



RESOURCE GUIDE

THE DIGNITY AND SANCTITY  
OF EVERY HUMAN

life

Speak up for those who can't speak for themselves.

PROVERBS 31:8

FOCUS ON THE FAMILY®

| FOCUS ON LIFE™





## RESOURCE GUIDE

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# THE DIGNITY AND SANCTITY OF EVERY HUMAN

*life*

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Speak up for those who can't speak for themselves.

PROVERBS 31:8

# THE DIGNITY AND SANCTITY OF EVERY HUMAN LIFE

*God created mankind in His own image, He created them male and female in the image of God* **(GENESIS 1:27)**.

Like a set of new glasses that helps us see the world with greater clarity, seeing people through God's eyes changes how we respond to them. From the formation of a child's first tiny cell to life's final breath, all life has dignity and value, because each and every one of us is made in the image of God.

And that is why when we talk about being pro-life, it's not just a political issue. It's a worldview, it's a life view. It's a way of looking at each human life that transcends culture, class, race, age and opinion, knowing that we are all uniquely created in the image of God.

The sanctity of human life is deeply rooted in Scripture and modeled through the life of Jesus Christ who said, "Whatever you did for the least of these brothers of mine, you did for me" **(MATTHEW 25:34-40)**. When we begin to see others as God sees them, we're moved to care more deeply about those created in His image and we will live each day in a way that honors our Creator.

We won't see the Scriptures as mere words, but as commands to express His heart through our actions. Commands like, "Speak up for those who cannot speak for themselves" and "Ensure justice for those being crushed" **(PROVERBS 31:8)** or, "Love your neighbor as yourself" **(MARK 12:31)**.

The sanctity of human life speaks to ancient questions that span all of time in every culture, like

Who am I? Who is God? Who is my neighbor? Jesus responded to those questions with the story of the good Samaritan, who saw a man broken and bleeding and instead of looking the other way, like others had, He stopped and cared for that man even at great cost to himself. Jesus said, "Go and do likewise."

Don't be silent in the face of injustice, but be a voice for those who cannot speak for themselves:

- Let us shine a light on practices that distort human dignity, like human trafficking and the cycle of poverty that limits God-given potential and dreams.
- Make sacrifices to meet the needs of those dying preventable deaths because they lack food, medicine and clean water.
- Embrace those with special needs as a special reflection of our creator God.
- Let us see people as God sees them, seeing their needs and having mercy on them because every person is made in the image of God.
- So, reach out to orphans in distant lands or the foster child in our own backyard who is waiting, hoping and praying for a family to call their own.
- May we not pass judgment on the women facing an unexpected pregnancy, but surround her with support, helping her to see the child growing within her as a unique person with a life as valuable as her own.
- Let us care for the widow in distress and loneliness, and let us befriend those in prison.
- Let us rejoice in the image of God as expressed through various skin colors and ethnic traditions, refusing to tolerate racist attitudes that mock the One that created us.
- Let us choose to see those who disagree with us as God sees them, treating them with dignity and respect while helping them **open their eyes to see the beauty and value of life.**



# ADVOCATING FOR THE DIGNITY AND SANCTITY OF HUMAN LIFE AT EVERY STAGE ...

RECOGNIZING PRE-BORN CHILDREN &  
THE TRAGEDY OF ABORTION

ENCOURAGING ADOPTION & ORPHAN CARE

VALUING PEOPLE WITH SPECIAL NEEDS

ENDING HUMAN TRAFFICKING

PROMOTING RACIAL RECONCILIATION

ERADICATING POVERTY & DEATH  
FROM PREVENTABLE DISEASE

ENGAGING IN PRISON MINISTRY

SERVING IMMIGRANTS & REFUGEES

CARING FOR THOSE AT THE END OF LIFE

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**THIS IS WHAT IT  
MEANS TO BE PRO-LIFE**





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# THE DIGNITY AND SANCTITY OF EVERY HUMAN LIFE



## “Love your neighbor as yourself.”

This, according to Jesus, is among the greatest commandments, second only to the command to wholeheartedly love God Himself (**MARK 12:30-31**).

Inherent to the idea of loving your neighbor is a robust understanding of the dignity of all human life. This includes not only the family next door, but also—and maybe especially—preborn children, disabled individuals, victims of trafficking, those trapped in poverty, the elderly among us, and a host of other vulnerable demographic groups.

Those of us who embrace the Judeo-Christian perspective on life acknowledge that each and every individual is created in God’s image and, as such, holds inestimable worth. We are called to treat people—all people—with dignity because they are stamped with the likeness of our Creator from the moment of conception. Psalm 139 famously affirms this truth, as do many other passages in God’s Word that demonstrate the Lord’s love and concern for each individual.

**To love your neighbor is to take special concern for those who are vulnerable and who would otherwise be overlooked.**

This is a countercultural charge for which the Church is uniquely equipped. As representatives of Christ—who unfailingly extended compassion to the weak and oppressed during His earthly ministry—we, too, have been tasked with serving as a voice for the voiceless.

Focus on the Family is committed to that goal, and this Dignity and Sanctity of Human Life Resource Guide is designed to equip and empower you to boldly and effectively champion those who are unable to speak for themselves. Upholding the sanctity of human life is a high and holy calling, and one we’re grateful to answer. May God guide and bless you in your own endeavors to serve “the least of these” (**MATTHEW 25:40**).

*Jim Daly, President, Focus on the Family.*





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## WHY SHOULD WE CARE ABOUT THE DIGNITY OF HUMAN LIFE?

*By Glenn Packiam*

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Let's begin in the beginning. God created the heavens and the earth, on purpose and with pleasure. He called it good. And then He made the Human.

Why did He make the Human? Silence for a moment the familiar chorus that "God made us to be in relationship with Him." True. But, Genesis doesn't say that. What it does say is that God made the Human to be His image-bearers and to reign. From a place of loving communion with God, the Human was to bear His image and reflect His wise order and loving rule into the world.

When we grasp this broad framework of God's first creation and the first humans' role in it, we begin to see what new creation and new humanity are about. In Christ, new creation has begun; in Christ, we become a new humanity, regardless of race, sex, or social status. For the Christian, then, our identity and our vocation have been restored. We are not what we used to be—sub-humans, rebelling against God and degrading other humans. Instead, we have become a sign in the world of what God is like. We bear His image and reflect His rule.

To be clear, this doesn't mean imposing some kind of theocracy upon unwilling people. Rather, it means showing the world a different reality. You see, in the world where Jesus is King, life—from the womb to the tomb—is holy. The hungry are fed, the poor are cared for, the vulnerable are protected, the stranger

is welcomed, the weak are lifted up, the proud are brought low, and the oppressed go free!

**When a Christian speaks and works for the dignity of human life, he is not engaging in a public relations campaign, but he is reclaiming an Image;** she is not imposing her cultural values on others, but she is recovering a vocation to bring blessing to all peoples. For the Christian, life and justice and mercy are not fashionable ideas that can fuel a clever campaign and give church folks a nice feeling of fulfillment. Carrying hope to the hopeless, being a blessing to all peoples, is our original design, a design now restored to us in Christ.

Why do we care about the dignity of human life? Because God's new creation has begun in us. The work that God will do to remake earth and heaven has begun now in the renovation of our hearts by the Holy Spirit. And that renewing work in us spills out into our work to set things right in our world. Every time we welcome the stranger and open our hearts and homes to orphans, every time we meet the needs of a vulnerable pregnant woman, every time we release people from oppression or help the poor, every time we visit an elderly shut-in and give a cup of cold water in Jesus' name, we are announcing the Kingdom of God. We are living now as it will be then. We are bearing the image of a loving Creator and reflecting His rule in our world.

We are participating in God's arriving Kingdom and His will being done on earth as it is in heaven. And this is what we were made to do.

*Glenn Packiam is the lead pastor of New Life Downtown in Colorado Springs, Colorado. □*



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## HUMAN RIGHTS AND THE DIGNITY OF LIFE

*By Tim Keller*

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What happens in a society that got its idea of human rights from a belief in the image of God, that all people are created in the image of God? What happens to that society when as a society as a whole it loses the idea of God? You see, what happens when you have a secular society in which most of the cultural elite say “Well, we don’t believe in God anymore, and therefore we don’t believe human beings were made in the image of God, we just evolved, they are very complex organisms”?

Now, how do you ground human rights in the worth of the individual human being? What does that worth consist of? What makes a human being worthy of rights now that you don’t believe in the image of God anymore?

The reason a human being deserves rights, protections, is because they have the capacity, they have the capacity to reason, they have self-consciousness, they have the capacity to make moral choices, they know right from wrong, they have the capacity for what some professors call “preferences.” And because they have reason, and the ability to make choices and they have preferences, they are moral agents and therefore they are capable, or they are worthy of protection; they have rights.

But the Christians came along and they believed in the Imago Dei. And because they believed in the image of God, from the beginning they were champions ... well, first of all, they were totally against abortion, from the beginning. Because if

you believe in the Image of God, you have to be. If human life is good, then nascent human life has got to be good.

But they were also against infanticide. They were not one issue people. They cared for the poor. They cared for women, they didn’t make widows ... at that time most people said that if you are a widow, you’ve got to remarry. They were champions of women; they were champions of orphans; they were champions of the weak; they were champions of the poor. And they were against abortion. And they put the rest of the culture to shame because of their belief in the sanctity of life.

So that eventually, the whole Western world adopted the idea of the image of God. Because when you believe in the image of God, the circle of protected life expands. But if you don’t believe in the image of God, if you only believe in capacities or some other trumped up approach to why we believe in human rights, the circle will continually contract. It will get smaller and smaller, and fewer and fewer people will be protected. You see how incredible, crucial, important, the image of God teaching is.

What if we took the image of God seriously? First of all, regardless of what the law of the land says, we would know abortion, except to save the life of a mother, is a violation of the image of God. Secondly, the women who have had abortions, and the men who have helped them have abortions, would not feel like scum, because **JAMES 3:9** says you don’t disdain, you don’t demonize, you don’t curse, you offer grace to everybody. **You see if we believed in the image of God and say abortion is wrong, we wouldn’t make women who have had abortions feel terrible, like scum or something. And we**



wouldn't be single issue people, we would be for all of the poor and all of the weak and all of the marginal. And we would be a very unusual community, wouldn't we? Now let's be that.<sup>1</sup>

*Tim Keller is the founding pastor of Redeemer Presbyterian Church in New York City, New York. □*



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## A COMPASSIONATE CALL TO COUNTER CULTURE

*By David Platt*

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In this day when social issues are creating clear dividing lines in society, moral or political neutrality is no longer an option for those who believe the gospel.

**It's simply not enough to focus on only those issues that are most comfortable—and least costly—to us.**

But what if the main issue is not poverty or homosexuality or abortion? What if the main issue is God? What if the same God who moves us to war against sex trafficking also moves us to war against sexual immorality? What if the same gospel that compels us to combat poverty also compels us to defend traditional marriage?

What if all of these cultural hot-button issues are all connected to our understanding of who God is and how he relates to everything around us?

Consider the way the Bible describes the relationship between God and an unborn baby. The psalmist writes to God:

You formed my inward parts; You knitted me together in my mother's womb. I praise You, for I am fearfully and wonderfully made. Wonderful are Your works; my soul knows it very well. My frame was not hidden from You, when I was being made in secret, intricately woven in the depths of the earth. Your eyes saw my unformed substance; in Your book were written, every one of them, the days that were formed for me, when as yet there was none of them **(PSALM 139:13-16)**.

As we read these words, we're reminded of the core gospel truth that God is the Creator. He alone has the power and authority to give life. Elsewhere in the Bible, Job says, "The Spirit of God has made me, and the breath of the Almighty gives me life" **(JOB 33:4)**. He also says, "In his hand is the life of every living thing and the breath of all mankind" **(JOB 12:10)**.

God is not only the Giver of life; he is also the Taker of life. Again, Job confesses, "Naked I came from my mother's womb, and naked shall I return. The Lord gave, and the Lord has taken away" **(JOB 1:21)**. God himself declares, "I put to death and I bring to life" **(DEUTERONOMY 32:39, NIV)**. This is why murder and suicide are both sins. It is God's prerogative alone, as Creator, to give and take innocent life.

In light of these biblical realities, it becomes abundantly clear that abortion is an affront to God's sole and sovereign authority as the Giver and Taker of life. Abortion, like murder or suicide, asserts human beings as the ones who control life and death. But God the Creator alone has the right to determine when someone lives and dies, and abortion flies directly in the face of his authority<sup>2</sup>.

*Dr. David Platt is the pastor of The Church at Brook Hills in Birmingham, Alabama. □*



# *Preborn Children + Abortion*

ADOPTION & ORPHAN CARE

SPECIAL NEEDS

HUMAN TRAFFICKING

RACISM

POVERTY & DEATH  
FROM PREVENTABLE DISEASE

PRISON MINISTRY

IMMIGRANTS & REFUGEES

END OF LIFE

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**PRO-LIFE**







THE PSALMIST WRITES:

*“When I was woven together in the depths of the earth, Your eyes saw my unformed body; all the days ordained for me were written in your book before one of them came to be.”*

Life in the womb has intrinsic value assigned from God and is worthy of protection; this is what it means to be pro-life.

## WHEN DOES LIFE BEGIN?

*“In that fraction of a second when the chromosomes form pairs, the sex of the new child will be determined, hereditary characteristics received from each parent will be set, and a new life will have begun.”<sup>3</sup>*

—*Human Development: The Span of Life*

***“Human life begins when the ovum is fertilized and the new combined cell mass begins to divide”<sup>10</sup>***

—*Dr. Jasper Williams, Former President of the National Medical Association*

*“The two cells gradually and gracefully become one. This is the moment of conception, when an individual’s unique set of DNA is created, a human signature that never existed before and will never be repeated.”<sup>4</sup>* —*In the Womb, National Geographic, 2005*

*“Biologically speaking, human development begins at fertilization.”<sup>5</sup>* —*In the Womb, National Geographic, 2005*

*“[The zygote], formed by the union of an oocyte and a sperm, is the beginning of a new human being.”<sup>6</sup>* —*Before We Are Born: Essentials of Embryology*

*“Every time a sperm cell and ovum unite a new being is created which is alive and will continue to live unless its death is brought about by some specific condition.”<sup>7</sup>* —*Pathology of the Fetus and the Infant*

*“Although life is a continuous process, fertilization ... is a critical landmark because, under ordinary circumstances, a new genetically distinct human organism is formed when the chromosomes of the male and female pronuclei blend in the oocyte.”<sup>8</sup>*

—*Human Embryology and Teratology*

*“Genetically the zygote is complete. It represents a new single celled individual.”<sup>9</sup>* —*Structure and Function of the Body*

*“At the moment the sperm cell of the human male meets the ovum of the female and the union results in a fertilized ovum (zygote) a new [human] life has begun.”<sup>11</sup>* —*Van Nostrand’s Scientific Encyclopedia, 7th ed.*

Ashley Montague, a geneticist and professor at Harvard and Rutgers, is unsympathetic to the prolife cause. Nevertheless, he has affirmed unequivocally, ***“The basic fact is simple: life begins not at birth, but conception.”<sup>12</sup>***

*(For more quotes from scientists and biologists, visit the website of Eternal Perspectives Ministries).<sup>13</sup>*

## SCIENTISTS SPEAK BEFORE THE SENATE: HUMAN LIFE BEGINS AT CONCEPTION<sup>14</sup>

In 1981, still early in the debate about what abortion policies should be in the United States, a Senate Judiciary Subcommittee held hearings on the very question before us here: When does human life begin? Speaking on behalf of the scientific community was a group of internationally-known geneticists and biologists

who had the same story to tell, namely, that human life begins at conception—and they told their story with a complete absence of opposing testimony.

**These quotes are taken from the official Subcommittee on Separation of Powers to Senate Judiciary Committee S-158, Report, 97th Congress, 1st Session, 1981:**

- Dr. Micheline M. Mathews-Roth, Harvard medical School, gave confirming testimony, supported by references from over 20 embryology and other medical textbooks, that human life began at conception: *“It is incorrect to say that biological data cannot be decisive .... It is scientifically correct to say that an individual human life begins at conception.”*
- “Father of Modern Genetics” Dr. Jerome Lejeune told the lawmakers: *“To accept the fact that after fertilization has taken place a new human has come into being is no longer a matter of taste or opinion ... it is plain experimental evidence. Each individual has a very neat beginning, at conception.”*

Dr. McCarthy de Mere, medical doctor and law professor, University of Tennessee, testified:

*“The exact moment of the beginning of personhood and of the human body is at the moment of conception.”*

Dr. Alfred Bongiovanni, Professor of Pediatrics and Obstetrics, University of Pennsylvania School of Medicine, concluded,

*“I am no more prepared to say that these early stages represent an incomplete human being than I would be to say that the child prior to the dramatic effects of puberty ... is not a human being. ... I have learned from my earliest*

*medical education that human life begins at the time of conception.”*

- Dr. Richard V. Jaynes affirmed, *“To say that the beginning of human life cannot be determined scientifically is utterly ridiculous.”*
- Dr. Landrum Shettles, sometimes called the “Father of In Vitro Fertilization,” notes, *“Conception confers life and makes that life one of a kind.”*
- C. Christopher Hook, M.D. Oncologist, Mayo Clinic, Director of Ethics Education, Mayo Graduate School of Medicine stated, *“When fertilization is complete, a unique genetic human entity exists.”*

**And on the Supreme Court ruling Roe v. Wade:**

- Professor Eugene Diamond asserted, *“To deny a truth [about when life begins] should not be made a basis for legalizing abortion.”*
- Hymie, Gordon M.D., F.R.C.P., Chairman of Medical Genetics, Mayo Clinic, Rochester observed, *“... either the justices were fed a backwoods biology or they were pretending ignorance about a scientific certainty.”*

**The official Senate report reached this conclusion:**

“Physicians, biologists, and other scientists agree that conception marks the beginning of the life of a human being—a being that is alive and is a member of the human species. There is overwhelming agreement on this point in countless medical, biological, and scientific writings.”

# WHEN ARE ABORTIONS DONE?

According to abortion statistics published in 2015 by the Centers for Disease Control and Prevention, the following percentage of abortions were reported at various stages of pregnancy: <sup>28</sup>

WEEKS OF PREGNANCY	% TOTAL	NUMBER ANNUALLY*	EACH DAY (US)
8 weeks or earlier	65.8%	592,200	1,622
9-13 weeks	25.6%	230,400	630
14-20 weeks	7.2%	64,800	177
21+ weeks	1.3%	11,700	32

*\*Based on an estimated 900,000 abortions each year in the United States*

## Abortion in the Church

The church has a responsibility to speak out on the sanctity of human life and to offer healing and forgiveness to women who have had abortions, but many pastors do not address the issue from the pulpit for fear of being seen as too political, or fear of hurting those who have had an abortion. Post-abortive women and men (as well as women and families at risk for abortion) are sitting in their services every Sunday and they need to hear clear teaching from God’s Word regarding the sanctity of human life, as well as God’s grace and forgiveness.

- Sadly, those who minister to women who regret their abortions say that the abortion rate within the church is about the same as in the culture at large: **3 IN 10** women will have an abortion by age 45.
- In a survey of **1,038** women who have had abortions: <sup>29</sup>

- **70 PERCENT** claim a Christian religious preference, and 43 percent report attending church monthly or more at the time of an abortion.
- **76 PERCENT** say the church had no influence on their decision to terminate a pregnancy.
- **65 PERCENT** say church members judge single women who are pregnant.
- Only **41 PERCENT** believe churches are prepared to help with decisions about unwanted pregnancies.
- In an August 2016 survey by Pew Research Center, only **22 PERCENT** say they have heard religious leaders speak out against abortion. <sup>30</sup>

## Abortion and Women of Color

Historically, the abortion industry intentionally markets abortion as a solution to women of color, locating their businesses in ethnic neighborhoods:

- About **13 PERCENT** of American women are black, <sup>31</sup> yet they account for **35 PERCENT** of all abortions.
- Fewer than **1 IN 8** Caucasian pregnancies end in abortion. <sup>32</sup>
- **ONE THIRD** of African-American pregnancies end in abortion. <sup>33</sup>
- Hispanic women account for **17 PERCENT** of abortions. <sup>34</sup>
- The abortion rate among African-American women is more than **3X** higher than among white women. <sup>35</sup>

## Reasons for Abortion

Although many think that abortions are done mainly for the “hard cases” of rape, incest, or to save the life of the mother, statistics gathered by abortion providers themselves tell a different story. In fact, fewer than 1% of women obtaining an abortion say that they were victims of rape and fewer than 0.5 % of women say their pregnancy



was a result of incest. Here are the most common reasons given for abortion:

- Nearly **75 PERCENT** say a baby would interfere with work, school, or other responsibilities.<sup>36</sup>
- Nearly **75 PERCENT** say they cannot afford to have a child.<sup>37</sup>
- Nearly **50 PERCENT** say they do not want to be a single parent or they are having problems with their husband/partner.<sup>38</sup>

### Polls reflect some encouraging trends, but also confusion about the abortion issue.

In May 2012, according to a Gallup poll, 50% of Americans identify themselves as “pro-life,” compared to a record-low 41% who say they are “pro-choice.” The poll also revealed a clear moral divide on abortion with 51 percent of Americans finding abortion “morally wrong” compared to 38 percent who say it is “morally acceptable.”

However, a recent Barna study<sup>39</sup> of 1,001 adults explored Americans’ views on abortion, asking if they believe “abortion should be legal in all cases, legal in most cases, illegal in most cases, or illegal in all cases.” Given these four options, the nation’s population leans toward retaining legal status for abortion:

- **49 PERCENT** prefer keeping it legal in all or most cases.
- **42 PERCENT** would like to make it illegal in all or most instances.

#### Among evangelical Christians:

- **78 PERCENT** believe that the practice should be illegal in all or most cases.

David Kinnaman, president of the Barna Group and the director of the study, said:

*“As Americans appear ready to rethink many different issues, it is important to consider new*

## QUICK FACTS ABOUT ABORTION

Based on accumulative data from the two primary sources of U.S. abortion statistics (Centers for Disease Control and Prevention and the Guttmacher Institute), approximately **900,000** abortions are performed each year in the United States. Since 1973, we estimate more than **53 million** abortions have been performed in the United States. According to research compiled by the Guttmacher Institute, approximately **42 million** abortions occur worldwide annually.

