



CONDUCTOR

New Protocol Reverses Chemical Abortion

By: Sherry Pinson

For some women facing unplanned pregnancy, abortion may be the reactionary first choice. For others, circumstances may be so overwhelming they can see no other choice. Despite the abortion industry's charade to the contrary, many women do regret their abortions, often intensely, sometimes immediately. For women who have surgical abortions, regret is always too late. For women who have taken abortion-inducing drugs, however, reversal may be possible.

Such was the case with Becky Buell. Pregnant at 17, she decided abortion was not an option. She bore her son and married his father, and the young family lived with her parents. Becky finished high school early and started college.

Less than a year later, Becky was pregnant again. She struggled to weigh the pregnancy against a failing marriage, what her parents would say, the needs of her 11-month-old son and the promising path ahead of her. It was hard to see past the crisis.

Abortion seemed to answer every question.

Through the first nine weeks of pregnancy, the abortion industry promises an easy way out: take one pill, mifepristone, to make the uterus hostile to new life. Then take a sec-

ond pill, misoprostol, 24 to 48 hours later to empty the uterus.

Overwhelmed, Becky decided to abort her second child. Eight weeks pregnant, she sat down at Planned Parenthood and swallowed mifepristone, or RU 486. She planned to take the second pill the next evening.

The weight of what she had done hit Becky immediately.

"As soon as I got to the car, I felt intense regret," she said. "All I could do was pray, telling God how sorry I was for doing such a thing."

Still sitting in her parked car, Becky used her cell phone to search for some way to undo what she had done. What she found was the hotline of Culture of Life Family Services.

Reversing chemical abortion is the work of George Delgado, MD, founder and medical director of Culture of Life Family Services, a non-profit medical facility with offices in San Diego and Escondido, California. In practice more than 25 years, Dr. Delgado is board certified in both family medicine and hospice and palliative medicine. In addition to family practice, Culture of Life Family Services focuses on women and families facing unplanned pregnancies. Dr. Delgado and his staff are committed to the sanctity of life and

offer a range of free services. Their holistic approach includes not just medical care but also psychological and spiritual counseling.

RU 486 blocks the hormone progesterone. Progesterone prepares and maintains the uterus for pregnancy, thickening the lining to nourish the new life implanted there. If progesterone is blocked, the lining breaks down. Misoprostol then cues the uterus to expel the lining, taking the perfectly developing life with it.

Planned Parenthood calls this a "medication abortion" by a "health care provider." The abortion industry is careful with words: *medication* connotes help for illness or disease; *health care* brings to mind doctors offering healing and support. As the second pill works, Planned Parenthood tells women, they may see "large blood clots or tissue," glossing over what is actually expelled.¹

In short, the abortion industry wants women to believe a chemical abortion is simply medical treatment with almost no repercussions. The industry refuses to acknowledge the damage abortion causes both physically and psychologically.

Research has shown that stress has a marked influence on decision-making, affecting perception,



Down Syndrome: Imagine the Possibilities

In 1929, the average life expectancy for a person born with an extra 21st chromosome—with Down syndrome—was nine years. Just a generation ago, the average was 25 years. Today 80 percent of people born with Down syndrome live to 50 years and beyond, and the average is 60 years.^{1,2}

Most of the focus during those decades has been on children, and the results have been extraordinary. Years ago, parents whose newborn was diagnosed with Down syndrome were often advised to institutionalize the child. Even today, up to 90 percent of babies with a prenatal diagnosis of Down syndrome are aborted. Incredibly, even some groups that advocate for people with Down syndrome, such as the National Down Syndrome Society, take no position on abortion even though it remains the greatest threat to their constituency. Yet we know that while people with Down syndrome take longer to reach developmental milestones, they can indeed reach them to a level that enriches not only their own lives but their communities as well.

In their early years all children change in ways that indelibly affect the rest of their lives, and they thrive to the extent they receive nurturing and feedback appropriate to their development. Think of a newborn who cannot even lift her head and then fast-forward to age two or three, when she's asserting her independence in the timeless language of toddlers: *Me do it!* Children with Down syndrome thrive in the same way by the same measure.

All children must master motor, language, social and self-help skills

to grow into confident adults. Now, thanks to medical advances, educational intervention and especially a growing appreciation for their unique gifts, people with Down syndrome are making that journey as well. Understanding their needs as they transition to adulthood is receiving greater attention.

