

RU 486 OR “DO IT YOURSELF” ABORTION

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Foreword

It may prove difficult for those who are not very familiar with the issues and the medical-technical-legal terminology to follow the ongoing discussion in these past years in Europe and around the world regarding the serious question of the RU 486 abortifacient pill.

With this brief essay, I will try to make some clarifications and tear aside the thick veil of errors, lies and deceptions that have always accompanied the latest terrible attacks on life by a certain utilitarian ideology, which is unfortunately very present in the world and skillful in presenting devastating ethical and human distortions as *battles of civilization*.

In Italy, for example, between 2006 and 2007, RU 486 was already being used in some Regions (Piedmont, Emilia Romagna, Tuscany, Marches and Apulia, for a total of 2161 cases), but after the substance was purchased abroad. The Minister for Health, Francesco Storace, stopped it in its course after the case of a woman who took the first pill in the St. Ann hospital of Turin, was sent home to continue the abortion, and risked her life because of a hemorrhage.

Why are some so ruthless in demanding the widespread use of RU 486, while others, on the contrary, warn about its potentially twofold deadliness? What, in brief, is RU 486 with its cryptic, technological, laboratory-like name?

Many may have read or heard that it is presented as the best response to overcome the drama of surgical abortion and, above all, that almost all the “civilized” countries allow its use, whereas those that still do not use it are labeled as *backward, reactionary, integralist, intolerant, medieval...* (have I forgotten any attributes?).

The truth is that chemical abortion is not at all less traumatic than surgical abortion, and I will try to present the reasons that ground this statement.

Then, with regard to the question of civilization, perhaps we need to exchange views more seriously about what civilization and progress really are. It is not my intention to deal with this question now because it would take us very far. I just want to offer one reflection in this regard. The Zapatero government recently approved a legislative bill which practically allows unlimited abortion, even for 16 year old girls (I can tell you, because I was there, that two million people, mainly young people and families, came out to protest this measure in October). This is just the last link in a long chain of measures that were adopted: civil marriage between homosexuals with the possibility to adopt, instant divorce, decriminalization of euthanasia, scientific research on embryos with no limits, the day after pill without a prescription...The government spokesperson, Maria Teresa Fernandez de Vega, proudly boasted about these measures and said, “With these measures Spain puts itself in the avant-garde in Europe and the world”. What avant-garde are we talking about? What progress? What rights? What civilization? I am the mother of three children and I hope with all my might that they will live in a civilization that is very different from the one outlined by Mrs. de Vega.

We are immersed in a predominantly secular culture that offends human dignity, trivializes sexuality, and uses its strongest strategies and attacks precisely where human life is weakest, at its frontiers: its beginning and its end, prenatal life and terminal life, attacks that are

mounted jointly on life and the family. In fact, never before as in these past years has the ethical question of the right to life and the defense and promotion of the family based on marriage seemed to be at the center of the cultural and political debate in many countries. Actually, it is only an apparent debate because an absolutist, intolerant secularism prevails culturally which does not allow itself to be contradicted and rejects dialogue, while it accuses Catholics of imposing their view, their morality, on those who are not Catholic. The “lay State” is invoked, forgetting that a lay State plunges its roots into human rights, the first of which is the right to life; and forgetting that recognition of the family as a natural society based on marriage is not an opinion of the Church because in addition to pertaining to natural moral law, it is an affirmation that is present in many constitutions, as article 20 of the Italian constitution states explicitly.

When we deal with themes like the defense of life and the family, for example, this right is often denied in our era by the prevailing laicism to which I referred before. On the contrary, it is considered a kind of Catholic “fixation” in which it is permitted to believe, through a kind of concession, as long as it is done privately, inside the secret rooms of convents. I am convinced that the ethical and anthropological question of the right to life must be tackled with serenity, determination and clarity. Scientific and technological progress related to the new scenarios does not take on the right meaning if man, the human person, is not put at the center. Sometimes I have the impression that among Catholics there is a kind of “cultural inferiority complex”. Sometimes it seems that the unfailing accusations made against us of being “obscurantist, medieval, and Talibans” when we speak up in defense of the right to life, have achieved their intimidatory effect. To those who accuse us of being anti-democratic because we allegedly impose our morality on a lay State, we need the courage to answer that the right to life does not have, and must not have a religious or political color. A baby that is conceived is not a “political fact” nor an “invention of the Church”. It is a child! The smallest, weakest most vulnerable child of the human community. Having said this, however, the “people of life”, as John Paul II calls us in *Evangelium Vitae*, are called to give greater witness. How can we be resigned before the 53 million abortions a year? Who, if not the people of life, can be the voice of the voiceless, the smallest of our brothers who in the countries where it is permitted risk being vivisected, tossed into a dump, thrown into a sink, and if they are unfortunately “not perfect”, considered unworthy to live because their quality of life” is unacceptable? What role do women have in all this? I would like to remember one great woman: Mother Teresa of Calcutta. When she received the Nobel Prize for peace, in her speech to all the governors of the world, she said, “What peace if we do not save every life? Abortion is the greatest threat to world peace because if we allow a mother to kill her child, who will stop you and me from doing the same to each another?” The saints always have clear ideas; they build real civilizations, the ones that do not crumble because they are based on love. That is the civilization in which I recognize myself. That is the civilization which millions of people, millions of women, hope for their children.

RU 486 Around the World

1980. Mifepristone is developed by a team of chemists and endocrinologists from the Roussel-Uclaf French laboratory, a firm controlled by the French government and the German Hoechst company.

1982. Professor Etienne-Emile Baulieu presents the clinical results of a new anti-progesterone substance to the Academy of Sciences: mifepristone. Codified as RU 38486, it will become

RU 486. Experimented in the university hospital of Geneva, it enables seven women to abort between the sixth and eight weeks of pregnancy.

1983. Roussel-Uclaf signs an agreement with the World Health Organization (WHO) and UNFPA, which are UN agencies. The product is considered very useful in “thinning out” the populations of the poor countries, especially where adequate surgical garrisons do not exist to promote abortion on a world scale.

1984. An experimental study in Sweden, sponsored by the WHO, shows that if RU 486 is combined with a prostaglandina (misprostol), which causes contractions of the uterus, the fetus is expelled more easily and the method becomes “effective” in about 96% of the cases.

1988. Roussel-Uclaf obtains authorization for France and puts RU 486 on the market, but the protest of the pro-life associations explodes, so much so that a month later the company announces that distribution of the product is suspended both in France and abroad. Claude Evin, the Socialist Minister of Health, intervenes, convenes the Vice-President of the company and orders production of the abortifacient pill to be resumed and describes it, using an expression that has become sadly famous, as “women's moral property”.

1989. During the Presidency of Bush Sr., the US Food and Drug Administration prohibits importing the drug for personal use.