### WHO HAS ABORTIONS?

- Based on current abortion rates, about **3 in 10** women will have an abortion by age 45.<sup>22</sup>
- **44 percent** of women who had abortions in the U.S. had at least one previous abortion.<sup>23</sup>
- Almost half (**45 percent**) of abortions are among women and teens 24 years old and younger.<sup>24</sup>
- Women aged **20-24** obtain **33 percent** of all abortions, and teenagers obtain **12 percent**.<sup>25</sup>
- **85 percent** of women who had abortions in the U.S. were unmarried.<sup>26</sup>
- Nearly **60 percent** of abortions are among women who have had one or more children.<sup>27</sup>

*ways of communicating about and addressing the issues of abortion, life and choice.*

*Within that context, it is worth recognizing that a slight plurality of most population groups has settled into the idea that abortion should be kept legal, but that it should be only available selectively.*

*Yet, one of the intriguing counter-trends to public support for legalized abortion is the fact that younger born again Christians specifically and 18- to 25-year-olds in general seem to be embracing, or at least retaining, a conservative viewpoint on abortion.”*

## QUICK BIOLOGICAL FACTS TO REMEMBER<sup>40</sup>

As measured from the moment of  
**FERTILIZATION:**

- At **3 weeks** the heart begins to beat.<sup>41</sup>
- At **6 weeks** tooth buds for “baby teeth” are taking shape in the jaw.<sup>42</sup>
- At **8 weeks** the brain is producing **250,000** new neurons each minute.<sup>43</sup>
- At **9 weeks** all the major organ systems are present.<sup>44</sup>

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## HUMAN DEVELOPMENT

*By Vicki L. Dihle, PA-C and Bradley G. Beck, M.D.*

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People have marveled at and tried to understand the miracle of life for centuries. It’s a mystery how two microscopic cells can unite and become a new human being! This has puzzled and delighted everyone from poets and philosophers to scientists and parents since the beginning of time.

Now, thanks to recent advances in medical science and imaging techniques, we have the unequalled privilege of observing the developing life within the mother’s womb. With this technology, we can see the miraculous fusion of two cells that culminates in a fully formed human life in a mere 266 days. Witness this miracle in the making as we journey through the first 9 months of life.

### How is Pregnancy Dated?

Pregnancy terminology can be confusing. There are two ways of dating pregnancy:

**GESTATIONAL AGE** is the term traditionally used by health care professionals to date pregnancy and refers to how long it’s been since the first day of the mother’s last menstrual period (LMP). The gestational age begins two or more weeks before the fertilization of the egg by the sperm.

**FERTILIZATION AGE** refers to how long it’s been since conception: the fertilization of the egg by the sperm. Most women ovulate (release a mature



egg from the ovary) in the middle of their monthly cycle. For instance, if a woman has a 28-day cycle, she will typically ovulate around the 14th day after her last period began. If a sperm fertilizes the egg, at that moment a new life begins, and this becomes the first fertilization day.

**Before a woman even misses her menstrual period, if an egg has been fertilized, this is what occurs in a normal pregnancy.**

**2 WEEKS / CONCEPTION DAY** The egg and sperm most often unite in the fallopian tube (tube from the ovary to the uterus) to form a single cell called a zygote. This tiny new cell, smaller than a grain of salt, contains all the genetic information for every detail of the newly created life—the color of the hair and eyes, the intricate fine lines of the fingerprint, the physical appearance, the gender, the height and the skin tone.

**DAYS 2-5** This new life is now called an embryo, and his or her cells continuously divide while traveling down the fallopian tube before arriving at the uterus, around days 3 to 4. Meanwhile, the lining of the uterus prepares to receive this new life.

**3 WEEKS / 1 WEEK** The embryo begins to implant in the lining of the uterus on about day 6. Once this occurs, hormones trigger the mother's body to nurture the pregnancy and prevent her monthly periods. A blood test can show that the mother is pregnant. Around day 8, the baby is about the size of the "period" used in this sentence.

**4 WEEKS / 2 WEEKS** A pregnancy test taken at this point can measure hCG, the pregnancy hormone in the mother's urine, and tell her if she is pregnant. By now, the embryo is completely attached to the lining of the uterus and draws nourishment from its mother.

**5 WEEKS / 3 WEEKS** The heart, about the size of a poppy seed, is the first organ to function: it begins to beat just 21 days after fertilization! The first signs of brain development are evident, and the foundation for every organ system is already established and beginning to develop.

**6 WEEKS** Just **4 WEEKS** after fertilization, the baby is growing rapidly and measures 1/8 of an inch long. The basic structure for the entire central nervous system (brain and spinal cord) has formed. The eyes are developing, and the arm and leg buds are now visible. The beating heart can be seen on an ultrasound scan—it's already beating about 80 times a minute!

**7 WEEKS** The baby is now 1/3 of an inch long and is making its own blood. Depending on the baby's gender, the testicles or ovaries are beginning to form.

**YOU SHOULD KNOW...** *Fetal lengths and weights given are merely averages. Babies are typically measured from the top of the head to the rump, or bottom, before 20 weeks. After that, they are measured from head to heel.*

**8 WEEKS** The baby is now about 1/2 of an inch long. The elbows and fingers can be seen. The embryo can respond to touch by reflex, and some

reports show that the embryo can move its trunk and limbs. Lungs begin to develop. Taste buds are forming on the tongue, tooth buds for “baby teeth” are taking shape in the jaw, and eyelids are beginning to form.

**9 WEEKS** The baby measures  $\frac{3}{4}$  of an inch long and weighs almost  $\frac{1}{8}$  of an ounce. The developing ears and nose are visible, and there is pigment in the retina. Nipples can now be seen on the chest. The limbs and fingers are growing rapidly, and the bones in the arms are beginning to calcify and harden.

**10 WEEKS** Now, for the first time in development, the brain can make the muscles move on purpose. The baby’s brain is growing rapidly. Each minute it produces almost 250,000 new neurons! The upper and lower portions of the arms and legs are clearly seen, as well as the fingers and toes. By now the external ear is fully developed. A baby boy begins to produce the male hormone, testosterone.

**11 WEEKS** Because the baby has all of the major organ systems and is a distinctly recognizable human being, he or she is no longer called an embryo but is now known as a fetus, a Latin word for “young one.” The baby is about 2 inches long and can yawn and suck. The eyelids are fully formed and closed to protect the developing eyes. During the next several weeks, his or her body will grow rapidly, increasing in weight 30 times and tripling in length!

**14 WEEKS** Now  $3\frac{1}{2}$  inches long, the “young one” is coordinated enough to find his or her thumb and suck it. You can see the beginnings of the

fingernails and toenails. The baby is able to urinate and swallow. Although these feet have been kicking for about a month, his mother can’t feel the movement yet.

**16 WEEKS** The heart beats between 110 and 180 times per minute and pumps about 6 gallons of blood each day. The gender of the baby might be seen on ultrasound. If she is a girl, millions of eggs are now forming in her ovaries. At almost 5 inches in length and weighing nearly 4 ounces, the baby can coordinate the movement of its arms and legs, though his or her mother will not likely feel it yet.

**18 WEEKS** In just 2 weeks, the fetus has almost doubled its weight to 7 ounces. The skeleton is hardening and calcifying and is visible on ultrasound. Reflexes such as blinking and frowning are now developed. The baby has its own unique fingerprints and toe prints. Some studies show that the baby can feel pain as early as 18 weeks.

**20 WEEKS** The fetus is now about 10 inches long from head to heel and weighs 11 ounces. The baby has unique waking and sleeping patterns and even has a favorite position to sleep in. The pregnancy is about half over, and the mother is beginning to “show.”

**22 WEEKS** The baby is about 11 inches long and weighs about 1 pound. If the baby is male, his testicles are beginning to descend from the abdomen to the scrotum. Hair is visible on his or her head and body. From now until about 32 weeks, the baby feels pain more intensely than at any other time in development.

**24 WEEKS** The baby now weighs about 1½ pounds and inhales amniotic fluid in preparation for breathing. The ear has developed to the point where the baby recognizes his or her mother's voice, breathing and heartbeat. About a week ago, rapid eye movements began, an activity associated with dreaming. The baby may have a blink-startle response resulting from sound applied to the mother's abdomen. Some babies born at this stage of development are able to survive.

**26 WEEKS** Now the baby weighs almost 2 pounds and he or she can react to sounds outside the mother's body. Eyes can now respond to light and the permanent teeth buds are apparent in the gums. Eyelashes and eyebrows are well-formed and the hair on the baby's head is growing longer.

**28 WEEKS** The baby is now approximately 15 inches long and weighs about 2 1/2 pounds. With the support of intensive care, a baby born at this stage is capable of breathing air. The brain is developed enough to coordinate rhythmic breathing and regulate body temperature. As the baby continues to gain weight, the skin becomes less wrinkled and more smooth.

**34 WEEKS** The baby is now almost 17 inches long, weighs 4½ pounds, and continues to grow and mature. By this stage of development, the eyes are wide open and if a light were shone into them, the pupils would constrict. The head is covered in hair, the fingernails have reached the tips of the fingers, and the toenails are close behind. The lungs are still developing, so if born at this stage the baby will probably need some assistance breathing.

**40 WEEKS** The baby is now around 20 inches long and may weigh 7 to 8 pounds. He or she has a plump body and a firm grasp. Typically, the baby is head down in the mother's pelvis and awaiting birth. Be patient—only 4 percent of babies are born on their due date!

Of course, babies set their own timetables, and every pregnancy is different, but isn't it amazing to consider the incredible development that happens in the first 9 months of life?

### Facts about fetal development were taken from the following sources:

#### Publications:

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- Mayo Foundation for Medical Education and Research. "Fetal development: What happens during the first (second, third) trimester?" [www.mayoclinic.com/health/prenatal-care/PR00112](http://www.mayoclinic.com/health/prenatal-care/PR00112) (as well as /PR00113 & /PR00114)
- LaRossa, Maureen Mulligan, R.N., and Sheena L. Carter, Ph.D. "Understanding How the Brain Develops." [www.pediatrics.emory.edu/divisions/neonatology/dpc/brain.html](http://www.pediatrics.emory.edu/divisions/neonatology/dpc/brain.html)

### Other:

- Anand, Kanwaljeet, M.B.B.S., D. Phil. “Expert Report of Kanwaljeet S. Anand, M.B.B.S., D. Phil.” Expert testimony before the U.S. Department of Justice describing the capacity of the fetus to feel pain. □

## HELP AT THE POINT OF NEED

In God’s eyes, there are no surprises. We humans, with our limited perspective, are sometimes stunned by the events He allows into our lives. But God always has both a plan and a provision. When an unintended pregnancy interrupts the “script” a young woman (and her family) has sketched out for her life, many conflicting emotions compete simultaneously for center stage: panic, fear, anger, guilt and others.

**The exciting news, which she needs to hear, is that God’s forgiveness will meet her at her point of need, and His sufficiency will abundantly supply. One way He often does that—in fact, the most common way—is through His people.**

Pro-life pregnancy centers and medical clinics are on the front lines in most communities. They offer essential services to a woman facing an unexpected pregnancy, as well as an opportunity to discuss vital alternatives to abortion. Medical clinics offer pregnancy confirmation through ultrasound, which gives the young mother an opportunity to view the amazing development of her preborn baby. A woman’s family members and the father of the baby also struggle through this time, and can find a safe place to deal with their own feelings and responsibilities regarding her pregnancy.

These vital community organizations play a unique role in helping to protect women’s health and allowing them to discuss all their options because unlike abortion clinics, these ministries have no financial interest in the choice the woman makes. Typically, three kinds of services are offered:

### Intervention

Most centers and clinics provide such services as pregnancy tests, alternatives, childbirth and parenting classes, adoption education, information about insurance programs for which a woman can apply, maternity and baby clothing and supplies—all free of charge and confidential. She is encouraged to include others in her world who may also need to be present, such as the father of the baby or her parents.

Pro-life medical clinics operate under the direction of a local physician and on-site nurse manager. A huge advantage to the woman is provision of her first obstetrical ultrasound to confirm that she is truly pregnant. During this exam, the young mother has the opportunity to come face-to-face with her preborn child. Many babies have been seen to suck their thumbs, have hiccups, and even jump while on the screen.

These services ensure that women have accurate information and the knowledge of the help available before they make the irreversible decision of abortion. Clinics report that when abortion-minded women receive this combination of compassionate counseling and ultrasound services, the majority of women state their intention to carry their baby to term. Surely, a woman has a right to this kind of

information before making an irreversible decision about her pregnancy. Some pregnancy medical clinics also offer free testing and treatment for sexually transmitted infections and prenatal care.

### Prevention

Many pro-life centers and clinics provide abstinence education in both public and private schools, churches, and community organizations to help teens avoid behaviors that lead to unintended pregnancy and sexually transmitted infections. These programs are extremely effective in helping teens make healthy choices for their lives until marriage.

### Reconciliation

For a woman (or a man) who has undergone an abortion, the devastation can be real and ongoing if she (or he) doesn't receive help. Bible studies designed to bring these individuals to God's forgiveness and healing are offered in most clinics/centers—even online—and allow an opportunity for people to understand that they are not alone in their feelings, and to experience the freedom that comes from knowing that abortion is not the "unforgivable sin." If a woman (or man) does not feel comfortable in a group setting, most programs offer an opportunity for one-on-one support.

## WHERE TO FIND HELP IN YOUR COMMUNITY

### Unexpected Pregnancy

To find help during an unexpected pregnancy from a local pregnancy center, it's as easy as

going online to [optionline.org](http://optionline.org) and putting in your ZIP code! Visitors have an option of engaging in a live chat with a caring peer-counselor who can answer questions and give suggestions of helpful resources.

Another option is **Embrace Grace**: this is an outreach that encourages, educates and empowers young, single moms to make sure that they know that their dreams are not over. By joining an Embrace Grace group a woman can learn how to dream big while also receiving help with the practical and spiritual aspects of life. To find an Embrace Grace group near you, visit [EmbraceGrace.com](http://EmbraceGrace.com).

### After Abortion

To find help after an abortion, there are many excellent online resources at [AbortionChangesYou.com](http://AbortionChangesYou.com) and [SurrenderingTheSecret.com](http://SurrenderingTheSecret.com), and your local pregnancy center probably offers small group and individual post-abortion help for both men and women.

### Counseling

**If you have further questions or would like to talk to someone to help determine next steps, Focus on the Family offers one-time complimentary consultation from a Christian perspective, as well as referrals for licensed Christian counselors in your area.**

To reach Focus on the Family's Counseling Department by phone, call **855-771-HELP (4357)** weekdays 6:00 a.m. to 8:00 p.m. (Mountain Time). Please be prepared to leave your contact



information for a counselor or chaplain to return a call to you as soon as possible. The consultation is available at no cost to you. You may also reach our counselors online by filling out a Counseling Request Form, available at **FocusOnTheFamily.com**—click on “Family Help” at the top of the page and follow the links under Counseling Services and Referrals.

## HOW ABORTIONS ARE DONE

According to the Centers for Disease Control and Prevention (CDC), the most common forms of surgical abortion are vacuum aspiration, sharp curettage, and dilation & evacuation. These abortion methods are used in nearly 80 percent of all U.S. abortions. The remaining 21 percent are drug-induced “medical” or chemical abortions.<sup>45</sup>

### First-trimester surgical abortions

- **VACUUM (OR SUCTION)** aspiration involves insertion of a cannula—a long plastic suction tube with a sharp cutting edge—to empty the uterus. This tube-like knife cuts apart the fetus and placenta as it is rotated around inside the uterus. The cannula is connected to a powerful aspiration machine that suctions amniotic fluid, placenta and fetal parts out of the uterus and into a container.
- **SHARP CURETTAGE OR DILATION AND CURETTAGE (D&C)** involves dilating the mother’s cervix—the entrance to the uterus—in order to insert a loop-shaped steel knife to scrape out the fetus and placenta. A cannula may also be inserted for suctioning the uterus.<sup>46</sup>

### The Abortion Pill: Mifepristone

Sometimes called the “abortion pill,” mifepristone is the more common type of chemical or “medical” abortion and here is how it is generally used:<sup>47</sup>

- **AT THE FIRST DOCTOR VISIT:** A woman takes 200 mg of mifepristone, also known by the brand name Mifeprex®. This pill contains a drug that cuts off the supply of blood and nutrients to the developing embryo.
- **24–48 HOURS LATER:** The woman takes 4 pills of another drug, misoprostol, also called Cytotec®, by placing two pills in each cheek pouch (between the cheek and gums) for 30 minutes. This causes the uterus to contract and expel the embryo.
- **7–14 DAYS LATER:** Follow-up with the healthcare provider to confirm that the abortion is complete. However, 1 to 4 percent of women will still need a surgical abortion to terminate the pregnancy. This could mean additional visits.

Women should expect to have vaginal bleeding or spotting for an average of 9 to 16 days. Up to 8 percent of all women may experience some bleeding for 30 days or more.<sup>48</sup>

### Is it possible to reverse or block mifepristone or Mifeprex once a woman takes it for an abortion?

Some women experience a change of heart after taking the first of the two drugs used in a medical abortion. When this occurs, it may be possible to counter the effect of mifepristone (and thus allow the pregnancy to continue) by giving her multiple doses of progesterone. In order to maximize the likelihood of success, the progesterone regimen should be started within 48 hours after mifepristone has been taken (and definitely before the second drug, misoprostol, has been taken).

The Physicians Resource Council advises that a woman wishing to reverse the abortion pill process should contact the nurse counselors at [abortionpillreversal.com](http://abortionpillreversal.com) as soon as possible. Their hotline number in **(877) 558-0333**. An



on-call nurse will ask some basic questions to see if reversal is possible. The nurse will then connect her with a doctor or medical provider in her area to start treatment.

While the first order of business should be making the call necessary to save her pre-born baby's life, if she would like to talk with someone about her situation, we would be happy for her to call Focus on the Family's Counseling Department at **1-800-A-FAMILY**. Our licensed and caring Christian counselors are available Monday through Friday between 6:00 a.m. and 8:00 p.m. Mountain Time. Both the phone call and the consultation are free-of-charge. Our counselors can also put you or your friend in touch with a pregnancy care center or a medical professional who can provide further information.<sup>49</sup>

### **What are the side effects of the abortion pill?**

As of April 2011, the FDA reports at least 14 women have died taking the mifepristone for a chemical abortion. The FDA also reports the abortion pill can have serious side effects and complications, such as hemorrhage (heavy bleeding) and serious infections, including the risk of fatal clostridial toxic shock from infection.<sup>50</sup> (Note that Congress has requested an updated report from the FDA regarding adverse impact of the drug, but as of publication date, no response has been received.)

The drug's "black box" warning, the FDA's most serious warning label, details the symptoms associated with the fatal bacterial infections,

which can be "atypical ... without fever, bacteria or significant findings on pelvic exam. ..." <sup>51</sup>

Despite its known risks, the abortion pill has been called a major medical breakthrough. In fact, some groups go so far as to say that it's a real step forward for the health of women, even that it "saves lives." But this ignores the incredibly special and completely unique person growing inside of every pregnant woman. The Mayo Clinic's Web site on prenatal development says that just six weeks after a woman's last period, the baby's heart has already begun beating, and he or she has the beginning of arms, legs, mouth and eyes.<sup>52</sup> Even if a woman has no major complications after taking the abortion pill, this method always leads to the death of a baby.



# DO YOU KNOW THE DIFFERENCE?

Sometimes, these pills get confused.

THE ABORTION PILL	MORNING AFTER PILL
An abortion method used to terminate an early pregnancy.	A method used to prevent pregnancy. It may cause a very early abortion if fertilization has already occurred.
Medications are Mifeprex® (mifepristone) and Cytotec® (misoprostol).	Medications are Plan B® One-Step (levonorgestrel) and ella® (ulipristal acetate).
Must be taken within 70 days of when your last menstrual period began.	Plan B One-Step® must be taken within 72 hours after unprotected sex; ella® must be taken within 5 days after unprotected sex.
Pills must be prescribed by a healthcare provider. At least two visits to your provider are needed, possibly more.	Plan B One-Step® may be purchased without a prescription. A prescription is required for the purchase of ella®.
Will not prevent sexually transmitted infections or diseases.	Will not prevent sexually transmitted infections or diseases.

## What is The Morning-After Pill?

The morning-after pill isn't a single drug. There are two drugs that are used as emergency contraception:

### Plan B One-Step®

- It's a drug intended to be taken as soon as possible within the first 72 hours after unprotected sex or contraceptive failure (for instance, if a condom tears) to prevent pregnancy.
- It contains a high dose of a progesterone (levonorgestrel) that is found in many kinds of birth control pills.

- At the dosage found in Plan B One-Step®, levonorgestrel may work on rare occasion to prevent an embryo from implanting in the uterus.<sup>53</sup>
- It is often referred to by the brand name that started it all—Plan B®.
- It's also available in generic forms.

### ella®

- This drug is supposed to be taken as soon as possible within 5 days of unprotected sex or contraceptive failure.
- ella is the trade name of the drug ulipristal acetate.
- It is chemically related to mifepristone (RU-486), the "abortion pill," and works by a similar mechanism of action.<sup>54</sup>

## How do they work?

Depending on where a woman is in her menstrual cycle, morning-after pill drugs could affect her in one of several ways:

### Plan B One-Step®

- It may prevent ovulation: The egg will not be released to meet the sperm—so fertilization, sometimes known as conception, can't occur.
- It may affect the lining of the woman's fallopian tubes so that sperm cannot reach the egg. This also prevents fertilization.
- It may irritate the lining of the woman's uterus. If an egg has already been released and fertilized by the sperm, this irritation could make it harder for the embryo to implant in the woman's uterus.<sup>55</sup>

### ella®

- It may prevent ovulation: The egg will not be released to meet the sperm—so fertilization can't occur.
- It also acts to block progesterone, a hormone produced by the ovaries which helps a woman's body sustain a pregnancy. This reduces the chances that an embryo would successfully survive and grow in the uterus.

## Are there side effects?

Yes. A woman may experience several short-term side effects when taking Plan B One-Step®.

### Possible side effects for Plan B One-Step® include:

- nausea and vomiting
- irregular and unpredictable menstrual periods
- cramping and abdominal pain—which might also be the sign of an ectopic pregnancy (a potentially life-threatening condition in which a fertilized egg implants outside of the uterus—most often in the fallopian tubes)
- fatigue
- headache
- dizziness
- breast tenderness <sup>56</sup>

### Possible side effects for ella include:

- headache
- nausea and vomiting
- irregular bleeding or spotting
- cramping and abdominal pain—which might also be the sign of an ectopic pregnancy (mentioned above)
- fatigue
- dizziness <sup>57</sup>

### What happens if emergency contraception is used after fertilization?

- The high dose of levonorgestrel found in Plan B One-Step® may irritate the lining of the woman's uterus. That irritation may keep the embryo inside the woman from implanting, ending its life.
- With ella, the drug blocks progesterone, a hormone that helps the woman's body maintain a pregnancy. While an embryo may have already been created, ella can keep it from implanting in the woman's uterus and being sustained by the woman's body, ending its life.