Some challenges are common to all adults: fitting into a community, developing friendly and romantic relationships, managing leisure time, training for and finding work and living as independently as possible. Results vary for adults with and without Down syndrome. Employment is often a linchpin objective, one that opens doors to relationships, achievement and confidence. For adults with Down syndrome, that linchpin can be elusive.

The US Department of Labor tracks unemployment of adults with disabilities—in 2014 the rate of those seeking work was 11.2 percent—but it does not separately track for Down syndrome. In January 2015 Libby Kumin and Lisa Schoenbrodt released *Employment in Adults with Down Syndrome in the United States: Results from a National Survey*, the only current US data specific to adults with Down syndrome.³ From 511 surveys returned by adults 17 and older, they examined paid and volunteer work, unemployment, types of jobs and job training, settings and satisfaction.

Among the respondents, 56.6 percent worked at paid jobs, but only 3 percent worked full time, 31-40 hours per week. Ten percent worked 21-30 hours and 26 percent worked 10-20 hours. The rest, 32 percent, worked

fewer than 10 paid hours. Just over half held one job. The rest combined part-time jobs. Of paid employees, 64.6 percent worked in competitive environments, almost 21 percent worked in sheltered settings and 2.8 percent were self-employed. Almost 26 percent worked as volunteers. Including responses from volunteers, the average wage was \$7.46 per hour, with a range of \$0 to \$14. The median was \$8 per hour.

Because they often understand far more than they can express, the employment potential of adults with Down syndrome may be underestimated. For example, 68.5 percent of the adults surveyed use computers but only 15.7 percent do so in paid jobs, and information technology training is rarely included in transition plans. Most respondents participated in training programs in high school, with most interning in food service (36 percent), cleaning and housekeeping (35 percent), retail (22 percent) and offices (21 percent).

Consequently, most employed adults with Down syndrome work in what are called the “Five Fs”: food, filth, flowers, factories and filing; i.e., food service, janitorial work, landscaping, product assembly and office work.

Kumin and Schoenbrodt's research shows that adults with Down syndrome are making progress. The sidebar on page five highlights three adults who show what can happen when training, support, determination and vision come together. Through research and advocacy, society has been pushed to look past preconceived notions of disability and appreciate the



New Protocol Reverses Chemical Abortion - Continued from page 1

compromising competence in judgment and narrowing one's focus.² The abortion industry's fierce opposition to waiting periods, counseling and information about fetal development that would help mitigate stress proves its disregard for women's wellbeing.

Fortunately for Becky Buell and her second son, physicians such as George Delgado do understand the blinding power of stress and the searing pain of regret.

Dr. Delgado began to research abortion pill reversal after a young patient asked if he could undo her decision to start a chemical abortion. He knew that pregnant women at risk of miscarriage are treated with doses of progesterone, and he reasoned the same approach might offset RU 486. The patient's reversal succeeded. He conferred with other doctors who had also had success, and in December 2012, with Mary L. Davenport, MD, he published a report in *The Annals of Pharmacotherapy*, a peer-reviewed journal. The report, *Progesterone Use to Reverse the Effects of Mifepristone*, cited four reversals from six cases and suggested a reversal protocol.

With success documented, Dr. Delgado set up a hotline and a registry of doctors willing to administer the protocol; so far, 274 doctors in the US and 20 in other countries have joined. He also launched a website, abortionpillreversal.com. To date Culture of Life Family Services has helped women in 45 states and 13 countries.

The hotline is answered 24 hours a day, seven days a week. Calls go directly to the cell phones of nurses with Culture of Life Family Services. If a woman calls from an area not served by a registry physician, the staff drops everything to find a doctor willing to help. The woman receives

progesterone injections if she can be seen right away. If she can't, she receives a prescription for prometrium, a vaginal suppository that is nearly as effective. The injections continue throughout the first trimester, decreasing in frequency. Periodic ultrasounds confirm continued viability. Ideally the reversal is attempted within 24 hours after the first pill is taken, but as long as a heartbeat is detected the staff will attempt the reversal. To date, four babies have been born to women who did not take the second pill but whose reversal treatment did not begin until 70 hours after the first pill. That time frame is at the outer limits of the effects of RU 486.

