" The National Review, v47n3. The National Review, February 20, 1995.

4. Callahan, Daniel. "Bioethics and The Culture Wars" The Nation, v264n14. The Nation, April 14,1997.

5. Costa, Marie. Contemporary World Issues:Abortion, ABC-CLIO Inc., Denver, 1991.

6. Church, George J. "Pro-Life and Pro-Choice? Yes!" Time, v145n9. Time, March 6,1995.

7. Day, Nancy. Abortion:Debating the Issue, Enslow Publishers Inc, Springfield NJ. 1995.

8. Dillman, Don A. Mail and Telephone Surveys:The Total Design Method, Wiley-Interscience, New York NY 1978.

9. Gegax, T. Trent, Clemetson, Lynette, et al. Newsweek, v132n19. Newsweek, November 9, 1998.

10. Gregory, Hamilton.The Religious Case For Abortion, Madison & Polk, Asheville North Carolina, 1983.

11. Harrison, Beverly Wildung. Our Right To Choose:Toward a New Ethic of Abortion. Beacon Press, Boston MA., 1983.

12. Hedges, Bowermaster, et al. US News & World Report, v117. US News & World Report, November 14, 1994.

13. Hunter, James Davison. Culture Wars: The Struggle to Define America, BasicBooks-Harper Collins Inc., New York 1991.

14. Idelson, Holly. Congressional Quarterly Weekly Report, v52. Congressional Quarterly Inc., January 29, 1994.

15. Kauffman, Marc. Washington Post, Tuesday March 3, 1999. P207.

16. Keene, Tom. National Catholic Reporter, v32n20. National Catholic Reporter

Publishing Co., March 15,1996.

17. Luker, Kristin. Abortion and the Politics of Motherhood. University of California Press, Los Angeles, 1984.

18. Liddy, Unna. Social Alternatives, v14n3. Social Alternatives, July 1995.

19. Maran, Ruth. Creating Web Pages Simplified, IDG Books Worldwide Inc., Foster City, CA. 1996.

20. Merton, Andrew H.. Enemies of Choice: The Right to Life Movement and Its Threat to Abortion. Beacon Press, Boston. 1981.

21. Noonan, John T.. Morality of Abortion: Legal and Historical Perspectives. Harvard University Press, Cambridge. 1970.

22. Sachdev, Paul. Perspectives on Abortion. Scarecrow Press Inc., Metuchen, NJ. 1985.

23. Sheeran, Patrick J.. Women, Society, The State, and Abortion: A Structuralist Analysis. Praeger, New York. 1987.

24. Siegel, Plesser, Jacobs. Abortion: An Eternal Social and Moral Issue, Information Aids Inc., Plano, TX. 1986.

25. Tittlel, Ed. HTML 4 for Dummies, IDG Books Worldwide Inc., Foster City, CA. 1998.

26. Tribe, Laurence. Abortion: The Clash of Absolutes, W.W. Norton and Co., London. 1992.

27. Wolf, Naomi. "Our Bodies, Our Souls" New Statesman and Society, v8n375. New Statesman and Society, October 20,1995.

28. http://www.zpg.org/ru486.htm

29. http://www.repro-activist.org/mifeprestone.htm

30. http://www.feminist.org

31. http://www.nrlc.org/national/abortion