If either of these happen, an abortion will occur, because each human life begins as an embryo. <sup>58</sup>

### How can I know if an egg has been fertilized?

- That's the problem—a woman can't know.
- But we do know that sperm can reach the fallopian tubes mere minutes after intercourse, <sup>59</sup> and if an egg has already been released, fertilization could occur.
- So, there is a possibility that by the time the woman wakes up on the “morning after,” a new human life may have already begun.
- If that's the case, using emergency contraception might cause a very early abortion.

This last point is one of major debate and one that pivots on the definition of pregnancy.

Traditionally, fertilization—the joining of sperm and egg to form a zygote—is recognized as the beginning of pregnancy. Biologically, fertilization marks the creation of a genetically complete human being who only needs time, nourishment and a place to grow. <sup>60</sup>

However, groups like the American College of Obstetricians and Gynecologists define pregnancy as “when the fertilized egg is implanted.” <sup>61</sup> Based on the fertilization definition of pregnancy, the morning-after pill may cause an early abortion. This is information women have a right to know before taking the pills.

## Second- and third-trimester surgical abortions

Second-trimester abortions (after 13 weeks) are more difficult because the fetus is larger and there is a greater blood supply to the uterus. In 2012,

8.5 percent of reported abortions were performed thirteen weeks or later into the pregnancy. Late-term surgical abortion methods include:

- **DILATION AND EVACUATION (D&E)** is generally used in second trimester abortions, after 13 weeks. It also involves the dilation of the cervix and introduction of a sharp instrument into the uterus. In this instance, a loop-shaped steel knife is used to scrape out the fetus and placenta.<sup>63</sup>
- **DILATION AND EXTRACTION (D&X)** also known as “partial-birth abortion”<sup>64</sup> describes a late-term abortion procedure. This particular abortion method first came under public scrutiny after a 1992 presentation by abortionist Martin Haskell in which he graphically described the D&X abortion technique.<sup>65</sup>

According to the presentation by Haskell, the initial step in performing a partial-birth abortion involves two days of dilating the mother’s cervix. Afterward, the abortionist uses an ultrasound probe to locate the lower extremities of the preborn baby. He then works large grasping forceps through the mother’s vagina and cervix and into her uterus.

The abortionist grasps a leg of the baby with the forceps and pulls the leg into the mother’s vagina. “With a lower extremity in the vagina, the surgeon uses his fingers to deliver the opposite lower extremity, then the torso, the shoulders and the upper extremities. The skull lodges at the internal cervical os,”<sup>66</sup> Haskell explained.

While clutching the baby’s upper body, the abortionist “takes a pair of blunt curved Metzenbaum scissors. ... He carefully advances the tip, curve down, along the spine and under his middle finger until he feels it contact the base of

the skull under the tip of his middle finger. ... The surgeon then forces the scissors into the base of the opening. The surgeon removes the scissors and introduces a suction catheter into this hole and evacuates the skull contents. With the catheter still in place, he applies traction to the fetus, removing it completely from the patient.”<sup>67</sup>

### Two less-frequently used late-term abortion methods are:

**INTRAUTERINE INSTILLATION** involves introducing a drug or substance (like saline) into the uterus to kill the preborn baby. This is followed by a drug to induce labor and the delivery of the fetus.

**HYSTEROTOMY** is similar to a Caesarean section as incisions are made in the abdomen to enable the removal of the baby, placenta and amniotic sac.<sup>68</sup>

## PHYSICAL COMPLICATIONS OF ABORTION

Women face a number of possible physical complications as a result of legal abortion including hemorrhage requiring transfusion, perforation of the uterus, cardiac arrest, endotoxic shock, infection resulting in hospitalization, convulsions, undiagnosed ectopic (tubal) pregnancy, cervical laceration, uterine rupture and death.<sup>78</sup>

### Studies have found that:

- **17 PERCENT** of women participating in a study on the effects of abortion reported that they “had experienced physical complications (e.g., abnormal bleeding or pelvic infection) since their abortion.” That percentage represents approximately **200,000** women annually experiencing physical complications after an abortion.<sup>79</sup>



## QUICK FACTS: EMOTIONAL COMPLICATIONS OF ABORTION

A recent literature review concluded that abortion is a risk factor for “mood disorders substantial enough to provoke attempts of self-harm.” <sup>69</sup>

Women who ended their first pregnancy by abortion are five times more likely to report subsequent substance abuse than women who carried the pregnancy to term, and they were four times more likely to report substance abuse compared to those whose first pregnancy ended naturally. <sup>70</sup>

Research published in the prestigious Archives of General Psychiatry acknowledges that many women experience posttraumatic stress disorder (PTSD) after an abortion. In one of the longest-running studies conducted on women after abortion, researchers found that, over time, relief and positive emotions relating to the abortion declined and negative emotions increased. PTSD symptoms include dreams or flashbacks to the abortion, a general numbing of responsiveness not present before the abortion and difficulty falling asleep. In the same study, a survey of women two years after their abortions found that 28 percent of women were either indifferent about or dissatisfied with their abortion decision and **31 percent** said they were uncertain or would not have an abortion again. <sup>71</sup>

The circumstances surrounding an abortion decision can impact a woman afterward. According to research published in the *American Journal of Psychiatry*, “Abortion for medical or genetic indications, a history of psychiatric contact before the abortion and mid-trimester abortions often result in more distress afterward. When women experience

significant ambivalence about the decision or when the decision is not freely made, the results are also more likely to be negative.” <sup>72</sup>

After an abortion, women can experience psychological reactions ranging from guilt feelings and nervous symptoms to sleep disturbance and regrets. Also, as many as 10 percent of women “experience serious psychiatric problems following abortion.” <sup>73</sup>

- As many as **60 percent** of women having an abortion experience some level of emotional distress afterward. In **30 percent** of women, the distress is classified as severe. <sup>74</sup>

A Finnish study of suicide after pregnancy found: “The suicide rate after an abortion was three times the general suicide rate and six times that associated with birth.” Suicides were more common after a miscarriage and especially after an induced abortion than in the general population. An increased risk of suicide after an abortion indicates either common risk factors for both (suicide and abortion) or harmful effects of induced abortion on mental health. <sup>75</sup>

Welsh researchers examined abortion and suicide and concluded, “Our data suggest that deterioration in mental health may be a consequential side-effect of induced abortion.” <sup>76</sup>

A study of couples involved in first-trimester abortions in Canada found that abortion can be highly distressing for both men and women. Researchers found that both before and after the abortion, “study couples were found to be much more distressed than control” couples. High levels of distress among women “correlated with fear of [the abortion’s] negative effects on the relationship, unsatisfying relationships and not having had a previous child.” <sup>77</sup>

- Abortion can adversely affect later pregnancies. A recent literature review concluded that abortion is a risk factor for placenta previa (where the placenta implants over the cervix, causing hemorrhaging) and preterm delivery with subsequent pregnancies.<sup>80</sup>
- Research has found that women having abortions are more likely to have a low birthweight baby in a later pregnancy.<sup>81</sup>
- Abortion can increase the chance of having a tubal (or ectopic) pregnancy in the future.<sup>82</sup>
- Research published in the *Journal of the American Medical Association* found that having multiple abortions increases a woman's chance of having a miscarriage in a later pregnancy.<sup>83</sup>
- All women, especially young teenagers, are at risk for damage to their cervix during an abortion, which can lead to pregnancy complications later in life.<sup>84</sup>
- Abortion puts a woman at increased risk for complications in later pregnancies: Medical research states,

*"Complications such as bleeding in the first and third trimesters, abnormal presentations and premature rupture of the membranes, abruptio placentae, fetal distress, low birth-weight, short gestation and major malformations occurred more often among women with a history of two or more induced abortions."*<sup>85</sup>

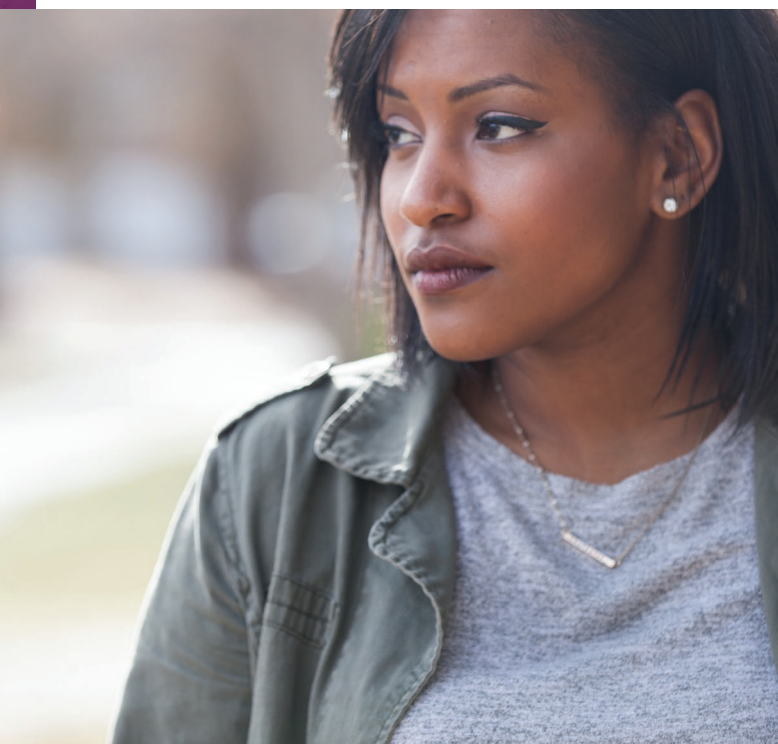
## STATUS OF ABORTION LAW IN THE UNITED STATES

In 1973, two U.S. Supreme Court decisions, *Roe v. Wade* and *Doe v. Bolton*, radically changed the legal landscape of American abortion law by striking down all then-existing state laws prohibiting abortion. The combined effect of the rulings required abortion to be:

- legal for any woman, regardless of her age
- legal for any reason through the first six months of pregnancy, and for virtually any reason thereafter.

Reversal of the *Roe* and *Doe* court rulings would return the issue of abortion to state jurisdictions but would not automatically make abortion illegal in all states. In this event, the status of legal abortion would vary from state to state, depending on pre- and post-1973 laws and court rulings.

According to Americans United for Life, "First, even before the *Roe* decision in 1973, 14 states replaced their abortion prohibitions with regulations, some of which no longer exist. Second, since *Roe* many states have repealed their abortion prohibitions. Abortion prohibitions are still on the books in only 14 states, five of which would be blocked by existing pro-abortion state court decisions. Third, state courts in 16 states (some of which overlap with those states just mentioned) have created





their own state versions of *Roe* (in effect creating a state constitutional right to abortion) which would block current or future legislation prohibiting and even regulating abortion."

This potential patchwork of laws in a post-*Roe* and *Doe* era prompts many in the cause for life to seek an amendment to the U.S. Constitution prohibiting abortion. Since 1973, the U.S. Supreme Court has issued more than 30 abortion-related rulings, including several that have upheld the constitutionality of state laws that regulate and limit abortion in the following ways:

- **PARENTAL INVOLVEMENT LAWS** requiring a parent to be notified or give consent before their minor daughter has an abortion, subject to a judicial bypass option that allows a teenage girl to involve a judge rather than her parent(s); **43 STATES** have passed such laws with **38** of those laws in effect.
- **INFORMED CONSENT LAWS** requiring that women receive full medical disclosure of possible risks associated with and alternatives to abortion; **38 STATES** require that women receive counseling before an abortion is performed. Waiting or Reflection Period Laws requiring that after receiving such information, women wait a period of time (usually **24 TO 48** hours) before having an abortion; **28 STATES** have passed these laws.

**Most states require a woman be given accurate information about the procedure and fetal development, including:**

- **33 STATES** require that the woman be told the gestational age of the child
- **27 STATES** require information to be given regarding fetal development throughout pregnancy
- **12 STATES** require information about the ability of the fetus to feel pain

- **24 STATES** include information about the potential effect of an abortion on future fertility
- Fetal homicide laws in **37 STATES** recognize two victims (mother and preborn child) when a criminal act is committed against a pregnant woman (excluding abortion).

*For more information on the status of abortion law in your state, see Americans United for Life's Defending Life 2016 available at [aui.org/defending-life-2016/](http://aui.org/defending-life-2016/).*

## State Ultrasound Laws

It's been said that a picture is worth a thousand words. Ultrasound is an irreplaceable medical tool that allows a woman to see a real-time image of the child inside her womb—and many women would say that picture is priceless.

The first thing a woman needs when she thinks she's pregnant is an accurate diagnosis of pregnancy. There are many health issues a woman must consider at this time: pregnancy confirmation, the possibility of miscarriage or an ectopic pregnancy and how far along she may be. She needs accurate and truthful information on existing options from someone who will not benefit financially from her decision.

Ultrasound services help women understand their bodies, pregnancy and their babies' development. During the exam to confirm a viable, intrauterine pregnancy, a woman has the opportunity to see what the abortionist likely will not disclose—her preborn baby—which provides vital information and also gives her an important bonding opportunity.

**Ultrasound helps reveal the truth of what, until recently, has been hidden.**

The facts of her baby's existence become a reality to her and an important consideration in making an informed and future decision.

**The vast majority of women have little information on the intricacy of their baby's development.** Now, instead of the pregnancy being perceived as “a problem,” a woman's heart and perspective changes—the majority of women, who initially came to a center considering abortion, upon seeing their baby for the very first time indicate that they have changed their minds and

wish to carry their baby to term. This is a good example of informed choice, which should be supported by those on both sides of the abortion issue.

Below is a summary of the laws in different states regarding the rights of pregnant women to see an ultrasound of their baby: 25 states have provisions giving women the opportunity to view ultrasounds before abortions are performed or offering information about how to obtain an ultrasound before an abortion.

AS OF 3-1-2016	AL	AZ	AR	FL	GA	ID	IN	IA	KS	LA	MI	MS	MO	NE	NC	ND	OH	OK	SC	SD	TX	VA	UT	WV	WI
Ultrasound required and women must be offered the opportunity to view the image.	X	X		X			X		X			X			X		X					X			
Ultrasound must be offered to women before an abortion.							X	X					X			X				X					
If ultrasound is performed as part of abortion preparation, women must be offered the opportunity to view the image.			X		X	X					X			X			X		X				X	X	
Women must be informed about ultrasound services and how to obtain these services.					X		X		X		X		X	X	X			X	X		X	X	X		X
Women must be informed of the opportunity to hear the fetal heart beat.		X			X		X		X	X		X	X		X	X		X			X	X			X

*Data includes information from state codes, Americans United For Life's "Defending Life 2013", the 2016 Guttmacher Institute's "State Policies in Brief Requirements for Ultrasound," the 2016 Guttmacher Institute's "State Policies in Brief Counseling and Waiting Periods for Abortion," and National Right to Life's "Guide to State Laws on Ultrasound."*

## BIO-ETHICAL ISSUES AT THE BEGINNING OF LIFE

### Birth Control Pills and Other Hormonal Contraception

#### Statement of Focus on the Family's Physicians Resource Council

The terms *family planning*, *birth control*, and *contraception* have been applied to a broad range of techniques and technologies that are intended to allow sexually active people to control when—or if—they will have children. Focus on the Family acknowledges that there is a broad range of viewpoints within the Christian community regarding the moral and spiritual implications not only of many methods of family planning, but also of birth control in general. In this position statement, we will not attempt to address the breadth of those issues, but rather we will look at questions that have been raised specifically about the mechanism of birth control pills and other forms of hormonal contraception. In so doing, we will seek to distinguish between issues on which Focus on the Family has taken clear positions, and others where it acknowledges honest differences of opinion among people who are committed to a biblical worldview.

**Any discussion about family planning requires that we keep in mind three of Focus on the Family's guiding principles:**

*We believe that the institution of marriage is a sacred covenant designed by God to model the love of Christ for His people and to serve both the public and private good as the basic building block of human civilization. Marriage*

*is intended by God to be a thriving, lifelong relationship between a man and a woman, enduring through trials, sickness, financial crises and emotional stresses. Therefore, Christians are called to defend and protect God's marriage design and to minister in Christ's name to those who suffer the consequences of its brokenness.*

*We believe that children are a heritage from God and a blessing from His hand. Parents are therefore accountable to Him for raising, shaping, and preparing them for a life of service to His Kingdom and to humanity.*

*We believe that human life is created by God in His image. It is of inestimable worth and significance in all its dimensions, including the preborn, the aged, those deemed unattractive, the physically or mentally challenged, and every other condition in which humanness is expressed, from the single cell stage of development to natural death. Christians are therefore called to defend, protect, and value all human life.<sup>86</sup>*

**These guiding principles have a number of important implications as we consider any birth control method:**

Focus on the Family not only upholds marriage as a God-ordained permanent relationship between a man and a woman, but also maintains that marriage is intended to be the context for the expression of human sexuality.

When discussing birth control, we must keep firmly in mind the fact that children are indeed a blessing from God.

**Because human life is of inestimable value from fertilization, we must be aware—and in some cases beware—of the mechanism(s) by which a particular birth control method works, or is thought to work.**

In light of these guiding principles, Focus on the Family opposes the use of any form of birth control that acts after fertilization—and thus ends a new human life—whether by preventing its implantation in the womb or terminating its life at some point after implantation. (Such effects are referred to as abortifacient.) For example, the intrauterine device (or IUD) is thought to work not only by preventing sperm from gaining access to eggs, but also by interfering with implantation of a fertilized egg. For this reason Focus on the Family does not support the use of the IUD as a method of family planning.

Hormonal contraceptives—most commonly used in oral forms known as birth control pills or simply as “the pill”—have been a focus of controversy for a number of years because of concerns that they may occasionally contribute to the loss of human life after fertilization. This is a complex matter, not only because it involves multiple biological mechanisms, but also because there are many different formulations of hormonal contraceptives.

At present, it appears that birth control pills containing only progesterone do not reliably prevent ovulation. (This is also true of the contraceptive Implanon, a device implanted under the skin that slowly releases progesterone

for three years. The implantable contraceptive Norplant, which is no longer available in the U.S. and Canada but is still used in other parts of the world, has a similar mechanism of action.) Furthermore, research indicates that pregnancies that might occur while a woman is using one of these medications have a greater chance of being ectopic—that is, located outside of the uterus. This suggests that progesterone-only contraceptives are more likely to disrupt the normal implantation of an early pregnancy, rather than merely preventing fertilization, and thus are problematic for those who believe that life begins at fertilization.

The most commonly prescribed birth control pills contain both estrogen and progesterone, and are thus known as “combined” oral contraceptives. These, as well as the NuvaRing and Depo-Provera,<sup>87</sup> appear to work primarily by suppressing ovulation. They also cause the mucus at the opening of the uterus to be thickened and, therefore, less likely to be penetrated by sperm. If combined oral contraceptives, NuvaRing and Depo-Provera work only through these mechanisms, they are functioning as true contraceptives, preventing the union of sperm and egg. However, there is controversy as to whether they also bring about changes (primarily within the uterus) that could increase the likelihood of losing a fertilized egg if ovulation and fertilization should occur.

Pro-life physicians who have carefully and conscientiously studied this issue have come to different conclusions regarding the interpretation and implications of the relevant scientific

data. Some have concluded that combined contraceptives and Depo-Provera may have an abortifacient effect at least some of the time, and have raised concerns about their use, even if this is a rare occurrence. Others are convinced that the available research supports a conclusion that these medications do not have an abortifacient effect.

Focus on the Family's Physicians Resource Council (PRC), a panel of doctors representing a broad range of specialties that advises the ministry regarding medical concerns, reviewed this question at length in the late 1990s. After extended deliberation and prayer in multiple meetings over a two-year period, the PRC could not reach a consensus as to whether these medications might contribute to the loss of human life after fertilization. In 2011 the PRC revisited and reviewed this issue. Physicians who are familiar with the relevant studies, and who hold differing opinions regarding their interpretation, agreed that no new research has been carried out over the last decade that would decisively resolve this issue.

Focus on the Family respects the integrity and pro-life convictions of those who hold differing opinions regarding the mechanism and use of combined hormonal contraceptives, and asks the pro-life community at large to do likewise. In addition, the ministry recognizes that scientific reasoning is not the only factor that may influence one's viewpoint regarding the use of contraceptives. Couples who are considering whether or not to use any method of family planning would be wise to review relevant

resources and to discuss their questions, concerns and—most importantly—their options with their physician. (Needless to say, couples with pro-life convictions would be wise to seek input from health care professionals who share their viewpoint.) They should also prayerfully consider whether they are comfortable utilizing a particular contraceptive method when there are varying opinions in the pro-life medical community regarding its mechanism of action.

## IN VITRO FERTILIZATION

The first successful birth resulting from in vitro fertilization was England's Louise Brown—born July 25, 1978. Since then, more than five million babies have been born worldwide using this assisted reproductive technology.

In vitro fertilization (IVF) takes place in a laboratory setting for the purpose of fertilizing an egg with sperm outside of the human body. This process involves a number of general steps:<sup>88</sup>

- Using drugs to stimulate the woman's ovaries in order to produce a number of eggs in a single cycle.
- Collecting mature eggs from the woman's ovaries.
- Collecting sperm from the man.
- Fertilizing an egg with sperm in a laboratory environment.
- Transferring the newly created human embryo(s) into the woman's uterus for implantation, gestation and a birth.

The average cost of an IVF cycle in the United States is \$12,400, according to the American Society of Reproductive Medicine. Each cycle offers infertile couples a 30 to 40 percent chance of having a baby.<sup>89</sup> Due to the expense and effort



involved in IVF, some couples may create more embryos than they transfer in a given IVF cycle. In 2013, most reported IVF procedures transferred three or fewer embryos to reduce the likelihood of multiple births, which may put mother and children at risk.<sup>90</sup>

The creation of additional, non-transferred embryos raises moral concerns for many. If frozen and thawed for a subsequent IVF cycle, some of the embryos may not survive. If frozen embryos remain after the couple completes all intended IVF cycles, it is common for infertility clinics to offer the parents the following options for the remaining embryos:

- Donate the embryos to another infertile couple for transfer and adoption.
- Donate the embryos for scientific research that results in the destruction of the embryo.
- Authorize the destruction of the embryos.

One alternative to creating additional embryos that is gaining in both popularity and success is freezing retrieved eggs that were not fertilized during the IVF cycle. The frozen eggs are then thawed, fertilized and transferred at a later time. Many legal and moral questions surround IVF, including questions of ownership regarding non-implanted embryos when married couples divorce and the moral status of additional embryos—whether frozen or destroyed.

## **PRE-IMPLANTATION GENETIC DIAGNOSIS**

One outgrowth of in vitro fertilization is the development of a genetic test called pre-

implantation genetic diagnosis (PGD). PGD screens very young human embryos created through in vitro fertilization before they are implanted in the uterus. Embryos are subjected to biopsy—the removal of one or two sample cells for analysis.