The number of babies lost to chemical abortion is staggering. The Guttmacher Institute, originally a division of Planned Parenthood, reported 1.06 million abortions in 2011, the most recent year for which figures are published. Of those, chemical abortion accounted for 23 percent of all non-hospital abortions.³ That means in one year alone almost 244,000 babies died by chemical abortion. The two-drug regimen is highly effective. Up to seven weeks, 92 percent of chemical abortions are completed; up to six weeks, the completion rate is 96 to 98 percent. Nine weeks is the recommended cutoff for chemical abortions, counted from the first day of the last period, but the American Congress of Obstetricians and Gynecologists (ACOG) reports the drugs have been used effectively—or devastatingly, depending on one's view—after nine weeks as well.

“Effectively” is the view of the abortion industry. A chemical abortion brings in up to \$800. But the industry's resistance to reversal is more than financial.

On March 30, 2015, Arizona

Governor Doug Ducey signed the nation's first law requiring physicians to tell women a chemical abortion may be reversible if they act quickly enough. Pro-abortionists predictably took to the Internet and airwaves to ridicule the statute.

During an April 1 *Byline* broadcast on National Public Radio (NPR), Dr. Delgado reported that the reversal protocol to that time had delivered 87 healthy babies, with 75 other women maintaining their pregnancies. He made no claim that reversal succeeds in 100 percent of cases; in fact he noted a success rate of about 60 percent. Yet Dr. Stephen Chasen, an obstetrician-gynecologist whose comments also were included in the broadcast, said the process hasn't been proven because there have been no clinical trials and Dr. Delgado had published only one paper. The NPR host opined that the results were suspect because no women treated by Dr. Delgado had taken the second drug.⁴ The criticism is a classic non sequitur; since the function of the second drug is to induce labor, a woman who changes her mind after taking the first drug would not take it. Four women

Continued on page 6



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Remembering Dr. Willke



The passing of Dr. John C. Willke on February 20 left a hole in the heart of Life Issues Institute, but messages that flowed in from around the world remind us that we are not alone in our loss, in our gratitude for having known him or in realizing his impact on countless lives. Here's a small sampling:

He will be remembered as a great teacher and friend and stalwart leader in giving a voice to the most vulnerable in our society. He will be greatly missed. – Ohio Attorney General Mike DeWine

Jack and Barbara brought us a message of human rights, of respect for the smallest and weakest among us, and of optimism about the human future. – Chuck Donovan, president, Charlotte Lozier Institute

We honor him for the good and faithful servant that he was. In his name, we pick up the torch he lit to carry on in this good work. – Charmaine Yoest, president, Americans United for Life

No one could expect younger pro-lifers to appreciate the enormous impact Jack had on our Movement. They've grown up in the age of the Internet. . . . But back in those early days, it was a lot, lot more difficult and infinitely slower. And it's impossible to convey the impact of "the Willke

slides." *To this day I can remember the sharp intake of breath—and gasps—as people would see what an aborted baby looked like for the first time. . . . It was hard to come away from them and act as if nothing had happened.* – Dave Andrusko, editor, *National Right to Life News*

His warmth, kindness and good humor as he dealt with such a serious subject as saving babies from abortion was a great part of his being so effective. – Gayle Atteberry, executive director, Oregon Right to Life

No other pro-life leader or organisation will match the solid educational work done by Jack and Barbara Willke. – John Smeaton, director, Society for the Protection of Unborn Children, London

We miss a hero and add him to the endless list of faith heroes found in Hebrews 11. – Bert Dorenbos, president, Schreeuw om Leven (Cry for Life), The Netherlands

What is of utmost value in what both Jack and Barbara have left us is simply this: working to defend the children in the womb is more than a job, an assignment, or a profession. It is a lifelong calling that admits of no turning back, no letting up, and no counting the cost. – Fr. Frank Pavone, Priests for Life

Bradley Mattes Named President of Life Issues Institute

The board of directors of Life Issues Institute has named Bradley Mattes president of the organization following the death of pro-life pioneer John C. Willke, MD, on Feb. 20. Mr. Mattes and Dr. Willke co-founded Life Issues Institute in 1991 to provide educational materials to the pro-life movement. Dr. Willke had been president since the Institute's inception, while Mr. Mattes had been executive director and CEO; he will continue in the latter role.

Life Issues Institute Welcomes New Board Member



Marie Willke Meyers, MD, has joined the board of directors of Life Issues Institute. Among the life issues, she is particularly interested in such end-of-life concerns as euthanasia, which threatens the elderly and disabled. Marie is the eldest of the six children of the late John C. Willke, MD, and Barbara Willke, founders of Life Issues Institute and Cincinnati Right to Life.