1991. It is authorized in Great Britain, the following year in Sweden, and subsequently in Switzerland.

The Roussel-Uclaf refuses to market it in China, stating that the sanitary conditions are not sufficient.

1992. Beijing decides to copy the molecule and puts it on the market but prohibits its sale in pharmacies. In France, cases of heart attacks are pointed out and the first death referred to its use is recorded.

1993. In America, President Clinton, on the third day of his investiture, orders a new evaluation of the prohibition and tries to convince Roussel-Uclaf, but it refuses to supply it.

1994. Roussel-Uclaf turns over its rights in the United States to an American anti-birth organization, the Population Council. This is a non-profit organization founded in 1962 by the financier John D. Rockefeller II and Frederick Osborn (President of the Eugenics Society), which is inspired by a Malthusian view of the overpopulation problem.

1996. The Roussel-Uclaf company no longer exists and the Hoechst-Marion-Roussel company is spoken about now.

1997. The Hoechst-Marion-Roussel company announces that it has transferred the rights, of the mifepristone molecule and its derivatives for the whole world – with the exception of the United States – to Edouard Sakiz, the former manager of Roussel-Uclaf, who was retired at that time. No pharmaceutical company accepts the product. Sakiz is a tenacious supporter of RU 486. From the same day the rights are transferred, Roussel-Uclaf blocks the production of RU 486. A month later, Sakiz creates his own firm, Exelgyn, with personal capital of 75 million Liras.

1999. Exelgyn starts off the procedures for obtaining the authorizations to put the RU 486 pill on the European market. In Italy, its limited use is authorized in treating Cushing's syndrome. Six years after transferring the rights, the abortifacient pill is marketed in the United States with the name Mifeprex from the Danco Laboratories especially created by the Population Council. The pro-life boycott campaign soon follows.

2000. The Food and Drug Administration (FDA) grants definitive recognition in September. The deliveries of mifepristone to doctors' office with the name Mifeprex begins in the month of November.

2004. Because of the deaths that occurred around the world following the use of RU 486, the FDA adds information regarding "risks of infection and bleeding".

2005. Mifepristone is added to the list of medicines of the World Health Organization, which also defined the guidelines.

Brief history of Marketing RU 486 in Italy

1989. The then Under-Secretary of Health, the Socialist Elena Marinucci, favors (unsuccessfully) its adoption in our country.

2000. The radical exponents of the Regional Council of Piedmont ask that chemical abortion will not be denied in Italy.

2002. The Ethical Committee of the Piedmont Region approves the project to experiment mifepristone in the Saint Ann Hospital of Turin, requested by the gynecologist Silvio Viale, a well-known radical exponent, but it is immediately blocked by the then Minister of Health, Girolamo Sirchia.

2004, July. The approval of the Higher Council of Health arrives.

2005. The project takes off at the Saint Ann Hospital of Turin. An intense debate begins between the Regional Council and the Ministry of Health presided by Francesco Storace, who sends an inspection because beginning experimentation without the ministry's authorization is considered illegal. In November, the study resumes on the condition that the women will stay in the hospital for a minimum period of three days, and, in the meantime, experimentation also begins in Liguria, Tuscany, Emilia-Romagna and from 2006 in Apulia. At the same time, in Milan and Turin the judiciary starts an investigation hypothesizing a violation of Law 194. In Milan, the investigation is filed away, whereas in Turin the study is suspended in September 2006.

2006, October 13th and 14th. Exelgyn sponsors a congress of the International Federation of Professional Abortion and Contraception Associates in Rome in which Emma Bonino takes part. The purpose is: *"to give support to Italian women who are among the few in Europe that still do not have access to pharmacological abortion. An intolerable violation of human rights also from a medical viewpoint"*.

2007. The European Medicines Agency (EMA) approves the use of mifepristone and authorizes its use also in the case of "preparing" the neck of the uterus for surgical abortion.

In November, Exelgyn asks AIFA (the Italian Medicines Agency) to register RU 486 for mutual recognition (a process which makes the use of a “medicine” legitimate that has already been experimented and authorized in another State Member of the European Union).

2008. On February 26th, a favorable opinion comes from the AIFA Technical-Scientific Committee for marketing the pill. On June 18th, the AIFA Price Commission establishes the cost for a box containing one to three pills.

2009, July 30th. The AIFA Council of Administration gives the definitive go-ahead to market the abortifacient pill. In the meantime, the Senate proposes a survey.

2009, September. The survey on the abortifacient pill begins promoted by the Senate Health Commission.

2009, November 9th. The President of the Italian Bishops' Conference (CEI), Cardinal Angelo Bagnasco, in the address read at the opening of the General Assembly of the Italian Bishops, recalls the fact that “the possibility cannot fail to be recognized, as Law 194 already does, of conscientious objection by health workers, including pharmacists and hospital pharmacists who do not intend to collaborate directly or indirectly in a grave act”.

2009, by November. The resolution was supposed to be published in the Official Journal, which would have allowed RU 486 to be put on the market as soon as the producer company made an addition to the instruction sheet specifying the conditions related to Law 194, the limitation of its use to seven weeks, the obligation to administer it in a hospital, and the obligation for the entire abortion process to take place inside a health care structure.

2009, November 26th. With 14 votes in favor (PDL and Lega) and 8 against (PD), the Senate Health Commission approves the report that concludes the survey on RU 486. In the text the government is asked to clarify its compatibility with Law 194 and, in any case, while awaiting the executive branch's opinion, the go-ahead granted to AIFA in July is suspended because a new resolution would be necessary after the government gave its opinion. (There was supposedly a procedural flaw because AIFA should have asked the government for its compatibility with Law 194 before approving its marketing). At this point, a new resolution from AIFA was expected after the government expressed its opinion.

2009, December 3rd: AIFA informs that it will not make any changes to the resolution passed on July 30th, thus rejecting the government's request for clarifications and specifications regarding the procedure for taking RU 486. The resolution is published in the Official Journal thereby giving the go-ahead for it to be put on the market and the Regions are entrusted with managing it.

Brief History of Marketing RU 486 Around the World

United States of America

The American agency for medicine, the *Food and Drug Administration* (FDA), approved the sale of RU 486 in the USA on September 28, 2000. Since then, the road has been bumpy for the abortifacient pill.

January 2003. A group of researchers publishes a study in the scientific review *Annals of Pharmacotherapy* which points out the possible side effects of mifepristone, the active ingredient in RU 496, stressing the risk of hemorrhage and infection.

November 2003. Seventy Representatives present a bill to the US House of Representatives asking for the revision or withdrawal of RU 486 from the market.

November 2004. The FDA announces that it is aware of seven cases of death or “near death” caused by sepsis after taking RU 486 and 27 “potentially fatal” cases and so it orders Danco Laboratories, which markets the pill in the USA, to print a warning on the package regarding the risk of infection. Danco will only implement the warning the following year after another woman dies.