Reasons for screening embryos range from testing for genetic diseases and chromosomal disorders to providing a tissue match to treat a sick sibling. Once testing is complete, only those embryos with the desired genetic components are transferred to the mother's uterus; the rest are discarded, frozen or donated for destructive scientific research.

Approximately 1,000 babies worldwide have been born using PGD since it was first developed in 1989.<sup>91</sup> The use of PGD is controversial and unregulated in the U.S. In July 2002, the President's Council on Bioethics recommended a federal review of PGD practices due to ethical concerns.<sup>92</sup>

Despite its popularity, PGD has no purpose other than to screen and choose embryos based on their desired genetic material:

- PGD does not identify diseases without a clear and simple genetic component, nor does it recognize diseases that are known to have complex interactions between genes and the environment.
- PGD does not have any therapeutic benefits—it cannot create or change any of the genetic characteristics or abnormalities that an embryo has inherited from its parents.
- PGD does not allow parents to enhance their children's genetic code in order to “custom-make” them with specific mental or physical characteristics.

PGD raises many questions, including the moral status of the human embryo, the destruction of

young human life and whether parents should be able to determine the genetic characteristics of their children.

## PRENATAL GENE THERAPY

Expectant parents routinely undergo prenatal testing to assess the physical health of their preborn baby.

Parents who receive an adverse diagnosis are often subjected to significant pressures to end the life of their preborn child. Those who understand the inherent value and dignity of the life entrusted to their care will wish to seek out information about supportive services that will help them to prepare for the birth and care of a child with disabilities, or explore the option of perinatal hospice if their child will be stillborn or die soon after birth.

For more information about perinatal hospice, see the article, *Journey of a Lifetime*, in this resource section. You can also find a sample family birth plan at the website of the American Association of Pro Life Obstetricians and Gynecologists: [bit.ly/HospiceBirthPlan](https://bit.ly/HospiceBirthPlan).

Someday there may be a third option for an adverse diagnosis in pregnancy: repairing the preborn baby's genetic code before he or she is born. Prenatal gene therapy—also known as fetal gene therapy, gene transplant surgery and fetal gene transfer—has the potential to correct the genetic defects in a preborn child before the mother gives birth. Although it may not be available for use in humans for years, studies being done in animals are promising.

Clinical trials using traditional gene therapy have focused on correcting genetic defects in children and adults. One of the biggest challenges of this type of gene therapy has been targeting the correct area of the body without generating a response by the immune system. Often, the agent transporting the new genes is recognized and attacked by the body's immune system as a foreign substance. Scientists are trying a variety of methods to minimize this reaction, but progress is slow.

Prenatal gene therapy has the potential to eliminate this problem by targeting the body before the immune system is fully developed. Current prenatal gene therapy studies by British scientists have successfully treated mice affected with the same genetic defect as humans with Hemophilia B. So far, the results have been encouraging. The fetus' genetic makeup was altered before the immune system was completely formed—thus avoiding the immune response.

Another advantage of prenatal gene therapy is the possibility of permanent cures. In humans, many diseases must be dealt with by providing treatment on an ongoing basis. For example, Hemophilia B can be treated by repeatedly injecting the missing protein into the patient throughout life. If prenatal gene therapy was used, frequent treatments could be eliminated by correcting the patient's genetic code at an early stage of life.

Lastly, many diseases begin to harm the patient physically and mentally before birth or shortly thereafter. Prenatal gene therapy has the ability to address genetic defects before there is any damage done by the disease.

The capability of the newly inserted genes to affect subsequent generations (germline gene transformation) is still unknown. Currently, scientists believe there is no transfer of genes to reproductive (egg and sperm) cells involved in prenatal gene therapy. However, if later generations are affected, there is concern about altering the human genetic code for generations to come.

## GENETIC TESTING AND SCREENING

As the number of genetic tests has increased, the use of genetic tests to predict or diagnose disease has become significantly more widespread. As of 2001, there were at least 300 tests available for genetic disorders. As of 2016, the number was more than 2,000.

Genetic testing is performed by examining chromosomes, DNA or gene products (proteins) for abnormalities in an individual's genetic code. Although there are some technical differences between genetic testing and genetic screening, the terms are often used interchangeably. Since this distinction is negligible for most people, we will use the broader term, genetic testing, to encompass both categories.

Genetic testing can either predict if a person will be susceptible to a disease later in life (based on their genetic code) or diagnose the presence of a genetic disease in an individual (sometimes before symptoms of the disease are present).

It is important to emphasize that the majority of genetic tests do not actually tell an individual if

they have a disease—rather, the tests show the level of risk they have of developing a specific disease or passing a disease on to their children.

From pre-implantation testing in embryos to adult testing, there are a variety of genetic tests that encompass every period of life. We will examine six categories—beginning with reproductive tests and proceeding to tests for adults.

### Reproductive Testing

**CARRIER TESTING:** Carrier testing determines if an individual has a genetic abnormality that could be passed on to their children. It can be used by couples who know they have a family history of genetic disease. Normally, carrier testing is done before pregnancy in order to determine if an individual's children might be affected by a particular disease.

The knowledge gained from this test can help prospective parents determine their course of action in starting a family. The desire to give birth to a child may override the risk of bringing a baby into the world with the susceptibility to a genetic disease. Or, they may choose to look into other options such as traditional and/or embryo adoption.

**PRENATAL TESTING:** Prenatal testing falls under two broad categories: invasive and non-invasive procedures. Invasive procedures, such as amniocentesis and chorionic villus sampling (CVS), have a higher risk of miscarriage than non-invasive procedures like maternal serum screening.

Pre-implantation genetic diagnosis (PGD) is a new type of genetic testing that parents are using

to test their in vitro fertilization embryos for genetic defects. For a more in-depth look at PGD, see “Beginning-of-Life Issues: Pre-implantation Genetic Diagnosis.”

Although parents can use prenatal testing to better prepare for the birth of an affected child, too often the result of an adverse prenatal diagnosis is abortion. For more information, see *Journey of a Lifetime*, in this guide.

**NEWBORN TESTING:** Available since the 1960s, this type of testing determines if a newborn’s blood or tissue samples test positive for genetic disease. The effect of some diseases, like mental retardation caused by PKU (phenylketonuria), can be prevented or minimized by taking proactive steps to fight the disease.

Unlike prenatal testing, which may involve ending the life of a preborn baby, newborn screening focuses on detecting diseases that can be remedied or minimized early in the child’s life.

### Adult Testing

**PREDICTIVE TESTING:** Sometimes called pre-symptomatic testing, this test has traditionally been used to determine if a patient will develop rare genetic disorders. The information, in some cases, is helpful for individuals who can take preventative measures to reduce the likelihood that they will develop the disease. The nature of the disease, and the foreknowledge that an individual desires to have about potential health risks, will help determine if this test is right for them.

**SUSCEPTIBILITY TESTING:** This test is often used to identify individuals with a genetic predisposition that increases susceptibility to certain toxic substances found in the workplace. The genetic susceptibility puts them at a higher risk for adverse reactions and future disabilities if they come in contact with these substances.

**FORENSIC TESTING:** Forensic testing is used to ascertain a genetic link between criminal suspects and investigations. It can also be used to determine family relationships—such as paternity.

## HUMAN CLONING

**HUMAN CLONING** intentionally copies the genetic code of one human being in order to create another human with the same genetic material. It creates a new, individual human life based on the genetic blueprint of only one donor (or parent) rather than two.

### Somatic Cell Nuclear Transfer

Current attempts to clone humans utilize the same technique previously used to clone animals, such as Dolly the sheep. The method employed is called somatic cell nuclear transfer (SCNT), which results in the creation of a new organism by artificially fusing one cell with the DNA of another cell, as opposed to the natural process of fertilization.

In the process of SCNT, scientists remove the nucleus of an unfertilized egg, which contains 23 human chromosomes, and replace it with the nucleus of a somatic cell (like a skin cell) from the donor to be cloned. The somatic cell contains the

full set of 46 human chromosomes and contains the donor's DNA or genetic code. Then, instead of fertilization, a small electric pulse (or chemical bath) is applied to cause the cells to fuse and divide. If successful, the result is a newly cloned individual who has started the same process of human development that we all experienced.

### **“Reproductive” vs. “Therapeutic” Cloning**

The debate over human cloning often distinguishes between “reproductive” and “therapeutic” (also called “research”) cloning. In reality, all human cloning is reproductive, because it duplicates the genetic material of the donor and creates a new human life.

The terms “reproductive” and therapeutic” speak to what you intend to do with the cloned embryo: it can be implanted into a woman's womb with the goal of a live birth (reproductive) or destroyed in a research laboratory for its stem cells (therapeutic). It is important to understand that cloning is the method used to create the human embryo, regardless of why the embryo was created.

Supporters of reproductive cloning view cloning for the birth of a live infant as another method to help infertile couples have a family. Critics say there are other options for infertility and, among other reasons, oppose reproductive cloning because of the risk it poses to both mother and child.

Proponents of therapeutic cloning base their support on speculation that embryonic stem cells from cloned embryos may be a promising source of cures for a variety of human illnesses and ailments.

### **Human cloning as a method of stem cell research**

Human cloning is an important component in embryonic stem cell research. Embryonic research often involves stem cells extracted from embryos created through in vitro fertilization (IVF). But another way of gathering embryonic stem cells is through cloning: new embryos are created for stem cell research through somatic cell nuclear transfer. As research into embryonic stem cells continues, the need for additional embryos intensifies. Cloning is viewed by many scientists as the best way to obtain these embryos.

**To date, scientists attempting to use embryonic stem cells (cloned or otherwise) have failed to develop a successful human model confirming their theory.** Opponents of cloning argue that cloning for stem cell research is unnecessary. They point to the proven track record of adult stem cells—ranging from bone marrow to umbilical cord blood—which currently provide medical therapies for patients.

### **Risks to women**

The method currently used by scientists for cloning research requires the use of women's eggs. This method (somatic cell nuclear transfer) has two necessary components: a body cell (like a skin cell) and a woman's egg. Harvesting these eggs is an essential step in this research.

The indisputable connection between human cloning for stem cell research and harvesting women's eggs makes many people uncomfortable because of the health risks involved in egg



harvesting. During this process—which is the same process women undergo during fertility treatments—a woman is injected with powerful hormones that cause her ovaries to produce more than the usual one or two eggs per month. Then, she is put under anesthesia so a doctor can surgically extract her eggs.

**Women who undergo ovarian hyper stimulation for egg retrieval can experience severe complications, including blood clots, kidney and liver damage, infertility and death.**

The lack of existing frozen embryos (from IVF) available for use in research means scientists will likely turn to cloning to provide the embryos needed to create embryonic stem cell lines. Yet, the vast number of eggs that would be needed to create enough stem cell lines threatens to subject millions of women to the dangers of egg harvesting. Scientists, with cash in hand and desperate for eggs, may find young and low-income women as eager participants.

### **Status of Laws Banning Human Cloning**

Currently, there is no federal law banning human cloning for either reproductive or therapeutic (research) purposes.

There is a patchwork of laws that regulates human cloning in the states—several states have a complete ban on human cloning while some states allow human cloning for destructive embryonic stem cell research.

### **Stem Cell Research**

All of our bodies contain stem cells. Stem cells are the basic building blocks of the human body with the potential to develop into different types of cells. As we develop as embryos, these master cells become the 200 or so distinct cell types in the body. As adults, stem cells replenish existing cells when they wear out or are destroyed.

There are primarily two different sources of stem cells: embryonic and adult. Embryonic stem cells come from embryos. In order to harvest these cells, a living human embryo must be destroyed. Adult stem cells come from a variety of sources, including bone marrow, placenta, umbilical cord blood, nasal tissue, and body fat. No human lives are destroyed when adult stem cells are collected.

The flexibility of human embryonic stem cells has led some scientists to speculate that the



ability of these young cells to become any cell type holds great promise for healing the human body. To date, scientists attempting to use embryonic stem cells in such therapy have failed to develop a successful animal or human model confirming their theory. This means there has been no demonstrated benefit to patients from embryonic stem cell research.

Meanwhile, ongoing research using adult stem cell sources is very promising. Recent research demonstrates that some sources of adult stem cells are as flexible as embryonic ones and equally capable of converting into various cell types for healing the body. Progress with adult stem cell research has increased dramatically because of success in treating patients with these cells.

Therapies using stem cells from sources such as bone marrow, cord blood and the pancreas have proven successful in treating patients with various conditions, including sickle cell anemia, Parkinson's disease, multiple sclerosis, cancer and heart damage, diabetes and spinal cord injury.

In addition to the proven success of adult stem cell research, scientists have discovered a process that reprograms ordinary body cells into embryonic-like stem cells. This new technique—called induced pluripotent stem (iPS) cell research—gives researchers the ability to create flexible, embryonic-like stem cells without destroying young human life. This type of innovative yet ethical research is a testament to pro-life voices that have persevered in their call for ethical research options.

These, and other success stories, demonstrate that advancements using adult stem cells in humans surpass any research currently underway using embryonic stem cells in animals.

**The science is clear: adult stem cells are providing tangible therapies for patients while embryonic stem cells have yet to be successfully used in any human therapy.**

Objections to embryonic stem cell research often center on the moral status of the human embryo. Biologically, an embryo represents one of the earliest stages of human life. Human development progresses in a continuum, from the single cell to the embryonic stage, then a fetus, newborn, toddler, adolescent and adult.

Embryos, regardless of how they are created, are fully human and deserve protection. It is never morally or ethically justified to destroy one human in order to possibly save another. Advances in ethical stem cell research provide tangible hope for patients and an ethical avenue for developing the therapies they need.

## QUOTABLE

*Some years ago, my wife, Ruth, was reading the draft of a book I was writing. When she finished a section describing the terrible downward spiral of our nation's moral standards and the idolatry of worshiping false gods such as technology and sex, she startled me by exclaiming, "If God doesn't punish America, He'll have to apologize to Sodom and Gomorrah."*

*I wonder what Ruth would think of America if she were alive today. In the years since she made that remark, millions of babies have been aborted and our nation seems largely unconcerned. Self-centered indulgence, pride, and a lack of shame over sin are now emblems of the American lifestyle.*

*My heart aches for America and its deceived people. The wonderful news is that our Lord is a God of mercy, and He responds to repentance. In Jonah's day, Nineveh was the lone world superpower—wealthy, unconcerned, and self-centered. When the Prophet Jonah finally traveled to Nineveh and proclaimed God's warning, people heard and repented. I believe the same thing can happen once again, this time in our nation.* <sup>98</sup> —**Billy Graham**

*Certainly every Christian ought to be praying and working to nullify the abominable abortion law. But as we work and pray, we should have in mind not only this important issue as though it stood alone. Rather, we should be struggling*

*and praying that this whole other total entity "(this godless) worldview" can be rolled back with all its results across all of life.*

—**Francis Schaeffer**

*Any country that accepts abortion is not teaching the people to love, but to use violence to get what they want. That is why the greatest destroyer of love and peace is abortion.* <sup>99</sup>

*America needs no words from me to see how your decision in Roe v. Wade has deformed a great nation. The so-called right to abortion has pitted mothers against their children and women against men. It has sown violence and discord at the heart of the most intimate human relationships. It has aggravated the derogation of the father's role in an increasingly fatherless society. It has portrayed the greatest of gifts—a child—as a competitor, an intrusion, and an inconvenience. It has nominally accorded mothers unfettered dominion over the independent lives of their physically dependent sons and daughters. And, in granting this unconscionable power, it has exposed many women to unjust and selfish demands from their husbands or other sexual partners. Human rights are not a privilege conferred by government. They are every human being's entitlement by virtue of his humanity. The right to life does not depend, and must not be declared to be contingent, on the pleasure of anyone else, not even a parent or a sovereign.* <sup>100</sup>

—**Mother Teresa**

*The unborn child ... though enclosed in the womb of its mother, is already a human being ... and should not be robbed of the life which it has not yet begun to enjoy. —John Calvin*

*No human being ... is ever conceived outside God's will or ever conceived apart from God's image. Life is a gift from God created in His own image. —John MacArthur*

*It is impossible to further the common good without acknowledging and defending the right to life, upon which all the other inalienable rights of individuals are founded and from which they develop. A society lacks solid foundations when, on the one hand, it asserts values such as the dignity of the person, justice and peace, but then, on the other hand, radically acts to the contrary by allowing or tolerating a variety of ways in which human life is devalued and violated, especially where it is weak or marginalized. Only respect for life can be the foundation and guarantee of the most precious and essential goods of society, such as democracy and peace. —Pope John Paul II*

*Do not murder a child by abortion or kill a newborn infant. —The Didache*

*It does not matter whether you take away a life that is born, or destroy one that is coming to the birth. In both instances, the destruction is murder. —Tertullian*

*On March 6, 1857, the Supreme Court, in Dred Scott vs. Stanford, ruled that no act of Congress or territorial legislature could make laws*

*banning slavery. The fundamental argument was that slaves are not free and equal persons but the property of their masters. The ruling is analogous to Roe vs. Wade because today no state may make a law banning abortion to protect the unborn. The argument is similar: basically because the unborn are at the sovereign disposal of their mothers and do not have personal standing in their own right. There was no consensus in this country on the personhood and rights of slaves. We were split down the middle. But the issue was so fundamental that the states went to war, and in the end the Lincoln administration overturned the Dred Scott decision. And today, 130 years later, we look back with amazing consensus and marvel at the blindness of our forefathers.<sup>101</sup>*

*—John Piper*

*One of the chief functions of law is to protect the rights of individuals. To be sure, every law restricts someone's freedom in order to protect someone else's rights. —R.C. Sproul, Sr.*

*Christ died that we might live. This is the opposite of abortion. Abortion kills that someone might live differently. —John Piper*

*We must stand committed to reconciling the vertical image of God in every human being with the horizontal habits and actions of Christ. This requires a new narrative, an alternative discourse where we stand for truth without sacrificing civility.*

*For the image of God lives in all human beings—black and white, rich and poor, born*



*and unborn, conservative and liberal, citizen and undocumented. Our challenge is to see the image of God in the suffering, the marginalized, the oppressed and the hurting. Our challenge is to see the image of God in every human being—including those with whom we disagree.*

*Correspondingly, Hispanic evangelicals remain committed to advancing not the agenda of the donkey or the elephant, but only the agenda of the Lamb, which is one of righteousness and justice, sanctification and service, covenant and community, holiness and humility, and conviction and compassion. It is this agenda that provides the moral imperative to defend biblical truth with love and civility.*<sup>102</sup>

**—Samuel Rodriguez**

*Destruction of the embryo in the mother's womb is a violation of the right to live which God has bestowed upon this nascent life.*

**—Dietrich Bonhoeffer**

*If we were made to watch a doctor pull off the little baby's legs and arms one by one and place them on the table like a dentist removing cotton from your mouth—if all Americans were made to see what it really is, the pro-life goal of abortion being unthinkable (not just illegal) would be much nearer.* **—John Piper**

*Bags of babies are found by trash compactors (as we all know); yet on the other side of this, a wounded American eagle was found recently in Maryland and rushed to emergency treatment. However, it died and a \$5,000 reward was offered for the arrest of whoever injured it. It is*

*illegal to ship a pregnant lobster: it's a \$1,000 fine. In the State of Massachusetts there is an anti-cruelty law that makes it illegal to award a goldfish as a prize. Why? This is what it says, "To protect the tendency to dull humanitarian feelings and to corrupt morals of those who abuse them." The same people that want to save the goldfish are leading the parade, usually, to kill the babies.*<sup>103</sup> **—John MacArthur**

*Shall we reserve human dignity only for those humans who are not dependent on others? Do we deserve to live only when we can live on our own? Is the four-month old fetus less than human because she needs her mom for life? Is the four-month old infant less than human when she still needs her mom for life? What if you depend on dialysis or insulin or a breathing apparatus? Is value a product of fully-functioning vitality? Is independence a prerequisite for human identity? Are we worth only what we can think, accomplish, and do on our own?* **—Kevin DeYoung**



## SCRIPTURE

The Bible is far from silent on the topics of life and justice.<sup>15</sup> This resource provides just a few of the Scripture verses that speak to the value of life created in God's image from the moment of fertilization until its final breath. Remember this: the Lord Jesus Christ began His incarnation as an embryo—growing into a fetus, infant, child, teenager and adult.

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### *God is the Creator of all life.*

**GENESIS 1:27** *"So God created man in His own image, in the image of God he created him; male and female he created them."*

**JOB 33:4** *"The Spirit of God has made me, and the breath of the Almighty gives me life."*

**PSALM 119:73** *"Your hands made me and formed me."*

**PSALM 139:13-16** *"For you formed my inward parts; you knitted me together in my mother's womb. I praise you, for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well. My frame was not hidden from you, when I was being made in secret, intricately woven in the depths of the earth. Your eyes saw my unformed substance; in your book were written, every one of them, the days that were formed for me, when as yet there was none of them."*

**JOB 10:11-12** *"You clothed me with skin and flesh, and knit me together with bones and sinews. You have granted me life and steadfast love."*

**MATTHEW 1:20** *"But as he considered these things, behold, an angel of the Lord appeared to him in a dream, saying, 'Joseph, son of David, do not fear to take Mary as your wife, for that which is conceived in her is from the Holy Spirit.'"*

**PSALM 100:3** *"Know that the Lord is God. It is he who made us, and we are his; we are his people, the sheep of his pasture."*

**ISAIAH 44:24** *"Thus says the Lord, your Redeemer, who formed you from the womb: 'I am the Lord, who made all things, who alone stretched out the heavens, who spread out the earth by myself.'"*

**ISAIAH 64:8** *"But now, O Lord, you are our Father; we are the clay, and you are our potter; we are all the work of your hand."*

**PSALM 127:3-5** *"Behold, children are a heritage from the Lord, the fruit of the womb a reward. Like arrows in the hand of a warrior are the children of one's youth. Blessed is the man who fills his quiver with them!"*

**DEUTERONOMY 30:19** *"I call heaven and earth to witness against you today, that I have set before you life and death, blessing and curse. Therefore choose life, that you and your offspring may live."*

**JEREMIAH 1:5** *"Before I formed you in your mother's body I chose you. Before you were born I set you apart to serve me. I appointed you to be a prophet to the nations."<sup>16</sup>*

**LUKE 1:15** *"He will be filled with the Holy Spirit, even from his mother's womb."*

**LUKE 1:41, 44** *"When Elizabeth heard the greeting of Mary, the baby leaped in her womb. [And she exclaimed], 'when the sound of your greeting reached my ears, the baby in my womb leaped for joy.'"*

**ISAIAH 49:1, 5** *"The Lord called me from the womb... formed me from the womb to be his servant."*

**GALATIANS 1:15** *"But God set me apart from the time I was born. He showed me his grace by appointing me."<sup>17</sup>*

**EPHESIANS 1:3-4** *"Blessed be the God and Father of our Lord Jesus Christ, who has blessed us in Christ with every spiritual blessing in the heavenly places, even as he chose us in him before the foundation of the world, that we should be holy and blameless before him."*

## *Should a child who might be born with a disability be aborted?*

**EXODUS 4:11** “The Lord said to him, ‘Who makes a man able to talk? Who makes him unable to hear or speak? Who makes him able to see? Who makes him blind? It is I, the Lord.’”