"The entire board is pleased to have Dr. Meyers join us," said Bradley Mattes, president of Life Issues Institute. "Our priority is to continue the pro-life legacy begun by Jack and Barbara in the sixties. And now a member of the Willke family will help us reach future generations by providing critical insights and direction."



Bradley Mattes invites you to a
Memorial Reception honoring the life of Dr. Jack Willke
Tuesday July 21, 2015, at 6:00pm
Americans United for Life, 655 15th St. NW, Washington, DC
Please RSVP to Twanna Spurgeon at twanna.spurgeon@aul.org
or by calling 202.741.4901 by July 14, 2015.

Down Syndrome: Imagine the Possibilities

Continued from page 2

unique gifts of people with Down syndrome.

Their research also shows we have a long way to go. For example, many working adults benefit from having a mentor; for adults with Down syndrome, mentors, job coaches and ongoing training can be the critical difference between successful employment and missing out on a crucial part of adult life. Transition plans geared to each individual's gifts, skills and interests—and seeing beyond the “Five Fs”—would help expand employment options. Some strides have been made at the federal level. A 2006 study cited by Kumin and Schoenbrodt showed that 77 percent of parents believed their adult children with Down syndrome could and would earn more if their federal benefits were not jeopardized. The December 2014 *ABLE Act* allows people with disabilities to use their earnings for qualified expenses without losing Medicaid and Supplemental Security Income benefits.

A 2013 poll by the Society for Human Resource Management found that 73 percent of US workers were generally satisfied with their jobs.⁴ Employed adults with Down syndrome have a slight edge: 75 percent of Kumin and Schoenbrodt's respondents said they feel positive about their work, enjoying a sense of purpose, social interaction and having their own money. Those responses prove that adults with Down syndrome are, first and foremost, adults. 🌀

¹<http://www.bgedownsyndrome.org/about.cfm>. Accessed May 1, 2015.

²<http://www.usatoday.com/story/news/nation/2013/05/01/life-down-syndrome-improving/2054953/>. Accessed May 1, 2015

³<http://onlinelibrary.wiley.com/doi/10.1111/jar.12182/abstract>. Accessed May 5, 2015.

⁴http://www.shrm.org/Research/SurveyFindings/Documents/14-0028%20JobSatEngage_Report_FULL_FNL.pdf

Entrepreneurs and Employees

Scott Jackson, Massachusetts

Scott Jackson, 46, was recognized in 2011 for 20 years of service to his employer, Compass Group, which runs food service at Raytheon. Scott graduated from Assabet Valley Regional Technical High School in 1990 and, like many new employees, was hired on a probationary basis. He has been with Compass ever since. Among other duties in the Raytheon cafeteria, which serves 900 people daily, Scott runs the industrial dishwasher.

When Scott was born with Down syndrome in 1968, the doctor advised his parents not to take him home. Refusing the advice, they instead required Scott to work to his abilities and advocated for education when such programs were in their infancy. More than four decades later his record as an employee is one any company would envy and he enjoys an active social life, the love of his close-knit family and a passion for sports.

Jacqueline Franks, Massachusetts

Based at Boston City Hall, Jacqueline Franks has worked in the office of Boston City Councilor Mark Ciommo for nearly 10 years, first as a secretary and now as the councilor's executive assistant. The office represents Boston's Allston-Brighton District.

When Jacqueline was born with Down syndrome, her parents were advised to institutionalize her. Instead they brought her home and welcomed her into their growing family. Today she is a high school graduate and a confident young woman who is proud of her work in public service.

Ashley DeRamus, Alabama

Ashley DeRamus followed the first rule of business when she started her fashion design company, Ashley by Design: find a need and fill it. Ashley designs hip-to-the-minute clothing for women who have Down syndrome. As an adult with Down syndrome herself, Ashley knows how hard it is to find a perfect fit off the rack. She launched Ashley by Design in July 2013, making her first splash at the National Down Syndrome Congress Annual Convention. Her fresh designs caught the attention of international fashion industry media, and her customers include women who do and don't have Down syndrome. In May she began representing Adore Fashions with her own line of clothing for babies and children.

With her mother, Ashley also founded the Ashley DeRamus Foundation in 2012 to advocate for people with Down syndrome. In demand as a public speaker, she was honored in April 2015 by the National Down Syndrome Society with the Self-Advocate of the Year Champion of Change Award.