January 2006. Donna Harrison, a researcher and gynecologist, identifies 637 cases of side effects from the use of RU 486 and publishes them in the *Annals of Pharmacotherapy*.

April 2006. The FDA updates the number of deaths from RU 486 to seven and issues a warning to the health care services. While warning about the risk of sepsis, it suggests administering the medicine orally and not vaginally, a practice recommended by the abortion clinics but not approved by the FDA. In the meantime, it convenes a study day on *Clostridium sordelli*, the bacterium considered responsible for the infections.

May 11, 2006. At the end of the study day, the FDA admits that the incidence of affections “which normally do not affect healthy people” has increased in the past years. At the conference two doctors presented research which proves that RU 486 suppresses the immune system while it creates an ideal terrain for the reproduction of *Clostridium sordelli* in the uterus. The FDA calls for more research on the connections between the bacterium and RU 486.

May 2006. RU 486 is at the center of testimonies at the House of Representatives' Sub-Commission for pharmaceutical policy. The FDA admits that 12 deaths have occurred after taking the pill.

July 2009. Planned Parenthood, the largest network of abortion clinics in the USA, publishes a study which reveals that out of 227,823 women who took the pill, 92 had serious infections. It concludes that from then on it will advise oral rather than vaginal administration together with antibiotics.

It is almost certain that the drug will not be taken off the market, as Monty Patterson requested some time ago, the father of 18 year-old Holly whose death opened the discussion about the safety of chemical abortion. But why should the FDA, the American body known all over the world for its rigorous procedures and precise investigations, jeopardize its good name for RU 486? Today we can read the truth in the documents made public by an independent American association, Judicial Watch, which fights for transparency in politics and justice. After a long legal battle, the association managed to obtain an impressive amount of papers produced by the Clinton administration (more than 9000 pages) regarding the question. Through the letters and notes exchanged between exponents of the FDA, the White House and Rousell Uclaf, the company that synthesized and produced mifepristone (the active ingredient in the pill), the entire matter can be reconstructed with remarkable accuracy. The American President's interest in the abortifacient pill was insistent and on-going. From the

beginning of his mandate, his collaborators worked so that it would be introduced rapidly into the United States. President Clinton had to wage the first tug of war with the company that produced the drug, Roussel Uclaf, which did not want to know anything about marketing RU 486 in the USA. In fact, the company feared that a failure (in one letter its President, Edouard Sakiz, gives the example of the birth of a deformed child) could give rise to one of those typically American legal battles, with a request for compensation that would be ruinous both for the company's reputation and its finances. Before the tenacious refusal of the directly interested parties, Clinton's intermediaries began a negotiation to grant the RU 486 patent free of charge to the Population Council, the non-profit body founded by Rockefeller which promotes and organizes world population control campaigns. The fact that the purpose of the presidential pressure was to woo the anti-birth lobby (which is very strong in the USA) is rather obvious when we go through the documentation produced by Judicial Watch. Also with the FDA, the Clinton administration exercised its power until the body effectively authorized the marketing of mifepristone by using the trick of treating the abortifacient pill as a "lifesaving" drug. Today, however, the FDA is in an uncomfortable position because it cannot admit that it seconded the political pressures and it has difficulty acknowledging that it acted superficially in evaluating the safety guarantees offered by the drug.

Australia

In 1994, the *Therapeutic Goods Administration* (TGA) (Administration of therapeutic products, a unit of the Department of Health of the Australian government) authorized, through an improper procedure, the import of RU 486 for experimental studies. Since it is an abortifacient product, its introduction into the market depended on an authorization from the Department of Health which could not be granted without the minister's approval. But neither the Minister of Health nor the Minister for Family Services, which had direct responsibility for the TGA, were consulted before granting authorization to RU 486. The experimental studies were part of a special international research program supported by the WHO and conducted by the Sydney Center for Reproductive Health and the Department of Obstetrics and Gynecology of the University of Monash at the Family Planning Association in Victoria. The clinical testing on RU 486 was blocked after questions were raised about the information contained in the consent form given to women. Renate Kleine, the director of the Australian Center for Research on Women at Deakin University, and Lynette Dumble, researcher at the Royal Melbourne Hospital, both radical, pro-choice feminists, denounced the lack of information regarding the mid and long term risks for women's health. In the informed consent form no reference was made to cardiovascular risks and to the possibility that deformed babies could be born if the chemical abortion failed and the pregnancy continued. On August 16, 1994, the Minister of Health, Carmen Lawrence, interrupted the experimentation. These events ended up two years later in the Harradine amendment: namely, to import RU 486 it was also necessary to have the consent of the Minister of Health. In June 2005, Senator Harradine retired from political activity, and in October 2005 the *Medical Journal of Australia* began the offensive with an article, "Medical abortion for Australian women: it is time". On December 8, 2005, four female senators presented a legislative bill to take approval of RU 486 away from the ministerial responsibility and give it back to the TGA alone. The discussion in the country was in-depth and involved the most varied associations and movements in addition to the traditional pro-life and pro-choice groupings. There were public demonstrations against the introduction of the pill culminating in the National Day against RU 486. On February 9, 2006, the Senate spoke out against maintaining restrictions on importing the pill. On February 16, 2006, the House of Representatives confirmed the

Senate's decision: RU 486 can be imported into Australia like all the other medicines. The matter appeared to be concluded. Instead, ten days before the voting, the major pharmaceutical houses informed that they would not import and market the abortifacient pill. There were two reasons: the first was that the market was limited, the approval process was complicated, and from the commercial viewpoint, the advantage was relative. The pharmaceutical companies that operate in Australia considered it useless to distribute the pill in an environment that did not appear to be favorable. Obtaining political backing, as demonstrated by the parliamentary vote, should have been more than sufficient to introduce a drug into a country. This means that it enjoyed the support of the majority, but the majority was not enough for the pharmaceutical companies: they wanted unanimity.