**ISAIAH 45:9-11** “How terrible it will be for anyone who argues with his Maker! He is like a broken piece of pottery lying on the ground. Does clay say to a potter, ‘What are you making?’ Does a pot say, ‘You don’t have any skill?’ How terrible it will be for anyone who says to his father, ‘Why did you give me life?’ How terrible for anyone who says to his mother, ‘Why have you brought me into the world?’ The Lord is the Holy One of Israel. He made them. He says to them, ‘Are you asking me about what will happen to my children? Are you telling me what I should do with what my hands have made?’”<sup>18</sup>

**1 CORINTHIANS 1:27** “But God chose what is foolish in the world to shame the wise; God chose what is weak in the world to shame the strong.”

## *Should a child conceived as a result of rape or incest be aborted?*

**DEUTERONOMY 24:16** “Fathers shall not be put to death because of their children, nor shall children be put to death because of their fathers. Each one shall be put to death for his own sin.”

**GENESIS 9:6** “Whoever sheds the blood of man, by man shall his blood be shed, for God made man in his own image.”

**EXODUS 20:13** “You shall not murder.”

**EXODUS 23:7** “Do not kill the innocent and righteous.”

**AMOS 1:13-14** “The people of Ammon have sinned again and again. So I will punish them. They ripped open the pregnant women in Gilead.”<sup>19</sup>

**EXODUS 21:22-25** “If men struggle with each other and strike a woman with child so that she gives birth prematurely, yet there is no injury, he shall surely be fined as the woman’s husband may demand of him, and he shall pay as the judges decide. But if there is any further injury, then you shall appoint as a penalty life for life, eye for eye, tooth for tooth, hand for hand, foot for foot, burn for burn, wound for wound, bruise for bruise.”<sup>20</sup>

## *Does God forgive those who have had abortions?*

**ISAIAH 1:18** “Come now, let us reason together, says the LORD: though your sins are like scarlet, they shall be as white as snow; though they are red like crimson, they shall become like wool.”

**EPHESIANS 1:7** “In him we have redemption through his blood, the forgiveness of our trespasses, according to the riches of his grace.”

**JOHN 3:16-17** “For God so loved the world, that he gave his only Son, that whoever believes in him should not perish but have eternal life. For God did not send his Son into the world to condemn the world, but in order that the world might be saved through him.”

**1 JOHN 1:9** “If we confess our sins, He is faithful and just to forgive us our sins and to cleanse us from all unrighteousness.”

## *Christians are to defend and protect life.*

**PROVERBS 31:8** “Speak up for those who can’t speak for themselves. Speak up for the rights of all those who are poor.”<sup>21</sup>

**PROVERBS 24:11-12** “Rescue those who are being taken away to death; hold back those who are stumbling to the slaughter. If you say, ‘Behold, we did not know this,’ does not he who weighs the heart perceive it? Does not he who keeps watch over your soul know it, and will he not repay man according to his work?”

## FROM PASTORS AND AUTHORS



### WHY I HATE SANCTITY OF HUMAN LIFE SUNDAY

*By Russell Moore*

I hate Sanctity of Human Life Sunday because I'm reminded that as I'm preaching there are babies warmly nestled in wombs who won't be there tomorrow. I'm reminded that there are children, maybe even blocks from my pulpit, who'll be slapped, punched, and burned with cigarettes before nightfall. I'm reminded that there are elderly men and women languishing away in loneliness, their lives pronounced to be a waste.

But I also love Sanctity of Human Life Sunday when I think about the fact that I serve a congregation with ex-orphans all around, adopted into loving families. I love to reflect on the men and women who serve every week in pregnancy centers for women in crisis. And I love to see men and women who have aborted babies find their sins forgiven, even this sin, and their consciences cleansed by Christ.

We'll always need Christmas. We'll always need Easter. But I hope, please Lord, someday soon, that Sanctity of Human Life Day is unnecessary.

*Russell Moore is President of the Ethics & Religious Liberty Commission of the Southern Baptist Convention. □*



### 5 FEARS THAT KEEP PASTORS FROM PREACHING ABOUT ABORTION

*By Mark Campbell*

I recently found myself in a discussion with an extended family member about parenting. This loved one turned to me and said, "I never wanted to tell my children what to believe." To which I responded immediately, "Why not? Everyone else is trying to tell your children what to believe, why wouldn't you want to?" From television, to advertising, teachers, peers, news media, and social media, children are constantly bombarded with messages about what to believe.

Unfortunately, this is often the subconscious approach many pastors take about the issue of abortion and the church. For varying reasons, pastors don't want to tell their church what to believe on this vital issue of justice, equality, and the glory of God. The reality is that everyone is trying to tell God's people what to believe about this issue. Why wouldn't those charged by God to instruct His people in the Scriptures, be instructing them with the truth?

A great axiom of ministry is, "as the pulpit goes, so goes the church." The preaching of God's Word in a church dictates how the people view the Scriptures, and its teaching. More specifically, what is emphasized from the pulpit is often most



embraced and embodied by God's people. I've seen this dynamic play out over and over again. This realization is a heavy weight for any pastor to bear, deciding what to preach on, and what not to.

Over the course of eleven years in pastoral ministry, and another two years as the director of a pro-life ministry, I have had many conversations with pastors about preaching on the sanctity of human life and abortion. Far too often, I have found that pastors are unwilling to engage the issue of abortion in their churches from the pulpit. Usually, it's fear driving their decision. The result is that these pastors abandon their congregations on this issue, leaving the narrative to be written by the world.

From my discussions, I've found common fears that most pastors wrestle with. Here are five to consider:

***“My congregation will think I’m being political.”***

I'm always shocked every time I actually hear these words uttered, but it happens more than I'd like to admit. A good friend of mine said, “If your church believes this is primarily a political issue, who taught them that? You're the teacher. Correct them.” Otherwise rock-solid, biblically based preachers will somehow convince themselves that because this issue has political out-workings, and happens to be one of the most divisive issues in our culture, the discussion doesn't belong in the church. Yet before this issue is a political issue, it is an unequivocally biblical issue of ultimate importance. What's at stake? The truth about the glory of God displayed in the lives of His image bearers.

***“I do not want to be pegged as a crazy right-wing conservative.”***

We live in a culture that embraces a philosophic pluralism, where tolerance is the highest virtue. The issue of abortion instantly conjures up images of billboards, protests, and the “eccentric pro-lifer.” No group in our society has consistently been as stereotyped by media outlets as more intolerant than the crazy “right-wing conservatives.” To associate with this group can be virtually akin to wearing a scarlet letter, particularly within urban contexts that tend to be socially liberal. Subsequently, many young pastors fear being thought of as out of touch or extreme if they address abortion. They convince themselves that it's better to not address abortion at all, so it won't get in the way of really preaching the gospel.

John Piper shared with me in an interview, that he experienced the pressure of not wanting to be a partisan, politically-oriented preacher. Yet, he saw a beautiful opportunity to address this tension.

In the providence of God, Martin Luther King Jr. weekend and the anniversary of the Supreme Court decision on *Roe v. Wade* fall back to back. He decided to preach a sermon every year on racial harmony and the gospel, and the following week, a sermon on abortion and the gospel. This way, he preached one weekend on an issue typically associated with the political left, while the next weekend, preaching on an issue that is associated with the right. He explained that this gave him an opportunity every year to explain to his church that the Word of God is the standard of truth,

not a political ideology or camp. As citizens of God's kingdom, we preach the truth, regardless of whether it sounds right or leftward leaning.

***“I feel inadequate to address the issue of abortion.”***

Being a pastor of a church will stretch any man. The demands are high and the time a pastor has for study is often limited. Well-meaning pastors often fear they aren't well versed enough in the issue of abortion to address it from the pulpit. This may be the case, but it doesn't have to stay that way. There are resources available to help you become sufficiently equipped to address this issue with truth and compassion if you will avail yourself of them. Resist the tendency to shy away from this issue because it might require you to study the Scriptures, and face the reality of what abortion is and does to women and men. It is certainly easier to stick your head in the sand, but keep in mind that in so doing, you may also forgo the remarkable opportunity to see God heal, restore, correct and admonish his people.

***“I'm already overwhelmed, and I know if I preach on the issue of abortion, it will open the floodgates of hurt and bondage, and I won't be able to handle the fallout of the sermon.”***

Whenever I have preached on the issue of abortion, I have had women after the service come to tell me they had an abortion, or had been affected by abortion in some way. Their stories are heartbreaking. There is much healing and work to be done after a sermon, it is only the beginning.

Pastors intuitively know this, and are acutely aware of the potential depth of impact preaching on abortion will have. Instead of addressing the hurt and bondage of those in his congregation, pastors choose to ignore it altogether because they feel completely overwhelmed with pastoral care demands already.

To these pastors, I would encourage you to trust in the sustaining grace of our great God. Do not suppress the conviction of the Spirit to preach on this issue. It is often in our times of greatest need that the Lord's provisional glory is seen most clearly. Pray the Lord would send somebody to come alongside you to help. Develop a relationship with your local pregnancy help center, as they often have post-abortive healing classes. Do some preparation before preaching, have a plan as to how you will minister to women and men affected by this issue, and then trust God with the outcome.

***“I am afraid I will alienate and drive away women who have had abortions.”***

Silence speaks. Silence on the issue of abortion communicates that this is an issue not to be discussed because it's either too shameful, or too difficult to address. If you choose not to preach about this issue, those affected by abortion are implicitly told to also keep this area of their life in the shadows. They are silently alienated. They are emotionally driven away.

Some fears are good, provided they don't paralyze us. The fear of being hit by a car prevents us from running out into the street without looking. This is good. But there are times when we must cross the

street to get where we need to go. If this is the case, what do we do? We go to the crosswalk, we look both directions, and we cross safely.

The fear of not wanting to hurt someone in your congregation is a good fear. This fear can cause you to pause, think it through, and proceed cautiously. But if this fear prevents you from ever preaching on this issue, your inaction will actually hurt those in your church who need to hear the hope of the gospel applied to a major issue in their lives.

Statistical research consistently reveals that the issue of abortion has massively affected people in our churches. It brings with it shame, condemnation, and bondage. Preach in such a way that you invite people who have been affected by abortion to be honest and open. Then, by God's grace, pray not only for them to experience the forgiveness of Christ but also His freedom and healing.<sup>94</sup>

*Mark Campbell was a church planter in the Washington DC area, and served as a pastor in various roles for over ten years, before moving to Louisville, KY. He founded The Vox Project in 2014: [voxproject.org/](http://voxproject.org/). □*




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**NEW SURVEY: WOMEN GO SILENTLY FROM CHURCH TO ABORTION CLINIC**  
*By Lisa Cannon Green*

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Many women with unplanned pregnancies go silently from the church pew to the abortion clinic, convinced the church would gossip rather than help, a new study commissioned by Care Net shows. More than 4 in 10 women who have

had an abortion were churchgoers when they ended a pregnancy, researchers found in a survey sponsored by Care Net, a nonprofit organization supporting more than 1,100 pregnancy centers across North America. “That’s a huge opportunity for the church to have an impact on those decisions,” said Scott McConnell, vice president of LifeWay Research.

**But only 7 percent of women discussed their abortion decision with anyone at church. Three-fourths (76 percent) say the church had no influence on their decision to terminate a pregnancy.**

The results point to a church culture that often lacks grace, McConnell said. Among women who have had an abortion:

- Two-thirds (**65 PERCENT**) say church members judge single women who are pregnant.
- A majority (**54 PERCENT**) thinks churches oversimplify decisions about pregnancy options.
- Fewer than half (**41 PERCENT**) believe churches are prepared to help with decisions about unwanted pregnancies.
- Only **3 IN 10** think churches give accurate advice about pregnancy options.

*“Women are perceiving judgment from the church, and that’s probably partly because there are clear teachings in the Bible including about how and why we make judgments,” McConnell said. “However, if they don’t start experiencing something different than what they’ve seen in the past, these numbers aren’t going to change.”*

## Christian connections

The church has connections with many women who choose abortion, Care Net research found. In the survey of 1,038 women who have had abortions, 70 percent claim a Christian religious preference, and 43 percent report attending church monthly or more at the time of an abortion.

But distrust of the church's response is widespread, the survey shows. Nearly two-thirds (64 percent) believe church members are more likely to gossip about a woman considering abortion than to help her understand options.

When weighing an abortion decision, women say they expected or experienced judgment (33 percent) or condemnation (26 percent) from a church far more than caring (16 percent) or helpfulness (14 percent).

Only 38 percent of women who have had an abortion consider church a safe place to discuss pregnancy options including parenting, abortion, and adoption. And while 25 percent say they would recommend a friend or family member discuss an unplanned pregnancy with someone at church, more than twice as many (54 percent) say they would not recommend it.

*“While much work needs to be done to equip the church to help women and men with their pregnancy decisions, there are positive signs that many churches will be receptive to efforts to implement programming that addresses this need,” said Roland C. Warren, president and CEO of Care Net.*

“The survey shows that frequent churchgoers—people who know the church best—were significantly more likely to believe the church is prepared to provide loving, compassionate support for those considering abortion, especially those attending evangelical churches,” said Warren.

Supportive responses from the church are key, McConnell said. “For most women with an unwanted pregnancy, if nobody is willing to say, ‘We’re going to help you through this,’ it’s hard for them to rationally say they should keep the child.”<sup>95</sup>

Download a free copy of the survey at [bit.ly/AbortionAndChurch](http://bit.ly/AbortionAndChurch).

*Lisa Cannon Green is the Managing Editor of Facts & Trends Magazine, published by LifeWay Christian Resources. □*



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### DEVELOPING A WHOLE-LIFE, PRO-LIFE ETHIC IN OUR CHURCHES

*By Josh Howerton*

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As Eric Metaxas and others noted, what happened with the Planned Parenthood videos is a “William Wilberforce moment” in the culture. Wilberforce was the Christian man who looked into his Bible, saw that racism and slavery were evil reverse-images of the gospel, and dedicated his life to accomplishing what seemed culturally and politically impossible in late-1700s Great Britain: the abolition of the slave trade.

In a decisive moment that now lives in history, Wilberforce commanded the floor of British



Parliament for over three hours doing nothing but reading gruesome horror stories of the African slave trade to the men that politically protected its continuation. He concluded with this sentence:

*“You may choose to look away, but you can never say again that you did not know.”*

On his deathbed in 1833, after a lifetime of being told abolition was impossible, he received word that Parliament had passed the Slavery Abolition Bill, granting freedom to all slaves in the British Empire.

In the last several months, videos of Planned Parenthood officials (the organization that performs over 40 percent of our nation’s abortions) harvesting and selling the body parts of dismembered infant corpses have surfaced to national outrage. But why are these videos causing such upheaval in a nation that has been legally pro-abortion since 1973? It’s because the reality of what abortion is (the murder of a human infant) is being thrust before us in a way that is hard to ignore.

This is our William Wilberforce moment. The stories have been viscerally told, and people may choose to look away, but nobody can ever say again that they did not know.

While it was surprising and encouraging to see hashtags like #PPSellsBabyParts, #DefundPP, and #UnplannedParenthood overrun the youth culture of social media platforms, wise pastors will realize we need more than hashtag activism. If we desire that his kingdom come on earth as it is in heaven,

we need more than hashtags; we need church cultures that vibrantly embody a whole-life, pro-life ethic. For pastors to cultivate this, I see at least three indispensable practices.

### **In the words of Collin Hansen, we must “speak to persuade, not just to rally.”**

The temptation is to preach the fist-pounding, us-versus-them sermon against “all the wicked baby-killers” because we know it rallies a base and will earn us back-pats for “boldness.” But our calling isn’t to rally a base; it’s to persuade men (**2 CORINTHIANS 5:11**). When you preach an angry us-versus-them sermon, it alienates any of “them” that are present with honest questions. Pastors who brush past questions dismissively will themselves be dismissed. Here are a few of those questions or justifications and how the recent videos have equipped us to address them:

- **“WOMEN’S RIGHTS.”** Abortion advocates have long justified abortion by framing it in terms of women’s rights. One thing these videos are doing is making that defense seem childishly naive, at best, and intentionally deceptive, at worst. A person can point to video three and say, “What about the rights of the woman lying dismembered in a pie dish?”
- **“IT’S JUST A CLUMP OF CELLS.”** Abortion was legalized in 1973 before any technology that gave a clear look at the child inside the womb. “It’s just a clump of cells” was the lie we were told, and we believed it because we wanted to believe it. It was soothing to a screaming conscience: We’re not killing infants, we’re just removing clumps of cells. After these videos, no one can say this with a straight face. “Clumps of cells” do not have organs that can be harvested to save human lives. Lab technicians don’t point at “clumps of cells” and exclaim, “Another boy!”

- **“THESE BABIES ARE JUST LIKE ORGAN DONORS.”** No they’re not. Organ donors get to choose to be organ donors after their natural deaths. They are not killed and chopped up without their consent in order to harvest their organs.
- **“MY BODY, MY CHOICE.”** Again, these videos expose this statement as absurd. It’s not just a woman’s body. We’ve now seen the other bodies in the pie dishes.
- **“THEY’RE NOT ALL THE WAY HUMAN.”** The first step in committing any large-scale human rights atrocity is to linguistically dehumanize the victims. “They’re not all the way human” is what the Nazis said about Jews, nicknaming them “Untermenschen,” or “the subhumans.” The Colonial Slave Trade said black Africans were only three-fifths of a person; and now Planned Parenthood says that unborn children aren’t really babies until they emerge from the birth canal.
- **THE LABEL “EXTREMISTS.”** Planned Parenthood—is sheer terror at the national outrage—is trying to frame opponents as “extremists.” This is increasingly comical for three reasons. First, an estimated (and growing) half of our nation believes what Planned Parenthood is doing is wicked. Second, Planned Parenthood’s abortion policy would be illegal in 93 percent of the world. And third, Planned Parenthood said they wouldn’t continue to do what they said they weren’t doing in the first place—receive money for harvested fetal organs. So, who’s the extremist?

**Wise pastors must convincingly communicate a pro-life ethic as a gospel issue, not a political issue.**

My experience as a pastor of a millennial dominated church in an urban area is that many younger people are secretly suspicious I wear two hats: local church pastor and local recruiter for the Republican Party. If pastors are not careful to root our pro-life ethic in the gospel (and not a political agenda), we risk confirming the suspicion and our

reasoning being dismissed as driven by a political ulterior motive.

In a radically politically polarized culture, one of the most validating aspects of the gospel is that it’s politically confusing. A deep care for the poor, racial reconciliation, and love for the immigrant and sojourner—issues typically politicized as progressive—are embedded into our souls by the gospel. The belief in the sanctity and definition of marriage; the intrinsic value of all human life, including the unborn, elderly, and disabled; and biblical sexual ethics—issues typically politicized as conservative—are equally embedded into our souls by the gospel. It is exactly the fact that it transcends the existing categories that moves people to consider the possibility of the Christian gospel’s transcendence.

It’s remarkably persuasive to show that the same gospel that moves a person toward a “liberal” passion for racial reconciliation moves them toward a “conservative” pro-life ethic. Christians don’t oppose abortion because it’s a political issue, but because it’s a gospel issue. Abortion is the evil reverse-image of the gospel. Instead of saying, “I’ll die for you,” it says, “You die for me.”

To discern whether your church culture has a biblical pro-life motivation or merely political pro-life motivation, a helpful diagnostic question might be, “Is the message of our church consistently pro-life or only vocally pro-life when it intersects with a conservative (or liberal, depending upon your context) political agenda?” For instance, it strikes the average person as just

a smidge disingenuous to boldly declare, “We are pro-life!” in one sentence and, “Send those non-American-speaking immigrants back to the country from which they came!” in the next.

**We must affirm with our culture what we declare with our message.**

It’s possible to simultaneously preach true doctrine with our lips and utterly deny that doctrine with our culture. Think of the church that worships a man who was a homeless refugee but in which everyone avoids the homeless man that stumbles into a worship service. We can deny with our culture what we declare with our message, rendering the message almost impossible to believe. However, when a compelling culture affirms a clear message, even skeptical onlookers are moved to think, “I may not believe it yet, but if it produces this I wish it were true.”

Vibrant church cultures will show a pro-life ethic not just to be morally right, but existentially beautiful. Our churches, as “living epistles” and outposts of the Kingdom of God, can become places in which the beauty of a pro-life ethic can be experienced before it is even believed.

Our second adopted daughter is a black female with a birth defect born to a collegiate single mom. If you converted Planned Parenthood’s victims into a most wanted list, “black female with birth defect born to collegiate single mom” would be public enemy number one. The abortion-rights narrative for Felicity was, “All she can be is a burden, all she’ll do is ruin someone’s life prospects, and all she’ll have is misery.” But

experiencing Felicity crucifies that lie, putting it to open shame.

Last night my heart almost exploded out of my chest as our gorgeous 9-month-old nestled her cheek against my shoulder, looked up into my eyes, and sighed “dada.” Yesterday, our family couldn’t post the pictures fast enough as she imitated her big sister’s dance moves. Despite three surgeries and countless nights struggling to breathe through her birth defect, when we walk into her nursery each morning, she invariably greets us with a smile that could wake the dawn, flails her arm in an attempted wave, and squeals, “haaaaaa!” (translation: “hi!”).

I assure you, once you’ve experienced that, you’re forever inoculated from a host of chillingly hollow abortion-rights narratives. Churches teeming with adoptions and foster parents, sacrificial compassion for pregnant teenagers and single moms, bestowed dignity upon the disabled, and honor for the elderly will be culture-shaking churches.

May the Lord raise up more churches with a gospel-saturated, pro-life culture that proclaims this from the rooftops, lives this in the everyday, and changes the cultures around them.<sup>96</sup>

*Josh Howerton is part of the ERLC Leadership Network Council. He is currently engaged in theological education at Southern Seminary in Louisville, KY. □*



## THE SLED TEST

By Scott Klusendorf

Philosophically, there is no morally significant difference between the embryo you once were and the adult you are today. The simple acronym SLED can be used to illustrate these non-essential differences:

**SIZE:** True, embryos are smaller than newborns and adults, but why is that relevant? Do we really want to say that large people are more valuable than small ones? Size doesn't equal value.