Ashley's motto is proudly displayed on her website, ashleybydesign.com: “Don't tell me what I can't do. Let me show you what I CAN do.”

These stories and others were featured in the My Great Story campaign of the National Down Syndrome Society.

Ashley DeRamus, right





Abortion Pill Reversal 24/7
Hotline (877) 558-0333
abortionpillreversal.com

Continued from page 3

who did change their minds after taking misoprostol, the second drug, did deliver successfully, but Dr. Delgado makes no claim that the protocol has any effect on misoprostol. The protocol specifically addresses only RU 486, and doctors who join the registry can refuse the protocol to women who have already taken misoprostol.

On March 26, *Slate* called the reversal process a “right wing delusion” and took exception to the word *reversal*:

*Mifepristone is not enough on its own to terminate a pregnancy some of the time, so you're not 'reversing' the abortion so much as interrupting the process before it's complete. The progesterone shots reverse nothing—they are medically unnecessary theater, designed to portray anti-choicers as conquering heroes rescuing pregnant maidens from the clutches of abortionists. There's no evidence of much demand from women to interrupt their abortions, and in the rare circumstances that someone is seized by regret, all she needs to do is contact her regular doctor about stopping the pills.*⁶

If “all” a woman has to do is stop the pills, how does RU 486 achieve such proven success? One also has to wonder, if there is not “much demand,” why Arizona’s law generated such protests. A woman who does not wish to change her mind is not harmed by hearing about reversal. For a woman who does have second thoughts, however, the information is potentially life-saving. If

the abortion industry truly believed in the sanctity of choice—if not life—then pro-abortionists ought to champion any information that gives women every choice, including a second-chance choice like Becky’s.

Instead, when Planned Parenthood called to see why Becky hadn’t returned for an ultrasound to be sure the “fetus” was gone, they tried to scare her. Reversal was risky, she was told. Her baby could be deformed. Fortunately, the staff at Culture of Life Family Services had prepared her for these tactics. According to ACOG, there is no evidence that RU 486 causes birth defects. Misoprostol, however, is known to cause birth defects, at a rate of 4 to 12 percent; by comparison, the rate among the general population of babies born in the US is 3 percent. Among reversal births to date, one baby was born missing a toe on each foot; however, that mother’s first pill was not RU 486 but methotrexate, which is known to cause birth defects. Another baby was born with a port wine stain birthmark, which in the general population occurs about once in every 300 births.

Becky’s son Zechariah was born October 20, 2013, beautiful and perfect. Becky is in her third year of college and employed. She and her boys still live with her parents, and although she and her husband did divorce, he remains close to his sons. Life is hectic but happily so.

What the abortion industry does not want women to know, Becky tells them: light can shine in the dark-

est places, abortion isn’t the only option, and for some who do choose that option, a second chance is possible. 🌟

NEW! Dr. Delgado, his staff and some of his patients are featured in a two-part episode of *Facing Life Head-On*, the Emmy® Award-winning TV program produced by Life Issues Institute.

Watch it beginning June 8 on cable and satellite networks, at facinglife.tv or on our YouTube channel, [FacingLifeHeadOn](https://www.youtube.com/channel/UC...).

¹<http://www.plannedparenthood.org/learn/abortion/the-abortion-pill>. Accessed April 22, 2015.

²<http://www.inderscienceonline.com/doi/abs/10.1504/IJEM.2003.003297?journalCode=ijem>

³<http://www.acog.org/Resources-And-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Medical-Management-of-First-Trimester-Abortion>. Accessed April 22, 2015.

⁴http://www.guttmacher.org/pubs/fb_induced_abortion.html. Accessed April 22, 2015.

⁵<http://www.npr.org/2015/04/01/396871363/arizona-requires-doctors-to-say-abortion-pill-is-reversible>

⁶http://www.slate.com/blogs/xx_factor/2015/03/26/arizona_abortion_bill_no_abortions_can_t_be_reversed.html

THE HIDDEN VICTIMS OF ABORTION

FROM PRESIDENT BRADLEY MATTES



Lately, and rightly so, public attention has been focused on women and their unborn babies as the House of Representatives debated and passed the *Pain-Capable Unborn Child Protection Act*. But today I want to remind you of the hidden victims of abortion—the fathers of aborted babies.