China

RU 486 has been marketed since 1992, but since 2001, its sale in pharmacies has been prohibited. A note from the Chinese body for medicine relayed by the international agencies in October 2001 stated: "To guarantee the safety of patients and protect their health, it has been decided that whether or not patients have a medical prescription, it is forbidden to sell mifepristone pills in pharmacies". Today chemical abortion is allegedly allowed only in specialized clinics where, as Doctor Xu Jinglong of the Shanghai Maternity Hospital states, women must stay until the pregnancy is terminated because "to take the drug without a doctor's supervision can cause hemorrhages which may endanger a woman's health". A 2000 report from the US Embassy in China informed that RU 486 was produced by several Chinese firms and thus widely available on the market. Even though a medical prescription was formally necessary to buy it in a pharmacy, it was rather simple to get it in other ways. However, less than ten years after its introduction into the market, the Chinese authorities are concerned about the complications derived from using it casually without medical supervision. The local press from the provinces of Henan and Chengdu, for example, report cases of women who risked dying from hemorrhages after taking RU 486 on their own. In the same year, in the *Journal of American Medical Women's Association*, Dr. Wu Schangchun, of the National Research Institute for Family Planning of Beijing, dedicated an article to medical abortion in China. Despite its optimistic tone, the information is anything but reassuring. We read in it, in fact, that in the protocol issued by the State Commission for family planning of the Chinese government, an ultrasound is required to confirm the gestational age, which is often not done because of the scarcity of equipment, even in the large hospitals. Moreover, the article specifies that in practice, at the end of the third day of the medical procedure, if the expulsion has still not taken place, recourse is generally made to aspiration to avoid emergency operations for which they are not equipped. In this way, the rate of conclusive surgical operations turns out to be higher than 20% in common practice. About one-third of the women report heavy, prolonged bleeding for which 10-20% of them must return to the hospital. The Commission stressed that medical abortion must take place in specialized clinics prepared for emergency operations. In any case, the number of chemical abortions is decreasing in the large hospitals because "the medical staff has to get too involved in this procedure (more consultations, more visits, more observation) and, moreover, it has to handle cases with serious side effects and complications". The number of medical abortions in China is not known because the sources (unofficial) are conflicting. Some speak of as many as seven million abortions with RU 486 alone in 2000, while others speak of a million abortions a year. Even if we consider the minimum estimate, the number of abortions with the pill is high at any rate. China is the state with the greatest number of abortions in the world where the birth control policy has taken on the most violent form with its twenty-year policy of only

one child and very strict state control over female fertility. It is difficult to find a country in the world that would be more interested in spreading the abortifacient pill. The 2000 report of the US Embassy in China informed that RU 486 was indicated by a state commission as “a high priority medicine” in the development strategies. If abortion with the pill was really so easy, safe and effective, if it was a real alternative to the surgical method, China would have been the suitable place to demonstrate this to the whole world. Instead, mifepristone has even been withdrawn from the pharmacies and its use has been regulated in a restrictive sense after nine years of “free” use. No one can believe that this happened in China only because of some prolonged bleeding, transitory symptoms, or even some deaths from undiagnosed extra-uterine pregnancies. What really happened to the women who aborted with RU 486? What were the side effects? How many were there? Maybe we will never know.

India

Medical abortion with RU 486 was authorized in 2002. From the start protests were not lacking from the medical class which considered the procedures for the abortifacient pill incompatible with the Indian law on abortion. On September 28, 2002, Dr. S.G. Kabra reported to Express India that even if women sign the consent form promising to take the abortifacient pill in a clinic, as the law prescribes, they later abort at home. Two years later, on March 22, 2004, Kabra's predictions unfortunately seemed to have come true. The newspaper *The Hindu* reported that the Human Rights Commission of the State of Rajasthan asked the government to block the sale of mifepristone in pharmacies and accepted Dr. Kabra's petition in which it was requested that medical abortion could only be carried out inside recognized and suitably equipped health care structures given the number of women who died, especially in rural areas. After observing that the firm which distributes misoprostol warns about its use for abortion, the Commission asked the pharmaceutical companies that distribute mifepristone and misoprostol to adhere to the provisions regulating abortion in India, subject to punishment according to the penal code. The sentence of the Human Rights Commission bears the date March 20, 2004. Only at the end of 2005, in *Tribune India*, RU 486 is indicted and described as a “nightmare drug” because “in India RU 486 is used very much and readily available off the shelf. Women do not even consult doctors. They simply take the pill with no medical supervision and many pay dearly for this. They do not abort completely, which leads to countless medical complications. Many die. Others take the pill even though they are beyond the required limit of seven weeks. But at that point the pill does not cause abortion. A deformed baby is born”.

There is no official data, names or detailed cases about all of, and we have to be satisfied with knowing that “many die”. If the Human Rights Commission accepted Dr. Kabra's denunciation, then the documentation presented was obviously convincing. However, nothing comes out in the Western press and the denunciations remain confined to a limited, local area.

Great Britain

In May 2006, *The Times* announced a record: ten thousand English women aborted in 2005 with the RU 486 pill. They are one-third of the women who had the requisites, twice the number compared to the previous year, and they did it at home. The “merit” would go to the *British Pregnancy Advisory Service* (BPAS), the largest British abortion organization. “A success for the BPAS and for the government strategy for sexual health”, stated Ann Furedi, the executive director of the organization. “The ideal for women and for the health of every

nation is to have less abortions, or better, to have none at all”, replied the feminist Josephine Quintavalle immediately, the leader of CORE (*Committee on Reproductive Ethics*), the Committee that fights for women's rights. So the success triumphantly announced by the BPAS is related to the increase in abortions which are performed, moreover, through a more dangerous technique than the surgical technique normally used. In the BPAS guide to chemical abortion, we read that bleeding may continue for two and a half months, that in 1% of cases there will be damage to the cervix, and that at least one woman in ten will develop an infection after the abortion. This is decidedly a high percentage considering that no instrument is inserted into the uterus. BPAS also specifies that “there is a small risk of deep vein thrombosis” and that “the abortion may be associated with a small increase in the risk of subsequent spontaneous abortions or pre-term births”. But it is not specified how small this risk is!

Another British newspaper, the *Daily Mail*, offers further information: three British women died after aborting with the RU 486 pill.

The silence about the British deaths from pharmacological abortion seems incredible, especially when we read BPAS' exulting statements. The first two deaths came out in the course of a parliamentary interrogation to the Minister of Health, Melanie Johnson, while the third death was made public by an investigative commission of the Australian Senate on chemical abortion in January 2006.

The BPAS has often been at the center of controversy: in 2005, the French weekly *Express* gave the news about a 20 year-old woman who had undergone six abortions in one year with the BPAS. A few months earlier, the same body was under investigation for directing healthy women with pregnancies of over six months to abort in specialized clinics in Barcelona.

So the statements issued by the British press are alarming. It should be pointed out, moreover, that in 2009, in England and Wales, 52% of early abortions (at less than nine weeks of gestation) were performed with the pharmacological method and that the total percentage of medical abortion increased from 5% in 1995 to 40% in 2009 (*Department of Health, United Kingdom*). In Scotland, 81% of early abortions were performed with the pharmacological method and the total percentage of medical abortion increased from 16.4% in 1992 to 69.9% in 2009 (*National Services Scotland*).

Ireland

The RU 486 pill is illegal. The interruption of pregnancy in Ireland is not allowed and only admitted when the mother's life is in danger.