**LEVEL OF DEVELOPMENT:** True, embryos and fetuses are less developed than you and I. But again, why is this relevant? Should older children have more rights than their younger siblings? Some people say that the immediate capacity for self-awareness and a desire to go on living makes one valuable. But if that is true, newborns do not qualify as valuable human beings.

**ENVIRONMENT:** Where you are has no bearing on who you are. Does your value change when you cross the street or roll over in bed? If not, how can a journey of eight inches down the birth-canal suddenly change the essential nature of the unborn from non-human to human? If the unborn are not already valuable human beings, merely changing their location can't make them so.

**DEGREE OF DEPENDENCY:** If viability bestows human value, then all those who depend on insulin or kidney medication are not valuable and we may kill them. Conjoined twins who share blood type and bodily systems also have no right to life.<sup>97</sup>

In short, although humans differ immensely with respect to talents, accomplishments, and degrees of development, they are nonetheless equal (and valuable) because they all have the same human nature.

WATCH 4 short videos that illustrate each of the letters in the acronym. Visit:

**FocusontheFamily.com** and search SLED videos

*Scott Klusendorf is the founder and president of Life Training Institute in Colorado Springs, Colorado.*





## PERSONAL PERSPECTIVES

### A Pro-life Feminist's Perspective

*by Frederica Mathewes-Green*

What can we do to help women who get pregnant and would rather not be? For a book I was writing, I went around the country talking to women who have had an abortion and to women who provide care for pregnant women. I had presumed that most abortions are prompted by problems that are financial or practical in nature.

But to my surprise, I found something very different. What I heard most frequently in my interviews was that the reason for the abortion was not financial or practical. The core reason I heard was, “I had the abortion because someone I love told me to.” It was either the father of the child, or else her own mother, who was pressuring the woman to have the abortion.

Again and again, I learned that women had abortions because they felt abandoned, they felt isolated and afraid. As one woman said, “I felt like everyone would support me if I had the abortion, but if I had the baby I’d be alone.” When I asked, “Is there anything anyone could have done? What would you have needed in order to have had that child?” I heard the same answer over and over: “I needed a friend. I felt so alone. I felt like I didn’t have a choice. If only one person had stood by me, even a stranger, I would have had that baby.”<sup>104</sup>

### A Doctor's Perspective

*by Freda Bush, M.D.*

As a doctor, I was taught when I cared for a pregnant woman, I cared for two: the pregnant

woman and her unborn child. Anything you did to the mother, any medications you prescribed for her, you had to consider the effect on the child she was carrying inside her body. That truth is still taught in medical school. With this basic science education, how does a doctor forget the baby in the womb is a person even when it is unplanned or unwanted? Medical ethics and my own conscience demand that I promote the health and wellbeing of both.

For 40 years, I have delivered thousands of babies. It has been a joy to place the babies into the waiting arms of their mothers. Then I see two unique persons—the mother and her child—embracing and crying tears of joy.

Pregnancy is not a disease. I pray for the day we all in the medical profession have the courage to protect and defend the lives of both of our patients: the mother and her unborn child.

### After Abortion: A Woman's Perspective

*by Michaelene Fredenburg*

When I became pregnant at 18, I chose to have an abortion. I thought the abortion would erase the pregnancy. I thought I could move on with my life. I was wrong. Although I didn’t feel this way before the procedure, it was now clear to me that the abortion ended the life of my child. I felt guilt and desired punishment.

I soon found myself in a cycle of self-destructive behavior that included an eating disorder. This

downward spiral continued until suicidal thoughts began to scare me. That's when I finally attended an after abortion healing retreat offered by a local pregnancy center. Realizing that I wasn't the only one having difficulty after an abortion helped tremendously. With the help of counselors and supportive friends, my time of self-condemnation and self-punishment slowly came to an end. This allowed me not only to grieve the loss of my child, but also to identify and work on my unhealthy behaviors. It took me several more years to finish my journey to wholeness, but things progressively improved, as I learned to act on the truth of God's mercy and redemptive grace.

*Michaelene created AbortionChangesYou.com, a website that is a safe haven for anyone whose life has been touched by abortion.* <sup>105</sup>

### **After Abortion: Does the Church Help or Hinder Healing?**

*by Lelia Chealey*

Some Christians may think that in taking a stand for the unborn it is part of their job to call out the cold-hearted mother who has made this choice. As a Christian woman who did make the choice to abort my child, let me tell what you do when you call me that.

I'm not going to go into a sob story and try to convince you that my choice was right. It wasn't and it never will be. I took the life of my child. I can never justify what I did, nor do I want to. But every time you take your Pharisee stance and call me a murderer, you are inches away from erasing everything Jesus has done to get me to the point of using my story for His glory. Trust me when I

say that you do not want me to return to the pit He rescued me from.

### **After Abortion: A Father's Perspective** *by Shane Idleman*

This is extremely difficult for me to write—I shed many tears, contemplated deleting it, and prayed diligently for direction. Approximately 22 years ago, as a prodigal, I conceded to my girlfriend's request to abort our child around the 5th week. The pain of that decision still haunts me today.

What would my child look like? Was it a boy or a girl? I can picture walking and talking with my child ... watching his or her first steps ... holding them when they cry and rejoicing with them when they succeed. But these are just dreams in my mind; dreams that often leave me heartbroken.

Regret is one of the hardest pains because it is a constant reminder that we failed ... failed God, others, and ourselves. As a pastor who regrets an abortion in my past, I want to say that there is hope for those who have participated in or who have had an abortion.

If this is you, I encourage you to read **PSALM 51**. Both personal experience and the Bible have taught me that God's unfailing love and compassion will see you through. Allow His forgiveness to set you free through faith in His Son, Jesus Christ. We lean on His strength for the future and not on our failures of the past.

And now, a word for my fellow pastors: we can no longer remain silent while silent screams go unheard. We are to be pillars who support truth.

Today, the truth is often neglected, watered-down, or avoided altogether in the hope of not offending members and building a large audience.

Abortion is rarely mentioned so repentance is never sought. We want to build a church rather than break a heart; be politically correct rather than biblically correct; coddle and comfort rather than stir and convict.

Deep repentance must take place at the national level. When human life is devalued, atrocities such as the holocaust, slavery, sex-trafficking, and abortion occur. God help us when we destroy what He has created. I cannot, and will not, remain silent. Will you? <sup>106</sup>

*Shane Idleman is the founder and lead pastor of Westside Christian Fellowship in Lancaster, California.*

### **A Birthmother's Perspective: Then and Now**

*by Michelle Thorne*

You can't read an adoption story without a then and now. My journey is seventeen years long and counting. Seventeen years was a long time ago. Much has happened. Much. But what happened seventeen years ago has rippled through my life.

Seventeen years ago I chose life. I was young and vulnerable, facing an unplanned pregnancy. There weren't many options, and I was afraid. What would people think? What would others say?

Back then, way back then, I knew so little about adoption. I knew very little about parenting or babies or the world, really. What I knew was this: he was a person, my person, and I had to protect

him and give him the best life possible. That was enough then.

I knew he needed a mom and a dad, who could spend time with him, provide for him, and teach him in ways I could not. Thankfully, I found them. They have loved my son, our son, well. They have shared. They have become my family too.

Now, I wish I had known that my life would explode with love in and through this experience. I wish I had known that it would help me relate to my husband and teach my children that I am not perfect and they don't have to be either. When I chose life for my son, I chose life for me, and I didn't expect that.

People said the grief would be impossible. I was led to believe that I would never recover. I was told I was giving away my blessing. I feared that I would never be loved again, that I would live in grief for the rest of my life, but I have to tell you, with Jesus, I have moved from grief to celebration.

I chose life! That's a win. My son is alive and well and thriving. Oh and friends, in every picture I have of him, he is so handsome! I just adore him. Simply, positively adore that boy. Even with the distance and lack of communication, a piece of my heart is his.

You may think, "How can you be happy? You aren't raising him! How can you get over something like that? How do you live with yourself?" Joy/grief. I rejoice in my child, and I feel the loss.

Most of us run wildly away from pain, but I want to encourage you: You need to rework your thinking. Change your mind. The pain is good. It tells us life

is here with us, inside us, working its way out of us. Embrace it, work your way through it and in the end, you'll have unfathomable joy. In the end you will behold new life.

All of these things are evidence of the evolution of my view of adoption, faith and relationships inside my adoption story. I have sojourned with joy, anger, thankfulness, anxiety, confidence, and confusion, and I have come to settle down with the idea that love has room for all of my big feelings. I get to continue in love for the child I gave in love. Love is a place I can find rest.

Now I know that it is foolish to think I won't have any negative feelings about experiencing unplanned pregnancy and my adoption story. There are negative parts to the story, and that is part of it. There are also blinding bright spots too.

Every good story has light and dark. Every story worth telling takes twists and turns, and friends, my story is worth telling. I know that now.<sup>107</sup>

*This article was written by Michelle Thorne—a wife, mom, birth mom, adoption professional, and author of two books: DELIVERED, My Harrowing Journey as a Birthmother and Revealing You, A Journal for Birthmothers. Follow Michelle at her website [www.bravelove.org](http://www.bravelove.org).*

## **A Former Abortionist's Perspective**

*by Dr. Bernard Nathanson*

*"I am personally responsible for over seventy-five thousand abortions."*

This stunning admission was made by Bernard Nathanson, M.D., one of the main architects of the strategic plan to dehumanize the unborn child

and legitimize abortion across the country. He succeeded beyond all his own expectations.

Then something happened that forced him to see abortion for what it is and to renounce all that he had done and advocated. Ultrasound technology arrived in his office in the mid-seventies. Ultrasound technology provided a true "window to the womb" and revealed the humanity of the unborn child.

Nathanson wrote: "From then on we could see this person in the womb from the very beginning—and study and measure it and weigh it and take care of it and treat it and diagnose it and do all kinds of things. It became, in essence, a second patient. Now a patient is a person. So basically I was dealing then with two people, instead of just one carrying some lump of meat around. That's what started me doubting the ethical acceptability of abortion on request."

Nathanson's acknowledgement of the humanity of the unborn child had no conscious religious tone to it. He was an atheistic Jew. "I had not a seedling of faith to nourish me," he wrote. Embryology itself, confirmed by the ultrasound, led him to acknowledge that there was no significant difference between the humanity of the mother and that of her unborn child, that would justify killing her baby.<sup>108</sup>

## **A Former Abortion Clinic Manager's Perspective**

*by Susan Thayer*

I began working at Planned Parenthood because I had always believed that their mission was to offer



health care for women and to prevent abortions. Now, I see that I was naïve.

For 17 years I managed their clinic in Storm Lake, Iowa, which didn't do surgical abortions. But then, I was pressured to offer "web cam abortions" in which a doctor in a remote location would prescribe the abortion pill without ever meeting the patient.

A knot formed in my stomach as my boss talked about increasing our abortion numbers, along with our profits. I knew that such abortions would destroy the lives of innocent babies and put the lives of their mothers at risk. I objected—and in late 2008 I was fired.

After pondering my own life and choices, and seeking God's forgiveness and leading, I decided I couldn't keep silent about what was happening at the clinic. In 2011, I organized a peaceful 40 Days for Life prayer vigil outside my former clinic, praying for my former co-workers and for the women entering their doors. Less than a year later, that clinic closed its doors forever!

When I see a pregnant woman, I see two lives, and I speak up for both.

### **A Civil Rights Activist's Perspective** *by Dr. Alveda King*

My uncle, Dr. Martin Luther King, Jr. said "Injustice anywhere is a threat to justice everywhere." As a woman who regrets her own abortions, I can truly say that abortion is a grave injustice to fathers, mothers—women and their children. The sting in the African American Community is especially

brutal. When we said we will no longer sit on the—back of the bus, a place was being reserved for us—and our children—down at the abortion clinic.

In the days of slavery Blacks were counted as 3/5 persons for the purpose of apportionment in Congress. Today, the pre-born are not seen as persons for the purpose of protection by the 14th amendment.

When I see a pregnant woman, I see two unique human persons, each with its own DNA makeup and worthy of dignity, respect and protection. As a Civil Rights activist I fight for the rights of all persons, born and unborn. My father, A.D. King and my uncle, Dr. Martin Luther King fought for the Civil Rights of Blacks. Today, I fight for the Civil Rights of the pre-born and their parents. Abortion is the Civil Rights Movement of our day.

### **A Journalist's Perspective** *by Maria Gallagher*

As a journalist, I embraced the pro-choice philosophy based on the twin pillars of reasonability and convenience. But, as I began to put my journalistic skills to work, conducting more in-depth research, I discovered some startling facts—for example, that a heart starts beating only 21 days after conception. I came to see that life must have a logical beginning, not an arbitrary one based on subjective feelings. Reason led me to the pro-life movement; careful analytical thinking keeps me there. Where once I saw only one individual, now I see two—mother and child, connected by a sacred bond that no human being has a right to sever.

I believe that empowering pregnant women ... giving them the support they deserve ... is the fundamental human rights issue of the 21st century. Just being one small part of this millennial movement gives me tremendous hope. As an advocacy journalist and as a legislative director, I call attention to the needs of both mother and child. Both deserve compassion and honor. My dream is that all pregnant women and their babies will be celebrated and cherished, making abortion unimaginable.

### **A Lawyer's Perspective**

*by Anne O'Connor, J.D.*

In law school when we studied *Roe v. Wade*, I was surprised to read that the Supreme Court Justices purposefully declined to address the issue of when life begins. To me, that seemed the paramount issue to address.

We have scientific/medical guidelines to determine when life has ended. Why is it so difficult to apply scientific/medical standards to determine when life has begun? Those scientific/medical facts reveal that life begins early in the womb. Women don't need to be sheltered from these facts and given a fabricated constitutional right to a procedure to terminate that life under the guise of "choice." Women are smart, bold, courageous and loving. We not only deserve, but can handle, all the facts. When we are pregnant, there are two of us in the equation.

It was that day in law school that I realized what a great wrong was happening in our society—not only to the unborn child, but to women. Women choose abortion because they are not given all the

facts on the life emerging inside them. They often choose abortion because they feel like they have no other choice. That's not freedom to choose—that's oppression.

From that day sitting in my Constitutional Law class forward, I have dedicated my career to helping women so they never choose to abort because they felt they have no other choice. We women deserve better than that.

### **A Mother's Perspective: A life-limiting diagnosis during pregnancy**

*by Laura Huene*

When our journey with Pearl here on earth was over, my doctor, who is also a personal friend, said to us, "Now I see why you did this the way you did." Also, a precious friend, who is a Labor and Delivery nurse, said to me, "I understand why you did this, and now I see why you love her so much. I will never tell anyone to terminate after a fatal diagnosis again."

Let me start at the beginning of our journey... It is March 22, 2006, when we go in for our routine 20-week ultrasound. We are informed that our precious unborn child, Pearl, has alobar holoprosencephaly with severe facial anomalies. We are devastated by the news. We have three beautiful children and were thrilled to be having our 4th. We do not know how we are going to navigate our way through these uncharted waters.

As I lay on the table in the perinatologist's office, he tells us her condition is fatal and asks us what we plan to do. "***Do you think we should terminate?***" He says, "***Yes.***" No other options are presented to us.

I convey to the doctor my belief that this life is a gift. We will cherish each moment we have with her. We will not terminate. He informs me of the risks, then steps out of the room for a few minutes to let us “think about our decision.”

**There is no more decision to be made. We are going to honor Pearl's life by carrying her for as long as my body will allow. We trust that God is in control of a seemingly out of control situation.**

The perinatologist makes sure that we know time is not going to change the diagnosis. They can do nothing to make this better.

As a labor and delivery nurse, I am familiar with this diagnosis and know that we have a hard road ahead of us. Leaving that office I understand how people can get caught up in a vortex of emotions and choose to escape a hopeless, heartbreaking situation by terminating their pregnancy.

### Alone

A crushing sense of loneliness engulf us as we rehash our day. There is no comfort for our hearts and no encouragement to continue on the path we have chosen. I scour the Internet looking for information and support. There are some great sites for grieving parents who have lost children, but I find no place for parents who are carrying a baby to term in spite of a fatal diagnosis.

We find one good book, on the waiting process, but we are hungry for so much more. At the beginning,

I throw myself into making arrangements for the end: a care plan for Pearl at birth, and a method for handing her into the arms of Jesus.

### So much living to do

One day I realize that I'm focusing so much on the future, that I'm missing the present. Pearl is with us now. She is a part of our daily lives; part of our family. I choose to wear Pearl proudly.

And at the same time, we are profoundly sad. As we teach our 6-year-old son how to ride a bike, we cry because we know we will never experience this with Pearl. She will miss so much of life, and we grieve that loss even though she is still with us in my womb, growing and moving. But through it all, we strive to treasure each moment we have with her.

We go to the doctor every two weeks and are thankful for each peek we are able to take into her world. The ultrasound is a gift for our aching hearts, allowing us to see her one more time. We are not wishing the days away. The day of her birth will come soon enough. We try to keep an eternal perspective on our current situation.

### Friends

Word spreads about our situation and, not surprisingly, we find that people do not know what to say to someone who is carrying a baby that is going to die. Our friends are now uncomfortable around us.

I want to break down the barriers and tell them to just ask me how I am doing. “Stop making excuses about why you haven't called me. Don't be afraid to

cry with me. Pearl is not dead, she is very much alive right now. Don't treat me like I am walking around with a corpse in my womb. Celebrate her life with us. Honor her. Smile at my ever-expanding waistline, and don't run away from me.

**Don't ignore what is going on with us, and don't give me your spiritual platitudes. Just say you are thinking of me and ask what you can do for us. We long for emotional support for our hearts and minds.**

## Family

This journey is also reshaping our family. Our hearts' cry is that this “new” family will be more refined than ever before. Our other three children are incredible. They seem to know when we need a hug and when we just need some downtime.

As I sit with our 6-year-old son and talk about Pearl, he wants to know what she will look like. I think about it for a moment and realize that only the truth will suffice for this curious mind. I tell him about her facial malformations and about our fears for her. I ask him how he feels about the problem with her eyes and nose. He looks at me with those beautiful green eyes and says, “It's OK mom, I'm not afraid. She is my baby sister and I love her. I want to see her.” I hold him as I weep. We should all have that same kind of unconditional love for those around us that appear to be different.

A few weeks later, he tells me that he wishes that there were two of him. He says, “I wish there could be one of me in heaven so I could be with my baby

sister, and one of me here so I could be with my family.” How is he able to articulate so well exactly what I am thinking?

Our other two are equally as loving. The four-year-old rubs my belly, talking to “Baby Pearl.” He wants to know when she is moving and to make sure she knows he loves her. Our two-year-old daughter comes to me when I'm crying—which seems to be a lot lately—and says, “You want Daddy? You want Lovie?”—the two things that she knows always make her feel better.

“Daddy” makes me feel better, too. In fact, words cannot describe what a rock my husband is for me. He holds me when I need it and does not waver in our decision to take hold of the time we have been given with Pearl, even though he knows it is painful to walk this path. He assures me he is not afraid; that he knows that God walks with us. That is where his strength comes from and I am drawing from that when I am feeling weak.

I love the way he talks to his “princess” and so lovingly caresses my growing belly. He assures me I am beautiful even when I am feeling the opposite.

Without this brave man at my side I would not be able to walk this journey. He loves me so well, and I can only hope I am loving him well too.

## Birth Plans

The time of Pearl's birth draws near. We know our time with her in our arms is going to be short, so we do everything we can to prepare. I create a very detailed birth plan so there can be no questions as to what we want during my labor and delivery. I



think for a long time about the different keepsakes I want to have with me. Our bag for the hospital begins to look like an aisle in Hobby Lobby; however, each item is meaningful. We have plaster for hand molds, clay for hand and foot-prints, scissors for a lock of hair, cameras, and my favorite oil that I have used after each of my children's first bath. A professional photographer with the organization Now I Lay Me Down To Sleep will donate their time to take priceless bereavement photos. There is not a detail overlooked.

### Preparing to Meet Pearl

I am approaching 32 weeks gestation, and the amniotic fluid increases rapidly. My doctor becomes concerned for my health. We have one therapeutic amnio to release the excessive amount of fluid in my uterus, and just five days later all the fluid is back, and more. It is time to meet Pearl.

On June 5th, after a long, emotional labor, Pearl Jean Huene is born at 7:12 am. She weighs 4 pounds, 1 ounce and is 17 ½ inches long. Our time with her is unforgettable. We are able to lovingly release her into the arms of Jesus.

We have a beautiful memorial service for Pearl and are surrounded by so many who love us. The outpouring of love and support from our community is incredible. We give those around us the opportunity to be a part of her life as well as her death.

### The Gift of Time

We are so thankful to have had that time with our daughter. We do not regret our decision. At the same

time, we know we need professionals to help us navigate our way through the postpartum period, as well as the intense period of grieving that follows Pearl's death. Hopefully someday we will be able to help someone else as they walk the painful journey of saying goodbye to their child much too soon. In the past year our lives have been filled with a wide range of emotions. Grief is a process that never really comes to a close.

We recently began a new chapter in the life of our family. Lucy Jean Huene was born on June 28, 2007, and is a picture of hope and God's redemptive plan for our lives. The sweet breaths that tenderly brush my face in the wee hours of the morning serve as a gentle reminder of how majestic life is. There is no greater honor than witnessing God's awesome handiwork. All life—whether a work of art declaring God's creative mastery here on earth or a divine creation whisked straight to heaven—is sacred.

*Laura Huene is a labor and delivery nurse and is married to Joshua Huene and they live with four of their children in Denver, CO. Pearl's legacy is that now Laura is reaching out to help other parents who are walking the same journey that she and her family have walked. You can visit her website for families facing a fatal perinatal diagnosis at [stringofpearlsonline.org](http://stringofpearlsonline.org).*

### An Aborted Child's Perspective by Melissa Ohden

In 1977, five days after a saline abortion, Melissa Ohden was delivered and left on a table to die. Melissa told Focus on Family, "(My) mother had an abortion during her fifth month of pregnancy. The type of procedure was a saline-infusion abortion, and what that does is scald the child to death while they're still in the womb. Then, they induce labor and a dead baby should be born.

“I was believed to be dead, and I was actually left for dead. I was placed along the bedside table. As the nurse was tending to [my mom], she realized that I was making small movements, and I was making grunting noises. So they realized that here I had been aborted, but I survived.



“The doctors remarked that I looked like I was about 31 weeks’ gestational age. [They told my] adoptive family, *‘She’s probably not going to live for very long. And if she does, she’s going to be blind or deaf or have some sort of emotional or mental disability.’*”

Today, Melissa has a master’s degree in social work and has worked in the fields of substance abuse, mental health, domestic violence and sexual assault counseling, and child welfare. She is healthy, married, is a mother to a young daughter of her own, and she shares her story around the world, providing a voice for the voiceless.