Slowly but surely awareness is spreading that men who've lost children to abortion also need our help and compassion. The pro-life movement is to be lauded for its grassroots network support of women after abortion. But we have considerable ground to cover in order to catch up to where we should be with offering hope and healing to grieving fathers.

This is not to say that all men grieve the loss of their children after abortion. Many guys use abortion as a means to debase and enslave women after physically exploiting them to satisfy their sexual appetites before tossing them aside. Staffs of pro-life women resource centers hear countless stories from pregnant women about these types of men. While acknowledging this reality, it's vitally important that society doesn't punish all men for the callousness of some.

Research conducted by Arthur B. Shostak and his colleagues (all supporting legal abortion) revealed some disturbing findings, which are documented in their book *Men and Abortion, Lessons, Losses and Love*. They found that about eight percent

of fathers of aborted babies suffer very serious emotional symptoms. This means in the wake of over 57 million abortions, America is nearing five million men who are the “walking wounded” struggling to deal with their loss. Tens of millions more suffer to lesser extents.

In the mid- to late nineties, individual islands of hope and healing began to appear across America's landscape. They were pro-life individuals who understood men's profound grief, shame and hopelessness caused by abortion's aftermath. It was then that the Men and Abortion Network (MAN) was established with a mission to generate awareness of the emotional pain many fathers experience, as well as resources to help them. A grassroots network of peer-to-peer counseling, as well as credentialed licensed therapists, began to emerge.

This has been a significant development, but progress has been painfully slow. I'm again reminded of this every time we reach out to a community looking for a qualified individual to lead a father through the healing process and come up empty-handed, even in large metropolitan areas.

My advice to pro-life organizations or individuals feeling a tug on their hearts to help these fathers: “Move forward and do it!” We now have a plethora of resources to help and guide you. They can be found at

the MAN website, MenAndAbortion.net. In addition, a number of MAN members are available to assist and advise you.

About the time you are reading this, a major conference on Men and Abortion in Niagara Falls, Canada, is taking place. I'm honored to be included with individuals who are part of a who's who of experts in the field of men and abortion. The good news is that if you weren't able to attend, the entire proceedings were professionally recorded and will be available for only \$49 plus shipping. For more information contact Drew Martin: dmartin@mightymotionpictures.ca or 780.710.5017.

The effort to assist men after abortion has expanded well beyond North America. My personal experience in advocating for grieving fathers has taken me to Russia (including Siberia), The Netherlands, Germany, Italy, South Africa, Chile and several other countries. In mid-July I will be traveling to Bogotá, Colombia, to speak at an international conference focusing on emotional care after abortion for mothers and fathers.

Other members of MAN have extensive international resumes, while some provide expert testimony at trials and before legislative bodies working to pass pro-life legislation. We have collectively produced articles, research, books, healing guides and videos—all to help you reach out to hurting fathers in your community.

As you read this, millions of men are struggling to pound through another day, knowing that they participated in the death of their babies. Let's help them. 🌀

“America is nearing five million men who are the walking wounded struggling to deal with their loss.”

IN THIS ISSUE

1821 W. Galbraith Rd.
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- 1 ***New Protocol Reverses Chemical Abortion***
- 2 ***Down Syndrome: Imagine the Possibilities***
- 4 ***Dr. Willke Remembered***
- 7 ***The Hidden Victims Of Abortion***
- 8 ***States Exchange***

States Exchange

Abolish Abortion: There's an App for That

In a perfect world, a woman facing a crisis pregnancy would go immediately to a crisis pregnancy center (CPC) with her mind made up to make a parenting or adoption plan. Unfortunately, perfect doesn't always happen. To meet women right where they are—literally—the student-led pro-life group Students for Life developed a pocket-sized “CPC” of sorts: a free app for pro-lifers called Abolish Abortion. Some features keep pro-life volunteers up to date. Others help them offer counseling and help to women considering abortion.

On a sidewalk, in the park, talking over coffee or working on a car, studying together or doing laundry—anywhere the first tentative news of unplanned pregnancy is shared, the app is right at hand with:

- A map showing every pregnancy resource center in the United States
- Facts about and pictures of fetal development
- Pro-life videos
- The ability to send out requests for resources or prayer
- A calendar of local and national events
- Notifications of breaking news

- Contact information for local and national legislators
- A map showing every abortion facility in the United States, so volunteers know where to offer sidewalk counseling

The Abolish Abortion app is available free for iPhone users from Apple's App Store. A version for Android users is in the works. For more information, visit abolishabortion.com.