France

The RU 486 abortion pill in France has gradually gained a growing place in the framework of what is called *orthogénie*, birth control. Despite the fact that many continue to present it as the pride of national scientific research, the use of the abortifacient pill continues to raise questions of a varied nature in the field. This has occurred especially since July 2004 when the French Minister for Health, Philippe Douste-Blazy, by giving in to the abortion organizations' pressures, authorized the private use of the Ru 486 abortion drug with the sole condition that the pregnancy should not be beyond five weeks. This abortion pill, which can be bought in a pharmacy by simply presenting a medical certificate and a prescription, allows a woman to abort in her own home, without recourse to hospital structures. In this way, the ministerial authorization opened the way to the practice of “self-managed” abortion at home.

It is in the framework of this “liberalization” that the doubts of a psychological and clinical nature related to the widespread distribution of RU 486 have re-emerged more strongly than ever. The solitude of many women before an act that can also have extremely traumatic repercussions, is emphasized strongly in a report of the national ethical Committee for the sciences of life and health: “Before the choice between RU 486 and surgical abortion, many patients have preferred the operating room rather than to abort alone”. The same Committee stresses that contrary to the myth of the “easy pill”, RU 486 involves many technical passages that are anything but easy to face”. Still today, the abortion pill is often presented by the media and even a part of the medical world as a “revolution” and a “miraculous solution” with respect to the past. However, this suggestion is very far from reality. Personalities from the scientific world have also expressed their concern about this simplifying trend that has infiltrated French society. The late, lamented geneticist, Jérôme Lejeune, issued many warnings against RU 486 and even defined it as an “anti-human pesticide”. During the discussion over the pill's introduction, Lejeune's position was clear: “There is a desire to put a product on the market that will kill babies even more easily. Regarding the abortion pill and the law that allows its use, there is a particular, dreadful technique of manipulating public opinion”. According to the data distributed by the *Direction de la recherche des études de l'évaluation et des statistiques* (DREES), the percentage of medical abortion has grown over the years as follows: 38% in 2003, 42% in 2004, 44% in 2005, 46% in 2006, 49% in 2007.

Spain

In 1987, the first clinical experiments with RU 486 were carried out in Spain on three women in the General Hospital of Valencia. Subsequently, with the Ministry of Health's authorization, the studies were extended to two more centers: the Barcelona “Hospital del Mar” and the Severo Ochoa Hospital of Leganés. Protest immediately came from the pro-life movements. Following this, the *General Board of Pharmaceutical Colleges* spoke out in May 1987 against the use of RU 486. In response, the *Director General of Pharmacy and Health Products*, Félix Lobo, in July 1987, stated that RU 486 represented a “reasonable alternative to surgical abortion, by avoiding the risks resulting from anesthesia and surgical complications”. In 1990, the MP Coro Garmendia of the *Euskadiko Eskerra* party presented a proposal to the Social Policy Commission of Congress to allow the marketing of RU 486. This proposal was also supported by MP Angeles Maestro of the *Izquierda Unida* party. The Socialist and Popular group in Congress opposed this proposal stating that the drug was still in an experimental stage. In 1997, the Health Commission of Congress, with the support of the PP, PSOE, IU, CIU and PNV parties approved the request to market RU 486, which became available in the country as of 2000. In February 2010, Spain definitively approved the new law on sexual and reproductive health. This new law, which legalizes abortion up to the 14th week of gestation, foresees for the first time that the voluntary interruptions of pregnancy performed until then in 98% of cases in private clinics, will be provided in the public structures on a par with the other health services. This means that according to the local health authority's estimates quoted by *El Periodico de Catalunya*, in Catalonia alone 26,000 more gynecological operations a year will be added. Before the pressure of a demand which the Catalan public structures are unable to cope with, the health authority has planned to offer the RU 486 pill to women who decide to interrupt their pregnancy by the seventh week of gestation in their own homes, which will make it possible to reduce the request for gynecological operations by 50%. Moreover, RU 486 will be distributed in the 42 sex and reproductive assistance centers in the region to which one can have access through one's general physician. To reduce costs further, in Andalusia discounts are also given for aborting.

The Andalusian Institute for Youth, which depends on the government of the region, has promoted a “Youth Card”. The list of services that are part of the health care plan include, together with driving schools, bookshops and clothing stores, the interruption of pregnancy and a 10% discount from some pharmacies on the purchase of medicines including the abortion pills.

Portugal

In February 2006, Portugal authorized the use of RU 486 in hospitals for the interruption of pregnancy. The government made this decision after the World Health Organization included the drug on the list of essential medicines. In July 2007, the Portuguese government published the provisions for applying the new law on abortion. The law approved by Parliament on March 8th entered into force on July 15th. The new rule authorizes the interruption of pregnancy at a woman's request within the first ten weeks of gestation. The woman must be informed and advised by a doctor and after a period of reflection of three days, the operation can be carried out in a hospital or a private, authorized clinic. However, difficulties are encountered in applying the rule because a considerable number of doctors refuse to take part in the voluntary interruption of pregnancy and declare themselves to be conscientious objectors.

Germany

When RU 486 arrived in 1990, Chancellor Kohl took no political step to introduce it into the country. On the theme of abortion, the Germans went through lengthy discussions caused by the reunification which obliged them to reconcile the extremely permissive legislation of the East with the more cautious legislation of the West. Edouard Sakis, former head of Exelgyn, stated publicly that if Schroeder won the election and his government announced its support for RU 486, his firm would request recognition of mifepristone for Germany too. In October 1998, Schroeder became the new German Chancellor. In December 1998, the press agency *France Press* revealed that Schroeder was favorable to introducing the abortion pill into the country. Twenty-four hours later, Edouard Sakiz announced that registration of the drug would also be requested for Germany for the following year. The most substantial opposition came precisely from the medical class. The *German Society for Gynecology and Obstetrics* reacted immediately to the request to register the abortion pill and insisted on the “considerable psychological violence for women and the psychosomatic consequences that often last a long time”. In any case, the registration of the product took place. But the following year, Femagen, which imported the product from France and distributed it in Germany, announced that it would terminate its activity at the end of the year because of excessive economic losses. Since January 2001, the pharmaceutical company Contragest has been distributing mifepristone in Germany, but the percentages of its use do not seem to have increased much.

Moreover, one company that produced misoprostol in Germany, Heumann Pharma, explicitly stated that it will not allow its use for abortion, and since January 2006 Pfizer has suspended the sale of Cytotec (it is always misoprostol) in Germany. Pfizer's opposition is known, and before that Searle's opposition – pharmaceutical companies which produce the drug – to its use in the obstetric-gynecological sector. All of this has not been expressed in a prohibition of the use of misoprostol as an abortifacient (the product is marketed by another company, Kohl

Pharma), but it makes clear the diffidence and reservations which are widespread in Germany, both among women and doctors, with regard to chemical abortion.