### **How should a pastor counsel a couple considering aborting their disabled child?**

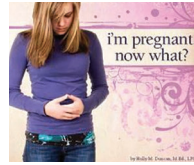
*by Paul Martin, the father of a child with special needs and the Senior Pastor of Grace Fellowship Church, Toronto, Ohio*

Probably one of the most frightening things for any parent to hear during pregnancy is that there is something wrong with their child, and oftentimes, those parents will contact their pastor. Sadly, many times they don’t. I would urge anyone who’s in that situation that the first step is to talk about it. Yes—you need to talk to the Lord, but you need at this point in your life some good Christian counsel from brothers and sisters in the church, or your pastor. If someone was to approach me with that situation, then obviously I want to empathize with them. Tears are appropriate sometimes in our counseling of others. Life is suddenly taking a twist that we didn’t expect.

However, I also want to give hope! This is where a robust understanding of God's sovereignty over all things is so helpful. There are no accidents in the economy of God. He knows what He's doing, and so we can take great confidence, great joy in the fact that the Lord has brought this child into our home, and He's going to give us what we need in order to love that child and care for him or her.

Now, those are easy words, but now we've got to navigate a pregnancy, a delivery, a birth, the learning about a disability, and the possible medical complications, and that's where I think that not just pastors, but the whole church can come alongside and say "We're with you and we're going to walk through this with you. We're going to love that child just as you do."

Obviously, the last thing we want is for someone to consider the termination of a pregnancy. I recall when my son was very young, a neighbor said to my wife, "Couldn't you have found out about his diagnosis while he was in the womb?" Of course, the implication was "You wouldn't have to go through all this, you wouldn't have to have had him." Nothing quite boils the blood as questions like that! The fact is, we rejoice that God's given us our son. We love him, our whole family does. I love all my children. When you get an adverse diagnosis, you don't need to worry about some disturbed future that causes you to think, "I need to get this out of my life." God knows what He is doing and God will provide a way. He is so much wiser, stronger, and more faithful and loving than we know, and this could be the way He's going to prove it to you. <sup>110</sup>



## I'M PREGNANT. NOW WHAT?

*By Holly M. Duncan, M.Ed., LPC*

**TAKE YOUR TIME.** If you're pregnant and it wasn't quite planned, take a deep breath and try not to panic. Even though you're not the first person this has happened to (and won't be the last), the fact that it's your life makes it a big deal, right? Just don't rush into a decision.

You can't change what has happened, but you can carefully consider your next step. You may feel pressure to make a quick decision. Instead, give yourself some time. Where you go from here will have a significant impact on your life. You have options, so make an informed decision.

**SHARE THE NEWS.** Revealing your unplanned pregnancy to those closest to you can be difficult. But it's important to let them know so you won't have to deal with everything alone. Family members and friends may react in different ways, but open and honest communication is vital. Those who have been through a similar situation can often provide valuable support. So make a list of people you need to tell about your pregnancy.

**TIMING IS IMPORTANT.** When is the best time to break the news? How will you tell them- in person? In a handwritten note? Will you go alone or take someone with you? Where will you tell them—at the kitchen table? In your living room? At someone else's home?

**THINK THROUGH THE DETAILS IN ADVANCE.** Plan to tell your family when everyone has time to sit down and talk without interruption. If possible, avoid starting the discussion late at night or early in the morning when everyone is leaving for work or school. It may take some time for your family to process this news.

**PREPARE YOURSELF FOR THEIR REACTIONS.** You may think you know how your family will respond, but you also might be surprised. It probably took you some time for the reality to sink in, so give them time, too. If they react with judgmental or condemning words, remind them that this is a difficult time for you and you need their support. If they try to pressure you into making a quick decision about parenting, adoption or abortion, ask them to give you time to carefully consider all your options.

**IT IS NORMAL TO BE NERVOUS ABOUT HOW YOUR FAMILY MIGHT REACT TO THE NEWS OF YOUR UNPLANNED PREGNANCY.** If you are concerned for your safety or think someone might try to harm you, you should seek a safe environment. Surround yourself with people you trust—those who love you and care about your well-being.

**Ask yourself:**

- *“Who in my life genuinely cares about me?”*
- *“How do I really feel about each of my options – abortion, adoption, parenting?”*
- *“How did I feel about each option before I found out I was pregnant?”*
- *“How will my choice affect my health? My body? My future?”*
- *“How will I feel about my decision one year from now? Ten years from now?”*

**STAND STRONG IF OTHERS ARE PRESSURING YOU.**

This is your decision—one that you will live with for the rest of your life. You owe it to yourself to get the facts. No one can force you into a decision, so carefully consider all your options. Ask God to give you strength and wisdom during this challenging time. Seek His help. He cares about you and your future.

**WHERE YOU GO FROM HERE MATTERS.** You can come through this a stronger woman. You owe it to yourself to take time and get the facts. This is your life, your pregnancy and your future. You can do it.

**Face it together.**

Many people will offer advice, but it’s important to seek the wisdom and counsel of those who understand the unique dynamics of an unplanned pregnancy. Visit [OptionLine.org](http://OptionLine.org) to find a local pregnancy medical clinic or pregnancy resource center offering confidential and compassionate care.

What you are going through is not easy. There are no simple answers. Face this situation together. Talk with each other openly and honestly, but also respect each other’s need for time and space. A family crisis has the ability to drive family members apart or draw them together.

**It’s not easy—but it’s possible.**

If you need further guidance and encouragement, Focus on the Family has licensed, professional Christian counselors available to talk with you at no charge. Just call **1-800-A-FAMILY** to set up a time convenient for you.



## About the Author

Holly M. Duncan is the CEO of Parkridge, a non-profit pregnancy medical clinic in Lubbock that provides women with no-cost specialized medical services, education, and counseling.

This article is available in a booklet, *Now What?* that contains two sections, one for a young woman making a plan to tell her parents that she is pregnant, and a section to help the parents understand how they can best support their daughter. ©2009, 2012 Focus on the Family. You can view or download this booklet at: [FocusontheFamily.com/PRCLibrary](http://FocusontheFamily.com/PRCLibrary). □



## SHE'S PREGNANT. NOW WHAT?

By Holly M. Duncan, M.Ed., LPC

### | She's pregnant. You're shocked.

When your daughter breaks the news to you, try not to overreact! Your initial response will have a significant impact on your future relationship with your daughter. If you have already blown it, it is not too late to show her that you care.

Yes, it is normal to feel shocked and disappointed. But remember that she, too, is facing an overwhelming situation. Put yourself in her shoes and try to understand her fears.

Bottom line. Remain calm. Don't burn bridges by saying something today that you might regret tomorrow. More than likely, your family is facing a future none of you had planned. However, that does not mean your world is coming to an end. Though it's hard to imagine right this minute, good can come from this. Live one moment at a time.

**She can't read your mind. Your daughter needs to hear you say:**

- "I'll always love you. No matter what."
- "We're here for you and will help you in whatever way we can."
- "It's not what we planned, but it will be okay."
- "We will get through this together."

You may be tempted to say, "**Whatever you choose, we'll support you.**" But this could make your daughter feel that she has to chart her course alone. Sharing wisdom gained through your life experiences can be a valuable component in your daughter's decision-making process.

**She needs you now more than ever.**

- Reassure her of your unconditional love and concern.
- Affirm your confidence in her.
- Avoid blaming or having a condemning attitude.
- Help your daughter make a pros/cons list of her options.
- Trust God wholeheartedly.

**You can be her advocate.**

- Create a non-threatening atmosphere.
- Listen as she talks about her feelings and plans.
- Encourage her to make rational, thoughtful decisions.
- Respect her feelings about the baby's father.
- Understand her need for time and privacy.

Support your daughter by offering to tell close family members about her pregnancy. They may have suggestions you did not think of, and they might offer additional love, support and resources. Siblings may offer your daughter unique sympathy because they are closer in age.

As others hear the news, you will receive varied reactions and opinions. However, you are not obligated to act on every suggestion made by others. Concentrate on your family's future and well-being.

Many parents would say that while the timing of their daughter's pregnancy was not what they had wished, they found great comfort in knowing that they helped her plan a safe and secure future for her child—their grandchild. Work together to support one another and create a plan that will strengthen your relationship.

Even though your lives have been catapulted into unknown territory, remember that God is big enough to handle your fears, doubts and questions. Pain can be a catalyst for personal growth. Rest in the fact that His love is everlasting and unconditional.

Although this news may come as a surprise, be encouraged—many families have successfully navigated these turbulent waters and come out stronger on the other side. You can get through this.

Face it together. Many people will offer advice, but it's important to seek the wisdom and counsel of those who understand the unique dynamics of an unplanned pregnancy. Visit [OptionLine.org](http://OptionLine.org) to find a local pregnancy medical clinic or pregnancy resource center offering confidential and compassionate care.

What you are going through is not easy. There are no simple answers. Face this situation together.

Talk with each other openly and honestly, but also respect each other's need for time and space. A family crisis has the ability to drive family members apart or draw them together.

### **| It's not easy – but it's possible.**

If you need further guidance and encouragement, Focus on the Family has a staff of licensed, professional Christian counselors available to talk with you at no charge. Just call **1-800-A-FAMILY (232-6459)**.

### **About the Author**

*Holly M. Duncan, M.Ed., LPC is the CEO of Parkridge, a non-profit pregnancy medical clinic in Lubbock that provides women with no-cost specialized medical services, education, and counseling. This article is available in a booklet, Now What? that contains two sections, one for a young woman making a plan to tell her parents that she is pregnant, and the a section to help the parents understand how they can best support their daughter. ©2009, 2012 Focus on the Family. You can read this booklet online at: [FocusontheFamily.com/PRCLibrary](http://FocusontheFamily.com/PRCLibrary). □*

## **WHEN YOUR SON IS THE FATHER**

If your son has had a sexual relationship from which a pregnancy has resulted, remember that he will probably be experiencing many of the same emotions as his girlfriend, including fear, guilt and ambivalence. In addition, he will feel considerable conflict and confusion over the role he should play.

### **What's His Level of Commitment?**

Usually the relationship with the mother-to-be has not, until this point, involved any long-range plans. Now he must make a decision about the level of commitment he intends to

assume, and the issues are significant. What does he owe this young woman? Can he walk away from this situation? Should he make a lifelong commitment to her because of this unplanned pregnancy? He does not bear the biological consequences, of course, and the mother of the baby has the legal right to have an abortion or carry the pregnancy to term with or without his input. This may leave him with the impression that he has no control over the unplanned pregnancy and therefore no responsibility for it. As his parents, you are one step further removed from the situation and may have similar questions about the role you should play.

### **Encourage Appropriate Responsibility**

Above all, your son will need encouragement and guidance to assume the appropriate level of responsibility for his role in the pregnancy. He should not be allowed to abandon his girlfriend with a cavalier, hit-and-run attitude. "It's her problem now," "She should have protected herself" or even "She should just get an abortion" are shallow and disrespectful responses to a serious situation. Pushing for a quick marriage may seem honorable, but is probably unwise. Teenage matrimony carries with it very short odds of long-term success, and the combination of immaturity, lack of resources, and the intense demands of a newborn baby will usually strain an adolescent relationship to the breaking point.

### **Family Issues**

In a best-case scenario, the families of both participants will cooperate to find a productive balance among several tasks: facing the

consequences of the sexual relationship, accountability of adolescents to the adults in both families, short- and long-term planning, and mature decision-making.

Your son will need encouragement to acknowledge his responsibility to the girl's family and to accept with humility their response, whether it is measured or angry. All of you may have to face the possibility that the other family will choose to deal with the pregnancy on their own, even if you are willing to participate in the process.

And if that decision includes forbidding your son to have further contact with someone about whom he cares very deeply, he will have to find the strength to abide by the other family's wishes. If he is allowed to continue their relationship and support her when the going gets tough, clear ground rules (including abstaining from sexual contact) will need to be established and respected.

Having a pregnant girlfriend is tough and painful. But it also can be an opportunity for your son to mature—to find out what he is made of. In the long run, the pregnant adolescent girl isn't the only one who has to make important choices.

*Excerpted from Let's Talk About Sex, published by Focus on the Family. Copyright © 1998 Focus on the Family.*



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## "I MIGHT CONSIDER ADOPTION IF..."

*By Julie Stobbe*

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If you are facing an unplanned pregnancy, you're probably looking for information about your options. Perhaps you are full of questions and simply need to know where to turn for answers and support. You might feel scared, unsure or overwhelmed. It's okay. These are all very normal emotions, and it is important that you recognize them and work through them, but try not to let these feelings overwhelm you.

### **You have time.**

Give yourself time to make the very best decision for you and your baby. Here is the truth: A one-of-a-kind person is developing inside you right now. You are carrying someone special, someone unique, and there will never be another person just like your baby.

### **You can make a plan.**

What will that plan look like? What resources can you explore and what decisions can you make right now that will be best for your future and for your baby? So many thoughts go into making parenting decisions. There's a lot to consider. If you aren't sure you are prepared to be a full-time parent, ask yourself if you've ever thought about providing parents for your baby?

### **So, I can provide parents for my baby?**

In a word, yes. You can hand-pick a family for your child. You can create a plan that will have your child's best interests at heart and provide parents and all the things necessary for your baby to thrive. This is adoption. Why not take a few moments to consider this idea? Take a closer look and explore some of the questions that might surface as you think about this parenting choice.

### **How could I ever give up my baby for adoption?**

That is a fair question, but consider this: adoption is not giving up your child—it's giving to your child the life that you truly want for him or her. As a loving parent, try to focus on what is best for your child, although it's okay to think about what you want for your own life, too. If you decide you are not able to provide the kind of life you want for your baby, or it's just not the right time in your life to be a parent, you can still provide for your baby, but in a different way—the way of adoption.

- Some women choose adoption because they want to provide their baby with both a mom and a dad, and all the security that can provide.
- Others choose adoption because they want to wait until they are married before they raise a child.
- You are the best person to choose what you think is best for your baby and yourself. So, think carefully about what you want for the future. That's what good parents do!

### **Take an honest look.**

Of course, just because you can't give your baby everything that some adoptive families could, it doesn't mean you couldn't be a wonderful parent



to your child. But right now is the time to take an honest look at your situation and consider how all your pregnancy options will affect you and your child's future.

### Choose what fits you best.

In the past, birthmothers did not choose who would raise their child. But adoption has changed dramatically! As you make these important decisions for yourself and your child, base them on current facts, not on old information.

Today, expectant mothers can be included in all aspects of creating their adoption plan. If you decide to pursue adoption for your baby, you will be allowed to customize the plan that fits you best. When working with adoption professionals, you are in control of creating a plan that makes you most comfortable. You will receive support and information to help you each step of the way.

### There's a range of options you can choose from:

- **OPEN ADOPTION.** This choice allows you freedom to get to know the adoptive parents. You can meet them, exchange phone numbers and email addresses, and have ongoing direct contact with them. This communication can continue beyond the placement. You may receive phone calls, pictures and letters, and you can even schedule visits with your baby and his or her new family.
- **SEMI-OPEN ADOPTION.** This choice allows you to select the parents for your baby, but full, identifying information is not exchanged. While first names are often shared, each party in this type of adoption enjoys privacy. You will be able to receive letters and pictures from your baby's family. They will be sent to you through the agency with which you choose to work.

- **CONFIDENTIAL ADOPTION.** This option is available to birthparents who would like to remain completely anonymous. The adoption agency you choose will support you throughout your pregnancy and will select a family that is a good fit for your wishes. Your identity will be protected before, during and after the adoption is complete.

### So what do I do now? What are my next steps?

Connect with adoption professionals in your area. Local adoption agencies will be able to answer your specific questions and provide the support you will need to make a successful plan for you and your baby.

### What should I look for in an adoption agency?

Just as every person has a unique fingerprint, each adoption agency is unique as well. Learn what services they provide and consider how those services meet your preferences and needs.

Look for an organization that has been placing children with adoptive families for several years.

- Look for an agency that offers counseling and assistance to you before, during and after the birth of your baby. This is extremely important.

### Ask what kinds of adoptive parents they serve and what their screening process is:

- Must parents be married or are single parents allowed?
- What age, health and other background requirements does the agency have?
- Consider how you feel about these requirements and what type of parents you prefer for your baby.

**Find out whether the organization has a particular religious affiliation and whether their services align with your needs and beliefs.**

### Some final thoughts:

As you consider your options, gather as much information as you can. Try not to rush. Allow yourself the valuable gift of time. There are many organizations and individuals who are willing to assist you in this important decision. Take time to contact them and ask for their help in making a plan that works for you.

### Some other helpful adoption websites to check out:

- Find an adoption agency: [www.adoptioncouncil.org/who-we-are/agency-map.html](http://www.adoptioncouncil.org/who-we-are/agency-map.html)
- Know your rights: [www.bethany.org/main/pregnancy-resources/adoption](http://www.bethany.org/main/pregnancy-resources/adoption)
- Unexpected pregnancy help: [www.impregnant.org](http://www.impregnant.org)

### About the Author

Adopted as an infant, Julie Stobbe has been passionate her entire life about people understanding and embracing adoption. From this desire she established Act of Life, an adoption advocacy ministry based in Houston, Texas. Several years ago, Julie was successfully reunited with her birthmother, and today they enjoy a meaningful relationship, which provides living proof that adoption affects generations for life.

*This article is excerpted from the booklet I Might Consider Adoption, if... ©2012 Focus on the Family. You can view or download this booklet at: [FocusontheFamily.com/PRCLibrary](http://FocusontheFamily.com/PRCLibrary). □*



### HEALING THE HURT OF ABORTION

By Teri K. Reisser, M.S., M.F.T.,  
and Paul C. Reisser, M.D.

Do you feel alone with the memory of an abortion you chose to have? If so, you're actually not alone! Thirty-three percent of American women have an abortion at some point, but hardly any of them ever talk about it.

The reason is simple. Many women who choose abortion go against their own sense of right and wrong, and this makes them feel guilty. That guilt stops them from talking about it or getting the emotional help they deserve.

### The Trauma of Abortion

Professional counselors tell us that many women who have had an abortion are not able to . . .

- Process the painful thoughts and emotions—especially guilt, anger and grief—that arise from an abortion experience.
- Identify, much less grieve, their loss.
- Come to peace with God, themselves and others involved in the pregnancy and abortion decision.

### Does any of this describe your journey?

#### The Grieving Process

Relief is the most common reaction immediately following an abortion. But as time goes on, you may have trouble dealing with the loss you feel. Here are some possible reasons:

- You have no external evidence that your baby ever existed—no pictures or other memorabilia.

- You may not believe you have the right to grieve a loss that you chose to suffer.
- There was no memorial service or eulogy to mark the loss of your child.

For any or all of these reasons, you may not feel that your grief is justified, so you end up repressing your feelings of sadness, shame and anger. You just don't want to talk about it! But years later, when you undergo another significant loss or become pregnant again, an intense grief may catch you by surprise. You'll wonder, Why am I having such a horrible reaction to this? Am I losing my grip?

### Signs of Stress

If this happens to you, you might be exhibiting symptoms of emotional or psychological stress related to your abortion. These can include:

- Guilt from violating your own sense of morality.
- Self-destructive behaviors such as eating disorders, alcohol and/or substance abuse, abusive relationships, promiscuity.
- Re-experiencing events related to the abortion: memories or nightmares involving lost or dismembered babies.
- Anxiety that leads to headaches, dizziness, pounding heart, abdominal cramps, muscle tightness, difficulty sleeping.
- Psychological numbing: Your unconscious vow never to let anything hurt this badly again hampers your ability to enjoy an emotional, intimate relationship.
- Depression, which reveals itself through deep sadness, sudden and uncontrollable crying, poor self-concept, sleep and appetite disturbances, loss of normal sources of pleasure, even thoughts of suicide.
- Preoccupation with becoming pregnant again, an unconscious hope of replacing the baby you aborted.
- Anxiety over fertility and childbearing issues, fearing that God will punish you by not letting you bear children.

- Trouble in bonding with your other children, either by being overprotective or feeling detached from them.
- Anniversary reactions: an increase in symptoms around the time of the anniversary of the abortion, the due date of the aborted child, or both.

### The Path to Healing

When you finally recognize your need to come to terms with a past abortion, consider these important steps:

### Remember the Pain

The first step toward healing is peeling away the callus formed by months or years of denying and repressing the painful emotions connected with your abortion. Although your feelings have been bundled up and hidden away, too painful to deal with, they continue to fester like a



smoldering infection, affecting your current choices and behavior. The simplest way to access these old feelings is to find a safe, supportive environment in which you can talk about your abortion experience.

### Accept Forgiveness

If you hold any kind of spiritual beliefs, long-term healing will come only when you feel reconciled with God. If you struggle with the feeling that you are a second-class citizen in God's eyes, you may turn away from God completely or try to "prove yourself" by being good long enough for God to forgive you.

Or, you may know in your mind that God can forgive any sin, but you can't accept it in your heart, because you cannot forgive yourself.

### Here are three things we must all understand:

- **YOUR DEBT IS PAID.** The Bible clearly teaches that God has already made provision for your forgiveness: He accepts Jesus' death as full payment for any and all sins we commit. Do not let your guilty emotions still demand that you pay the debt yourself.
- **GOD IS NEAR.** When we accept responsibility for our choices and openly express our sorrow to God, He is ready and waiting to draw us back into intimacy with Him.
- **CONSEQUENCES ARE NOT THE SAME AS PUNISHMENT.** A consequence of abortion might be infertility, but this is not a punishment from God. He is as grieved as we are about the losses brought on by our choices. Although we all live with the consequences of our choices, Jesus literally accepted the death sentence for our sins. He took the punishment so we don't have to.

### Identify and Release the Anger

Perhaps you resist verbalizing your anger, thinking, If I get in touch with the rage inside

me, it might lead to a total loss of control. The paradox is this: Until you openly acknowledge the pain and anger you feel about your abortion, you will not get rid of it.

### Grieve the Loss

The need to grieve a pregnancy loss fully is well-documented, and for good reason. But you may cry out, "How do I grieve the death of a child when I was the one who chose to end my pregnancy?"

Some ways to work through your grief include thinking of your baby as a real individual, naming the baby, writing out your feelings for your child, and even having a quiet, private memorial service. Many pregnancy resource centers host small, confidential groups where you can walk this path together with other women.

### Take Hope!

A lot of women feel hopeless about ever resolving the pain connected with their abortion. But healing is possible, and God is as close as the air we breathe, waiting to hear our whispered cries for help. Thousands of women will seek and receive help this year; you can be one of them.

There is no need for you to continue grieving silently. Reach out to someone who understands.

You are not alone.

### About the Authors

Teri K. Reisser, M.S., M.F.T., is a licensed marriage and family therapist who has been counseling post-abortive women since 1984. Paul C. Reisser, M.D., serves on the National Physicians Resource



Council for Focus on the Family. They live in Thousand Oaks, California.

