

*From the Heart of the Director**One heart at a time...one life at a time***The Abortion Pill: The Modern-Day Back-Alley Abortion – Part 1**

Since Roe v. Wade legalized abortion in 1973, the fear of back-alley abortions and their threat to women's health was supposedly eliminated. A woman believed she could walk into any abortion clinic and trust that she would get a "safe" surgical abortion by a medically trained abortionist and be monitored throughout the abortion procedure until she was stable to go home. Unfortunately, throughout the years, there have been many cases of malpractice and botched abortions in these facilities. Shockingly, abortion clinics seem to be immune from state oversight, reporting and safety regulation protocols. One horrifying example of this was the abortion clinic of Kermit Gosnell of Philadelphia. If you have not heard of Gosnell, you can learn about him here: <http://gosnellmovie.com/>

In 2000, the FDA approved the chemical abortion drug *Mifepristone* (also known as the Abortion Pill or RU-486) and launched the abortion industry into a new frontier. A new kind of abortion had arrived in this country. Surgical abortions were no longer the *modus operandi* in abortion facilities.

In this newsletter, we will look at what the Abortion Pill is and how it works, how it jeopardizes women's health care, and what is looming on the horizon.

What is The Abortion Pill? A two-pill chemical abortion that can be taken up to the first 10 weeks of pregnancy. It first causes death to the baby, then contractions to expel it from her body.

Pill #1: Mifepristone blocks the production of progesterone, a life-saving hormone that provides nourishment to the baby and is essential for a healthy pregnancy. This drug causes the baby to starve from insufficient blood supply and nutrients needed to keep her alive.

Pill #2: Misoprostol is taken 24 to 48 hours after Mifepristone to induce labor and expel the baby from the uterus.



10 Weeks

The Abortion Pill has quickly become the mode of choice for women seeking an abortion. Chemical abortions are at an all-time high, increasing by 73 percent from 2008 to 2017, and currently accounts for nearly **50% of all abortions in the United States.**

In a recent article, *The Next Abortion Battleground: Chemical Abortion*, Mary Szoch writes, "The rapid increase in chemical abortions is part of the abortion industry's long-term strategy to make abortions **self-managed and unrestricted—despite the profound dangers such poorly supervised medical care poses to women's health.**"

The FDA created a drug safety program called **Risk Evaluation and Mitigation Strategies (REMS)**, for high risk drugs that require special monitoring and administration because of potentially dangerous adverse effects. Because Mifepristone carries life-threatening and health-endangering risks to women, such as hemorrhage, infection, incomplete abortion, the need for emergency surgery, and death, the FDA assigned Mifepristone to its REMS program. They mandated that Mifepristone can only be dispensed in certain health care settings (i.e., medical clinics) and under the supervision of a certified prescriber, who is required to have the ability to properly assess pregnancy gestation, diagnose ectopic pregnancies, and provide surgical or emergency intervention, if necessary.

Unfortunately, the abortion industry took advantage of the pandemic by taking legal action to lift Mifepristone's safety restrictions from the REMS. In April of this year, the FDA officially suspended enforcement of these safety requirements for the duration of the pandemic. As a result, abortion providers are now permitted to send the Abortion Pill through the mail, via a loosely regulated system of brick-and-mortar clinics, online pharmacies, video calls, and online evaluation forms. With the removal of the requirement of a patient to be evaluated by a medical provider, this will result in undiagnosed ectopic pregnancies, unconfirmed gestational-age pregnancies, undiagnosed STDs, or tests for Rh blood types—all of which are dangerous complications in pregnancy.

Because of the "convenience and ease" for a woman to obtain the Abortion Pill online or by mail without medical supervision, coupled with its dangers and risks, the Abortion Pill has become the modern day back-alley abortion. Like back-alley abortions prior to 1973, the Abortion Pill can be obtained and administered in various environments without adequate medical standards or safety protocols in place to ensure the proper standard of care for women.

What is on the horizon? On October 11, 2019, Governor Newsom signed into law a dangerous piece of legislation known as SB-24. This bill requires that **after January 1, 2023**, every University of California (UC) and Cal-State university campus have the Abortion Pill available to students through their campus health care offices. Students will be able to obtain this medication on campus and take it in the privacy of their dorm rooms. You can read SB-24 at https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB24.

Friends, your children or grandchildren may be attending one of these campuses in the future.

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This is not easy information to share, but it is necessary. We have been in a spiritual, cultural, and political war for the life of the unborn for decades and the landscape looms darker, not only for the lives of babies, but also for the health of women. By lifting Mifepristone from REMS and the passing of SB-24, the doors of easy access and dangerous abortion have flung wide open.

To learn more about chemical abortion, I highly recommend a docuseries produced by Charlotte Pence Bond (in partnership with Heartbeat International and Students for Life). You can watch it online at ThisIsChemicalAbortion.com.

Our resolve to “*rescue those who are being taken away to death,*” remains stronger than ever. Scripture tells us **“their feet are swift to shed blood, destruction and misery are in their paths, and the path of peace they have not known. There is no fear of God before their eyes.”** (Rom 3:15-18) We cry with the Psalmist, **“Arise, O LORD; O God, lift up Your hand. Do not forget the afflicted. Vindicate the weak and fatherless; do justice to the afflicted and destitute. Rescue the weak and needy; Deliver them out of the hand of the wicked. They do not know nor do they understand; they walk about in darkness...”** (Ps. 10:12; 82:3-5)

Next month in Part 2, we will talk about the medical treatment available to a woman who changes her mind and wishes to **REVERSE** the effects of the Abortion Pill with the hope of saving her baby’s life. It is possible! You will be encouraged!

Kathryn Enloe
Director

Save The Date!
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October 9, 2021

Center Donations:

Thank you **Lindsay Howe, Don Mattos, Donna Newton, Gage Pediatrics, Ella Schales, Nancy Sellers, Robin Steiner, Piper Tejada, Kristine Welch & Sheri Winterowd** for your generous donations of clothing, diapers, toys, books, and baby equipment. Your donations are a blessing to our clients through our Earn While You Learn parenting program.

Donations Accepted: Mon, Wed & Thurs (9:30-3:00 pm); Tues. (11-5:00 pm); Friday (9:30-12:30 pm)

“This I command you, that you love one another.” (John 15:17)

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