Switzerland

RU 486 has been authorized since November 1, 1999. The list of hospitals and gynecological medical offices that practice pharmacological abortion and offer the abortion pill can be consulted on line. This information can also be obtained by phoning the family planning centers which quickly supply information about the nearest structure to one's region. Pharmacological abortion with the abortion pill is practiced by the seventh week of gestation and leaves a woman free to sign a voluntary release form to continue the abortion at home. Pharmacological abortion is part of the compulsory, basic insurance services and so health insurance covers the costs of the operation. In 2009, in Switzerland, 60% of the interruptions of pregnancy were carried out with the RU 486 pill.

Austria

RU 486 has been authorized since 1999 and it can be used in hospitals and in private clinics. One of the most renowned private clinics specialized in abortion is the Gynmed outpatients' department approved by the Viennese government and a member of the Viennese Economic Chamber. The services it offers include pharmacological abortion with RU 486 with no need for hospitalization.

Most of the hospitals or clinics that practice abortions are in Vienna and the large cities. It is difficult to find these structures outside the large populated areas and very few doctors practice abortions privately in the rural areas. Every year approximately 100-200 women go to the Netherlands to have an abortion even after the 18th week of gestation. This is not allowed in Austria. Abortion is not covered by the basic health insurance.

Holland

RU 486 has been marketed since 1999. Since the abortion pill was legalized, recourse to abortion has increased by 24%. Private clinics exist that are specialized in abortion and the most famous clinic in Holland is the Beahuis & Bloemenhovekliniek Clinic. The women who reside in the country pay nothing for an abortion. In fact, the costs are compensated in conformity with the General Law on special expenses for illness. To be entitled to compensation it is sufficient to present a health card, a document and health insurance policy. The most complete anonymity is guaranteed. The women who do not reside in Holland have to pay for an abortion. The fees are set by the competent authorities. The organization *Women on Waves* (WoW), created in 1999 by the Dutch Rebecca Gompert and Bart Terwiel, is unique. The purpose of this association is to provide services related to reproductive health, in particular pharmacological methods for the interruption of pregnancy, to women in countries with restrictive laws on abortion. These services are provided by a rented ship that transports an equipped clinic in a large container. When WoW visits a country, women make appointments and are welcomed on board the ship. Then the ship sails towards international waters where the law in force on board is Dutch law and so the abortions can be performed. Moreover, together with this activity on ships there is a data transmission help service, *Women on Web* (www.womenonweb.org), for women everywhere in the world who have difficulty obtaining the abortion pill in their own countries.

Belgium

RU 486 has been marketed since 1999. Since December 2001, abortion is reimbursed if it is performed in a clinic that has an agreement with the National Institute for Social Security (INAMI/RIZIV). Abortions performed in clinics, family planning centers or day hospitals are not fully reimbursed.

Since the abortion pill was legalized, recourse to abortion has increased by 25%.

Sweden

RU 486 has been marketed since 1992. The abortion pill can be taken until the 18th week of gestation. Since 1998, about one-third of the abortions are performed using the chemical method. The proportion varies considerably in the country. In some hospitals the abortion pill is used in 60% of the cases, and in others in 20% of the cases. The choice depends on the interests of the hospital health care directors, the attitudes and resistance of the medical and nursing staff regarding the new procedures, and the availability in terms of hospital beds, surgical equipment and specialized personnel. In this Scandinavian country, in 2009, 85% of the early abortions (by the 9th week of gestation) and 73.2% of the abortions performed by the end of the 12th week of gestation were carried out with the pharmacological method, and the total percentage of medical abortion in 2009 was 68.2% (*National Board of Health and Welfare, Sweden*). The cost of the abortion is covered almost completely by the *National Health Insurance*.

Norway

RU 486 has been marketed since 2000. Since 2008, in some areas of the country, abortion using the RU 486 pill is offered as the first choice. The cost of an abortion is entirely covered by the State.

Denmark

RU 486 has been marketed since 1999. The cost of an abortion for residents is paid for entirely by the State because the interruption of pregnancy is included among the services of the Public Health System. Since 2004, non-resident women are allowed to have an abortion upon payment.

Estonia

RU 486 has been marketed since 2003. Pharmacological abortion cannot be performed beyond the 11th week of gestation. In this sense, Estonia holds the record for the lowest number of weeks within which it is possible to use the abortion pill. The cost of the abortion is determined by a regulation of the Ministry of Social Affairs. Women insured with the *Health Insurance Fund* have to pay about one-third of the total cost.

Finland

RU 486 has been marketed since 1999. Since the abortion pill was legalized, recourse to abortion has increased by 8%. Abortion is covered by the National Health Insurance. However, women have to pay a tax for the hospital.

Luxembourg

Pharmacological abortion has been allowed since 2001 in hospitals and private clinics. The cost is covered by the *National Health Insurance*.

Albania

RU 486 has been marketed since 2005. Abortions ought to be performed in hospitals and private clinics under medical supervision but often these health structures, especially the private ones, do not satisfy all the basic requisites in terms of equipment and personnel. The women, moreover, have to pay the entire cost of the abortion.

Hungary

RU 485 has been marketed since 2005. The cost of the abortion is covered by the *Health Insurance Fund* if a woman is insured.

Russia

RU 486 has been marketed since 2000. The abortion must be performed in hospitals and specialized clinics, but early abortions can also be done in outpatient centers. An abortion performed through the compulsory health insurance program costs nothing. Abortion is the most widespread method for regulating fertility. In Russia, 6 pregnancies in 10 end in induced abortion.

Moldavia

RU 486 has been marketed since 2004. The cost of an abortion since 2006 is covered by the insurance system.

Azerbaijan – Georgia – Uzbekistan

RU 486 has been marketed since 2002.

Mongolia

RU 486 has been authorized since 2005.

Armenia

RU 486 has been authorized since 2007.

Poland

The RU 486 pill is illegal. The Polish rules regarding abortion are especially restrictive. Even in the case of danger to a woman's life, several public hospitals refuse to practice abortion.

Greece

RU 486 has been marketed since 1999. Although many women have recourse to the *National Health Care System* for an abortion, most of them turn to private gynecologists. In fact, private abortions are performed rapidly. On the contrary, the governmental system is characterized by long bureaucratic procedures.

Israel

RU 486 has been authorized since 1999. Abortion is free of charge for women under 18 years of age, and if a woman has economic problems, the cost is covered by the health care agencies that refer to the *Israel Family Planning Association*.

How RU 486 Acts

First of all, what is RU 486? The abbreviation comes from the labeling of molecule 38486 (synthesized by the chemist George Teutsch, the director of research at Roussel Uclaf), together with the French firm that produced it, the same Roussel Uclaf. The terminological aspects should be clarified immediately: it is not a medicine because in Italian and in medical-scientific terminology “*a medicine can be used or administered for the purpose to restore, correct or modify physiologic functions*”. In brief, even in its popular meaning a medicine is usually taken to cure diseases. Objectively, this is not the case for RU 486. Moreover, pregnancy is not a disease and a child is not a virus. So we have to call it by its name: a chemical substance that has the declared, direct purpose of eliminating a human being. In fact, its administration, normally at about two months of pregnancy (by the 49th day) causes an abortion. Technically, it is a *contragestative*: that is, it carries out its abortifacient action when the embryo is already implanted in the uterus. So it should not be confused with the day-after pill (which, as we know, has been on sale in pharmacies for years), which is an *interceptive*: that is, it intercepts the embryo in order to destroy it on its way through the tube to the uterus. In any case, it is obvious that both the RU 486 pill and the day-after pill are instruments of death and for a baby the effect is identical: it will never be born! RU 486's way of acting is perverse because it studies *the logic of life* in order to transform it into *the logic of death*.

We know that from conception a dialogue of a biochemical and hormonal nature takes place between mother and child. Thanks to that dialogue, as soon as we were conceived, although we have a different DNA, we were not attacked and destroyed by the maternal immune system. Thanks also to that dialogue, at the moment when we became implanted in the uterus, we were guided towards the most suitable, welcoming place. This dialogue is consistent and constant throughout the pregnancy. In particular, during the first weeks, instead of atrophying, the corpus luteum (which is formed in the ovary after the follicle is broken which frees the ovule) is preserved and grows thanks to a hormone, Human Chorionic Gonadotropin (HCG), the secret of the baby's placenta. In response, the corpus luteum produces progesterone, the hormone which sustains and protects the pregnancy. However, for this hormone to be activated and carry out its function, it needs to be fixed to maternal receptors located on the wall of the mother's uterus. To understand its mechanism better, we can imagine that the molecules of progesterone are like keys which in order to function, must be introduced into just as many locks represented by the maternal receptors. RU 486 "simulates" progesterone with the difference that it is much quicker and more similar to the maternal receptors so that when a baby's progesterone reaches the locks, it finds them already occupied by RU 486's "false" keys. The consequence is a drop in the level of progesterone such as to cause an abortion.

RU 486: A Dreadful Trauma

RU 486, the so-called "chemical abortion", is not less traumatic nor does it have fewer risks than surgical abortion. To understand the countless deceptions of those who spread these statements, it is necessary to make an in-depth study. Both the most authoritative medical journal, the *New England Journal of Medicine* (NEJM), and the *New York Times* have published many articles and surveys regarding the serious side effects of the abortifacient pill. The deaths from chemical abortion are 1 in 100,000 compared to those from surgical abortion recorded in the same period of pregnancy of 0.1 in 100,000. So in the case of the abortifacient pill, there is a rate of mortality that is ten times greater. Twenty-nine women have died around the world following the administration of RU 486, but perhaps for its supporters these are still not enough. The deaths are caused by the *Clostridium sordelli* infection, a bacterium that acts without giving any premonitory symptoms. According to its supporters, abortion using RU 486 is described as less traumatic than surgical abortion (some describe it as *sweet abortion...!* A sad consonance with *sweet death...*), but this is not the case at all. In fact, apart from the risks already mentioned for a woman's physical health and even for her life, from the psychological viewpoint the effects are devastating. The mode of action is as follows: a woman takes a mifepristone (RU 486) pill in the hospital which by blocking the progesterone, kills the embryo in her womb. Then she goes home (in practice, signing her release form will be facilitated). After forty-eight hours, she takes the second pill, misoprostol (Cytotec, the drug normally used for gastric diseases), which causes very painful contractions (painkillers are needed) aimed at expelling the dead embryo with profuse bleeding.

Let's be frank: those who says that all of this is not traumatic either do not know what they are talking about or they are ideologically blinded. In surgical abortion, a woman delegates the operation on her child to a surgeon and she is often under complete anesthesia. This is quite different from being the protagonist of her child's death by swallowing two pills which she knows are deadly for her child (but often does not know that they are also very painful and dangerous for herself). It is she herself who directly seeks the child's destruction and experiences it first-hand. She lives the abortion *live* knowing that she procured it with her

own hands. Simple knowledge of elementary psychology indicates that from the viewpoint of “processing a loss”, this represents a dreadful trauma.

RU 486 and violation of the rules regarding abortion: the Italian example

There is no doubt that the use of RU 486 presents different points of incompatibility with Law 194/78 which legalized abortion in Italy. In analyzing its many conflictual terms, however, we can never forget the objective, profound iniquity of that law because there is a subtle but real risk that by pointing out the aspects of the norm violated by use of the abortifacient pill, we surreptitiously support the good of that law which, on the contrary, we can never stop opposing.

- Law 194 established that the entire abortion process must take place in a hospital, while RU 486 goes exactly in the opposite direction. In fact, it was made for aborting at home, without admittance into a hospital. In 2004 in France, the private use of the abortifacient pill was authorized, which could be bought in a pharmacy, and so with no obligation to be admitted into a hospital. This was the first step towards the destiny for which the pill was intended.
- Those who wanted Law 194 said that the purpose (which later proved to be an absolute failure) was to stop abortion from being clandestine and make it a social problem, even at the expense of the National Health Service. Still not satisfied with the lies spread during the referendum campaign on artificial fertilization, the exponents of “do-it-yourself” abortion, while continuing to lie and saying the RU 486 is less traumatic for women than surgical abortion, they actually opened the way to a new form of clandestineness: a woman will abort in the most atrocious clandestine state in her own bathroom, alone.
- AIFA's affirmations regarding the fact that the entire abortion process will take place in a hospital are not reassuring because an ordinary hospitalization regime is not provided for, and it is very likely that in practice the economic needs of the health structures will inevitably condition the procedures. After taking the first pill, it will be proposed to the woman to sign a release form and to go home, with no recourse to hospitalization which could last from three to fifteen days. This completely contradicts Law 194.
- In its profound hypocrisy, in any case Law 194 specifies that before aborting a woman will submit to a colloquium “*aimed at removing the causes that lead her to have recourse to abortion*” and she will be invited to think it over again for a week. It is obvious that even this feeble attempt is not contemplated with RU 486.

“Abortifacient federalism” in Italy

The Minister of Welfare Sacconi's request to AIFA for “ordinary admission to the hospital” at the end of the survey promoted by the Senate Health Commission, got a Pilate-like answer. In fact, AIFA, hiding behind its competencies “*limited to the regime of provisions/methods for dispensing the drug*” refers back “*to the competent authorities the emanation of provisions regarding application or specifications*” in order to guarantee “*full respect of Law 194 as well as observance of the methods on the territory*”. In fact, “*the provisions for the correct procedure for clinical use of the drug*” is referred back to the Regions. One question comes up spontaneously: Shouldn't it be AIFA, a public, that carries out drug surveillance activities through constant monitoring? And how does it plan to carry out this task if it dumps it on the

Regions? The fact is that RU 486 reveals more and more not only a practice of “do-it-yourself” abortion for anyone, anyhow and anywhere, but also of “do-it-yourself Region” with the consequences we can all imagine, so much so that Emilia Romagna has already approved a protocol that provides for chemical abortion in a day hospital.

A Real Educational Emergency

In going over RU 486's unstoppable course around the world and in Italy, I think that besides the ideological aspects, the underlying logic of profit is obvious. At the expense of the weakest, children and women, who, among other things, are obliged to sign an informed consent form so that if the chemical abortion does not succeed (this happens in 8% of the cases when the pill is taken within the first 49 days and rises to as high as 23% in the next 14 days) she is inevitably forced to undergo surgical abortion. In practice, to avoid the risk of denunciations for the birth of malformed children, a woman is not allowed to change her mind. Moreover, none of its supporters seems to remember that in the 1980s an international congress of feminist movements for women's health took place where a document was drawn up in which the use of chemical substances for abortion was condemned in the name of protecting women's health.

It is probably a physical impossibility to stop this way of death, but I think we can do a lot by disseminating clear, accurate information with absolute scientific rigor, through the formation and awareness-building of public opinion, and by awakening the consciences of all intellectually honest people.

Every year, 53 million abortions are performed around the world: that is, every year we have a number of victims equal to those caused by the whole of World War II.

In Europe, there are approximately 1,200,000 victims of abortion every year. In Italy there are about 150,000 a year (since Law 194 was approved, there have been five million, which amounts approximately to the entire resident population of Latium), and in Rome alone 15,000. This is not a list of figures. Behind every number there is a baby boy or girl who was prevented from being born, a woman who will bear sadness in her heart forever, and a society that has lost its spirit of humanity and sense of solidarity towards its weakest, most fragile children.

Wouldn't it make more sense, wouldn't it be more human to try to stop this massacre? Through policies of real social protection of motherhood, support for the family and real equal opportunities to be born and live instead of relieving from responsibility and thrusting the entire burden on women and, what is worse, before their request for help by sending them home with a killer pill in their pockets and leaving them alone in an even more dramatic way? I think we ought to shift the debate from “surgical or chemical abortion?” to “how to stop the drama of abortion”. It is quite obvious that in addition to concealing ideological and economic aspects, the problem profoundly affects the cultural and educational aspects and fundamentally the anthropological question. For it is clear that all human actions in the legal, economic, social, cultural and political area derive from a precise anthropological view, a precise question: who is man? Can the value of man's life and his incommensurable dignity be subject to opinions that change over time, to a utilitarian logic, to temporary political majorities, or do they really represent *non-negotiable principles* for everyone because they are profoundly human and derive from natural law? This, too, is an *educational emergency*.

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Professor of Bioethics, Institute for Higher Studies on Women, European University of Rome, and the Victor Emmanuel II National College, Rome.

Elected to the Latium Regional Council in the March 2010 regional elections with 21,545 votes (the first of those elected in Rome and second in Latium in the regional coalition government). She is the **President of the Council's Permanent Commission “School, the right to study, professional formation and the university”**.

On the Regional Council, her first legislative act was the proposal **“Reform and re-qualification of the family health centers”** (PL 21, deposited on May 26, 2010).

Since 2005, she has been the **National Vice-President of the Italian Confederation of Christian Family Health Centers** (with more than 200 centers spread out over the national territory).

She was one of the founders of the Italian Pro-Life Movement, of which she was the General Secretary from 1997-2006. In thirty years of impassioned work, she did her utmost to spread the Movement which has tens of thousands of volunteers today and more than 600 centers spread out on the national territory (including local movements, aid centers for life and 80 shelters) which made it possible for more than 100,000 children to be born who would never have been born without the help given to their mothers.

President of the W.W.A.L.F., the World Women's Alliance for Life & Family, which at present is represented in more than 50 countries around the world by women committed to defending life and promoting the family based on marriage.

National President of the Committee for the Family, which was created on the occasion of preparation for Family Day, and promoter of a Manifesto for the Family endorsed by 250,000 Italian citizens and more than 50 MPs.

President of the "Women and Life" Committee, which had an important role in motivating abstention from the referendum campaign for the law on artificial fertilization.

Director of the Cd.F.E.S., the Center for Formation and Education to Sexuality, created in 1994. Its goals are to spread and promote the value of sexuality deeply entrenched in the personalist anthropology and according to the values of marriage, the family and welcoming life through differentiated educational projects.

Member and founder of the National Science and Life Association.

Member of the Welfare Commission of the National Forum of Family Associations.

Vice-President of the Roman Pro-Life Movement.

From 1995 to 2000 she taught Bioethics at the novitiate school of the Italian Union of Major Superiors (USMI) and over the years met thousands of novices from all the congregations and countries of the world.

Delegate of the Cardinal Vicar H.E. Camillo Ruini to represent the Diocese of Rome at the Ecclesial Congress of the Italian Church which took place in Verona in October 2006, and at the 45th Social Week of Italian Catholics (the only woman among the five delegates), which took place in October 2007.

Member of the Scientific Committee of the National Research Project on adolescence promoted by the Catholic University of the Sacred Heart, Milan.

Member of the international committee of experts on education to adolescent affectivity promoted by the Pontifical Council for the Family.

Member of the International Conference "Women, Development and Peace" promoted by the Pontifical Council for Justice and Peace.

Speaker for Italy and coordinator of the session on "Contemporary Cultural Trends and the New Feminism" at the recent International Symposium on Women promoted by the Pontifical Council for the Laity (November 7-9, 2008).

At the invitation of the Portuguese Bishops' Conference, she gave formation courses for doctors and nurses on the bio-technologies and the dangers of genetic manipulations.

At the invitation of the Croatian Bishops' Conference, she gave lectures on the theme of education to sexuality and the natural methods.

Promoter of the First International Conference "Women and Human Rights" held in the Vatican from March 20-21, 2009.

Author of the Manifesto of the New Feminism that was hoped for, encouraged and supported by His Holiness John Paul II (Intervention on May 22, 2003 in the Clementine Hall of the Vatican Apostolic Palace).

As Regional Counselor of Latium from 2000 to 2005 she headed the Commission for

Family Policies and Equal Opportunities and created and headed the Permanent Regional Observatory on Families.

Top candidate in several Regions for the 2008 elections to the Senate on the “Abortion? No, thanks” List with Giuliano Ferrara.

She has always cultivated a passion for music and recorded many albums as a **singer-song writer** on the theme of life and the family also with Pauline Publications.

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