*This article is available as a booklet, [Healing the Hurt](#). © 2010 Focus on the Family. You can view or download this booklet at [FocusontheFamily.com/PRCLibrary](#). Additional Reading: If you'd like to learn more about abortion's impact, visit [standapart.org](#) and click on Resources or Downloads to do your own review of the research. □*




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**OFFER COMFORT AND  
ENCOURAGEMENT AFTER  
MISCARRIAGE**  
*By Teske Vance, Ph.D.*

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In the United States, it is estimated that one in four pregnancies end in miscarriage and sometimes in an attempt to comfort a woman in her loss, we use hurtful comments and clichés. However well-intended, comments like these tend to minimize her loss:

### The “At least” comments:

- At least you were only \_\_\_\_ weeks along.
- At least you know you can get pregnant.
- At least you didn't have to give birth.
- At least the pregnancy wasn't planned.
- "You can always try again."
- "This is just 'nature's way.'"
- "Something must have been wrong with the baby."
- "It was probably for the better."

Common clichés may also be expressed, many with Christian undertones. While it's good to embrace

truths from the Bible and to realize that God sees the hurt you are going through in the aftermath of loss, hearing these phrases is not always helpful:

- Your baby is in a better place.
- Heaven needed another angel.
- This was all a part of God's plan.

### Silence Hurts, Too

Sometimes the silence surrounding miscarriage stings more deeply than insensitive remarks. Silence sends the message that others don't care, can make a woman feel alone in her grief or send the message that the life of her child didn't matter.

There is no timetable for grief. Don't expect her to “move on” when truly all she can do is move forward. She'll never “get over” her loss, but with God's help she will get through this. Above all, remember that just as it takes time to heal a broken bone, healing her broken heart will also take time, and the healing process can be different for each person.

### Practical Ways for Family and Friends to Help

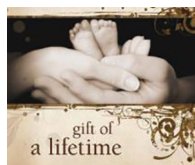
- Acknowledge the loss and the life of the child that grew within. You won't worsen the pain by talking about the loss, but silence may send the unintended message that you don't care.
- Pray for and with the parents; let them know that you are praying.
- Send a card or note of encouragement, particularly on special days (such as what would have been the due date, anniversary dates, Mother's/Father's Day, holidays, etc.).
- Give a gift, keepsake or memento in remembrance.

- Look for ways to serve. Bring a meal, shop for groceries, clean their house, or offer to care for older children. Don't say, "Call if you need anything" because this places the burden on the couple to ask for help. Instead, take the initiative!
- Recognize the child as a member of the family and incorporate their memory into family traditions.
- Don't forget Dad! He's often overlooked and seen as the "protector" or "gatekeeper" to the mom. Instead of asking only about Mom, ask how the couple is doing or make a point to ask Dad specifically how he is doing. Acknowledge how difficult it must be for him to maintain strength as he protects and cares for his wife, while also grieving the loss himself.
- Be sensitive to her feelings with regard to birth announcement and baby showers.
- Avoid insensitive comments and clichés, however well-intended. Simply being with her, offering a hug, or a simple "I'm sorry" will mean so much.

### About the Author

Teske Vance (Ph.D., Iowa State University) is a Mommy with Hope to three babies in heaven, mom to two children on earth. Teske is co-founder and President of Mommies with Hope, a biblically based support group ministry based in Central Iowa for those who've been impacted by infertility, miscarriage, stillbirth, or infant loss. To find out more, visit **MommiesWithHope.com**. You may contact Teske at **teske@mommieswithhope.com**.

*This article is excerpted from the booklet: Embracing Hope: comfort and encouragement after miscarriage. © 2014 Focus on the Family. You can view or download this booklet at: [FocusontheFamily.com/PRCLibrary](http://FocusontheFamily.com/PRCLibrary). □*



### PERINATAL HOSPICE: THE JOURNEY OF A LIFETIME...

*By Tammy Tate, R.N.*

Few events in a family's life bring more excitement and joy than the anticipation of a new baby. Suddenly, conversations are all about babies. Baby names, nursery themes, baby showers and the list goes on. But for some parents, joy can suddenly be replaced with heartache and despair when the unexpected news comes that their much loved unborn baby has a serious medical condition that will likely result in death. In a moment, lives are changed, dreams are shattered, and the family is caught up in a whirlwind of uncertainty and grief; parents find themselves facing difficult decisions with no simple answers.

Because of the advances in prenatal testing, parents are finding out much earlier when there is a terminal diagnosis. Traditionally, the treatment or option most often advised is termination of the pregnancy. But for many, termination is not the desired option and thus, the need of supportive programs for this newly identified parent population has surfaced.

### Another Choice

Perinatal hospice, a relatively new concept of care, is being offered as a viable option for parents who choose to carry their baby to term. This care incorporates grief support and education from the time of diagnosis, throughout the pregnancy, and then through the bereavement period.

Perinatal hospice involves a team approach of physicians, nurses, social workers and bereavement counselors—everyone working together—helping to ease the emotional suffering while preserving the dignity and integrity of the family as they make meaningful plans to honor the life of their baby.

### Birth Plans

One of the many roles of perinatal hospice is providing practical guidance, and probably the most important task we assist parents with is the creation of a birth plan. It is essential and its purpose is two-fold. First, it provides the details of the medical preferences the parents have for delivery, such as pain management and medical interventions desired for their baby. Second, it gives parents the opportunity to briefly share the story of their personal journey and what their precious baby means to them. When birth plans are in place, there are no questions as to the parents' wishes. Doctors and nurses say birth plans are a key element in seeing that the wishes of the parents are fulfilled.

### Family Keepsakes

Another focus for the parents is the collection of keepsakes. Collecting and finding ways to validate their baby's life is very important to all parents. Whether it is taking family pictures of mom's pregnant belly or journaling the details of the pregnancy, these mementos provide tangible evidence that affirms the lifetime and special significance of their baby and will be comforting to the family for years to come.

Sometimes this involves referrals to The Now I Lay Me Down to Sleep Foundation, which offers the services of professional photographers across the country who volunteer their time and talent to help provide keepsake photos for families experiencing the death of a newborn.

### Support

Perinatal hospice involves much more than just birth plans and keepsakes. Other options offered might include:

- Assisting with memorial service plans.
- Attending delivery as a patient advocate and emotional support for the family.
- Facilitating family referrals for spiritual support as requested.
- Providing follow-up bereavement support.

Regardless of how much strength or courage a family has, the decision to carry a baby to term with a lethal diagnosis is not easy. The journey is difficult and painful. But parents who have done so have said they found peace and comfort in knowing they did everything possible to give their baby the best chance at life. Their initial feelings of despair were replaced with newfound hope of sharing in their baby's life regardless of the time they had.

### About the Author

Tammy Tate, R.N. is the CEO and co-founder of Carolina Perinatal Support Network in Greenville, SC. She is the author of *The Journey of a Lifetime: A Parent's Guide to Planning and Celebrating a Baby's Brief Life*. Full of practical ideas, helpful tools and templates, this guide will empower

parents to create a memorable and loving experience for this unforgettable journey. It is also a welcome resource for physicians who have limited or no perinatal hospice resources available and to help perinatal hospice programs to enhance the care of their families. Learn more about Tammy's work at [perinatalcomfortcare.org](http://perinatalcomfortcare.org).

*This article is excerpted from a helpful booklet for families facing an adverse diagnosis during pregnancy: Gift of a Lifetime ©2010 Focus on the Family. You can read the entire booklet online at [FocusontheFamily.com/PRCLibrary](http://FocusontheFamily.com/PRCLibrary). □*



## WAYS TO BE A VOICE

### VOLUNTEER AT A LOCAL PREGNANCY CENTER

Here are some ways to make a practical, loving effort to help women choose life over abortion, by volunteering at your local pregnancy center or clinic. Roles will vary from center to center, so ask to take a tour of your local center and find out what their needs are. Find a local center by visiting [optionline.org](http://optionline.org).

- **PEER COUNSELOR.** Provide one-on-one support to clients, making referrals to community resources as needed. Maintain accurate and confidential files. Training required and provided.
- **RECEPTIONIST.** Handle incoming client and business calls. Schedule appointments, greet clients and do some phone counseling. Training required and provided.
- **MENTOR A YOUNG MOM, OR A YOUNG DAD.** Help them to learn parenting skills, tutor them in school, help them write a resume or fine-tune their job skills, demonstrate God's love to them.
- **PROVIDE HOUSING FOR A TRANSITION PERIOD.** Some women need a nurturing, safe place to live during their pregnancy or for a few weeks after childbirth. Ask your local center if they have a need for this kind of support.
- **TRANSLATOR.** If you speak a language besides English, you could be a great help to a Pregnancy Center. Bilingual volunteers are needed to answer phones, pray for women or talk to families.
- **BABY-SITTER.** Provide free childcare for the children of volunteers who work at the center.
- **CLOTHING MINISTRY.** Visit garage sales and mom's groups online to collect baby and maternity items that can



be donated to the center. Help may also be needed to mend, clean, iron and sort baby and maternity clothing.

- **HANDYMAN.** Help with simple repairs and maintenance tasks to keep the center looking good and functioning well.
- **BOARD MEMBER.** Offer your business, event-planning, financial, fund-raising, marketing or spiritual leadership to the Board.
- **CHURCH LIAISON.** Become the contact person between the local center and your church and help to support events that support the center, such as the annual Walk for Life Banquet, or throw a baby shower for the new moms at the center. Help to educate your church by inviting speakers from the center to share about practical ways to help women facing unexpected pregnancies and to provide post-abortion healing.

## VOLUNTEER AT A LOCAL MATERNITY HOME

Find a local shelter for pregnant women and contact them to see what kind of training and volunteer opportunities they offer.

To find a maternity home near you visit

**[LovingandCaring.org](http://LovingandCaring.org)**

## BE PRO-ACTIVE AS A PRO-LIFE CITIZEN

Educate yourself on pro-life legislative issues impacting your state and the country:

- Visit **[focusonthefamily.com/socialissues](http://focusonthefamily.com/socialissues)**
- Consider subscribing to *Focus on the Family Citizen*® Magazine.
- Learn about pro-life issues at Americans United for Life.
- Vote your pro-life values in every election
- Share what you've learned and help to educate others in your church and community via a speakers bureau.

- Speak up for life in an affirming, respectful way on social media: like our Facebook® page, I Am Pro-Life (Facebook.com/FocusOnLife) and regularly share hopeful posts about the beauty and value of life.



### EMBRACE GRACE

*By Amy Ford*

## Make your church a safe place for women facing an unexpected pregnancy

Some churches advocate pro-life and tell people that abortion is wrong, but when a girl chooses life and resists abortion, they then turn their backs on them. They shake their head in judgment. Meanwhile, the abortion rate is exactly the same inside the church as it is outside ... because of how people might react.

What if we made the church the first place a young woman ran to when she found out she was pregnant? (Instead of away from because of shame and guilt.) What if we stopped being so loud about what we are against but became famous for our love and what we are FOR?

Maybe then the world would look a lot different. It's one thing to shout from the rooftops that you are pro-life, but they are just words without love—a clanging cymbal. We have to be pro-love in our approach to the broken and hurting. Pro-love saves them both—the babies and the mommies.

We are all sinners. We all have our struggles. The church should be a safe place for us all. Pregnancy is not a sin. Having sex outside of marriage is a sin but

all life is a miracle and a blessing from the Lord. A baby is always a gift.

The world thinks the church is about behavior modification when it is about a heart transformation. And I know exactly what that feels like.

At 19, I had an unplanned pregnancy. I was filled with so much shame and guilt, I had convinced myself that abortion was the only way. Sitting on the cold table, hearing about how the procedure would take place, I ended up having an anxiety attack and fainting just moments before the abortion was to take place. At the last-minute and overcome with emotion, I decided to choose life. I didn't think anyone would accept me knowing what I had done, not even my family, but decided it was a price I was willing to pay.

I chose to marry my baby's father when I was 16 weeks pregnant. A man who led my now-husband to the Lord was like a father-figure to us and a pastor at a church a few hours away. We approached him and told him what our situation was and asked if he would marry us. His response was, "I can't bless this marriage because you have sinned—I will not marry you."

### **The shame we carried was almost unbearable.**

I tried to go to church again but all my friends I used to talk to regularly, now wouldn't even make eye contact with me. I knew people knew I was pregnant ... but yet no one would even acknowledge me. People couldn't figure out whether to say,

"Congratulations" or "I'm sorry," so they wouldn't say anything at all. I felt like my scarlet letter was on display for the world to see ... so I stopped going to church.

All these years later, that's why I founded something called Embrace Grace: we want these young moms to feel like church is a refuge for their weary hearts.

What if we honored girls that choose life? What if we pointed each life to the foot of the cross and helped inspire a passionate relationship with Christ? I believe that we as a church, as a spiritual family, could help change the world. We can't fix all their problems but we can point them to the one that does. It's His kindness that leads us to repentance.

The church can also create safe healing groups for women that have chosen abortion. 1 in 3 women have—they stay silent on the outside but on the inside, usually knows exactly how old that baby would be and what their birthday would be. A piece of their heart is broken but do not feel the courage to voice the healing that needs to take place.

Redemption is available on earth even while their children rest in heaven. That's the extravagant grace of Jesus ... and it reaches into the darkest place.

### **The grace of God shines brightest through the cracks of desperation and need.**

And there is good news! I am seeing the tides change. I am seeing the church stop shooting at their wounded. I am seeing the church stop

talking so much about the problem but more on the solution, and that's God's love. I am seeing the church open their eyes to people the way God sees them. We are loving people even when they look different from us and we have compassion for people we don't understand.

Even the pastor that wouldn't marry us 17 years ago, reached out a few years after that and said it was his worst mistake he felt like he had ever made in ministry. He asked for forgiveness and blessed our marriage. He even asked for forgiveness with my son, the one he rejected before he was ever born. Just this past Mother's Day, I preached a sermon from his pulpit and he is one of our dearest friends and mentors today. God is moving and His church is awakening their hearts to a relationship and adventure with Him.

From where I serve, I am seeing young women surrender their life over to the Lord the night of their baby shower thrown by the church, because they are drawn to the goodness of God. I am seeing young women choose life because they know their church will gracefully accept them and they do not have to walk this season alone. I am seeing women that walk into church with shame and fear but walking out with confidence that God will equip them to be a great mom. I have front row seats to miracles.

We are invited to partner with God not because of how "good" we have been, but because He loves us so very much because we are His children. We are invited to be a part of the celebration that His children were once lost but now they are found – even if they are a long way off but because they

have turned back home to their father. Because we are a family that doesn't kick each other when we have fallen but gracefully helps pick each other back up again.

In Embrace Grace groups, churches are taking young women by the hand and telling them they do not have to do this alone. We might be the only one who shows them what Jesus is like. God will use the church to plant His seeds of love and grace into these brave girls that choose life all around the world.

In fact, maybe that's what the church is supposed to look like after all ... a big family, compiled of unique, intentionally created sons and daughters, united by our unconditional adoption into the Kingdom of God.<sup>111</sup>

#### About the Author

Amy Ford is the President & Co-Founder of Embrace Grace and the Author of *A Bump in Life: True Stories of Hope & Courage during an Unplanned Pregnancy*. Learn how your church can be a voice for life and hope in your community by starting an Embrace Grace ministry—visit [EmbraceGrace.com](http://EmbraceGrace.com).



## RESOURCES

### Resources to help those facing hard choices and consequences

As someone who values life, you might find yourself being approached by others who need someone to talk to about an unexpected pregnancy, abortion in the hard cases, questions about adoption, a miscarriage, a past abortion or an adverse diagnosis during pregnancy. In this section, you will find helpful resources as well as content from some of the booklets Focus on the Family has published for use in pregnancy centers, designed to help women and men facing some of these same issues. It's our intent that this information will help you to support your conversations with those who come to you for help.

#### When Pregnancy Threatens the Mother's Life

The study of prenatal biology helps us to understand that when a woman is pregnant, there are two lives at stake. How do we respond when pregnancy threatens the mother's life? Here is the position of the American Association of Pro-Life Obstetricians and Gynecologists ([www.aaplog.org](http://www.aaplog.org)):

- **ABORTION** is the purposeful killing of the unborn in the termination of a pregnancy. American Association of Pro-Life Obstetricians and Gynecologists opposes abortion. When extreme medical emergencies that threaten the life of the mother arise (chorioamnionitis or HELLP syndrome could be examples), AAPLOG believes in "treatment to save the mother's life," including premature delivery if that is indicated—obviously with the patient's informed consent. This is NOT "abortion to save the mother's life." We are treating two patients, the mother

and the baby, and every reasonable attempt to save the baby's life would also be a part of our medical intervention. We acknowledge that, in some such instances, the baby would be too premature to survive.

#### When the Pregnancy is Ectopic

Here is the position of the American Association of Pro-Life Obstetricians and Gynecologists ([www.aaplog.org](http://www.aaplog.org)):

- **ECTOPIC PREGNANCY** refers to any pregnancy that is implanted outside the uterus, most commonly in the fallopian tube. Continuation of such a pregnancy cannot result in the survival of a baby and entails a very substantial risk of maternal death or disability. Hence treatment is commenced to end the pregnancy surgically or medically. In certain cases, an additional benefit of early treatment may be preservation of fertility potential. For these reasons the American Association of Pro-Life Obstetricians recognizes the unavoidable loss of human life that occurs in an ectopic pregnancy, but does not consider treatment of ectopic pregnancy by standard surgical or medical procedures to be the moral equivalent of elective abortion, or to be the wrongful taking of human life.

#### When Pregnancy Results from Rape

Abortion and rape are both deeply damaging perversions of the beauty and dignity of life. When a woman or girl has been raped, our first response should be to protect her from further assault, especially if she is a child living in an unsafe environment. We should help to provide comfort, support, and medical treatment and we should be the first to say, "Shame on anyone who would try to blame her for the rape, as though she were somehow responsible for it."

Our cry for justice and the focus of our anger should be on ensuring that the rapist is held legally accountable for his assault. After all, the child



is innocent and a good question to ask is, “Why should the child bear the punishment for the crime of his or her father?” And as one woman who was pregnant as a result of rape shared, “I may not know who my baby’s father is, but I know who its mother is, and I am going to protect my baby.”

The sad truth is that while an abortion does not take away the horror of the rape, it can actually add to the damage in one’s life. Here’s why: whereas the one who has been raped has been victimized and is innocent of any wrong-doing, when an abortion follows a pregnancy caused by the rape, the woman may feel that she has become the victimizer herself and she can have a hard time forgiving herself and dealing with the guilt of the abortion, on top of all of the trauma caused by the rape itself. Some women have also reported that the abortion was like a “mechanical rape” and that the invasion of the instruments into her body caused them to relive the rape experience all over again.

Anyone who has been raped needs to know that their inherent value to God is unchanged – they aren’t sullied or worthless in His sight, though the rapist has treated them as such. God is a safe refuge who can bear the weight of their pain and grief and questions and He offers His comfort freely, for God is says that He is near to the broken-hearted and the crushed in spirit.

There is likely also a need for counseling and restoration in the life of anyone who has experienced such trauma and our licensed counselors at Focus are available to talk with victims of sexual abuse, as well as with those who regret an abortion in their past, regardless of the

circumstances. They can also advise as to the steps that can be taken to help victims of ongoing abuse, and this is the responsibility of any adult who knows that a girl is enduring sexual abuse. To arrange to speak confidentially, and at no charge, to a counselor at a time convenient for you, call **1-800-A-FAMILY** Monday through Friday between 6:00 a.m. and 8:00 p.m. Mountain time.

## VIDEO SUGGESTIONS

### Dignity of Human Life

This short video offers a non-political, biblical look at what it means to be pro-life. (In English and Spanish.) **TO VIEW OR DOWNLOAD:** [FocusontheFamily.com/Pro-Life](http://FocusontheFamily.com/Pro-Life)

### Carrie’s Story

In this 3 minute video, Carrie Gordon Earll—a VP policy analyst at Focus on the Family—shares her regret for an abortion she had during her college years and offers the hope and healing that can be found in Christ. **TO VIEW OR DOWNLOAD:** [FocusontheFamily.com](http://FocusontheFamily.com) and search Carrie’s Story.

### Faces of Life Videos

Each three minute video features an abortion-minded woman who shares why she chose life after receiving compassionate counseling and services from a pregnancy center. **TO VIEW OR DOWNLOAD:** [FocusontheFamily.com](http://FocusontheFamily.com) and search Faces of Life Video.

### The S.L.E.D. Test

Four short, light-hearted videos that help an audience think through four characteristics that

are often given to justify abortion: *Size, Level of Development, Environment, and Degree of Dependency*. **TO VIEW OR DOWNLOAD:** [FocusontheFamily.com/Pro-Life](http://FocusontheFamily.com/Pro-Life) and search SLED Videos.

### The Miracle of Life

This video shows us how amazing and wonderful the gift of "Life" through incredible ultrasound video and photos. Available for purchase at [HyperPixelsMedia.com](http://HyperPixelsMedia.com).

### My Life

Using the forum of social media, this video displays the "what could have been" and encourages us to be a voice for life. Available for purchase at [PreachingToday.com](http://PreachingToday.com).

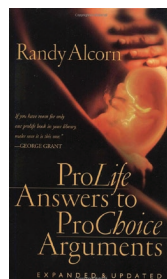
## FOCUS ON THE FAMILY RECOMMENDED BOOKS AND BOOKLETS

*For purchase at [FocusontheFamily.com/Store](http://FocusontheFamily.com/Store).* This series of booklets was created to provide support to women facing an unexpected pregnancy. They are available in the Focus on the Family online store for 50 cents each. Why not stock your church library with copies of these booklets to provide helpful information for those in your church?

Pro-life pregnancy centers and clinics can apply to receive a benevolent gift of \$500 worth of these booklets annually. Call **1-800-A-FAMILY** for more information.

**To preview these booklets online:**  
[FocusOnTheFamily.com/PRC](http://FocusOnTheFamily.com/PRC) Library.

- *The First 9 Months*
- *Healthy Pregnancy*
- *I'm Pregnant, Now What? / She's Pregnant, Now What?*—a helpful conversation starter for parents and their daughter
- *I Might Consider Adoption, if...*
- *It's Your Story—So, you're pregnant. That wasn't the plan.* A gentle gospel presentation to a woman facing an unexpected pregnancy, assuring her that God loves her and will walk with her.
- *Gift of a Lifetime—Perinatal Hospice, a Journey of Hope*
- *The Morning-after Pill*
- *The Abortion Pill*
- *Embracing Hope: Comfort & Encouragement After Miscarriage*
- *Healing After Abortion*
- *Living Together*—a brief comparison of living together vs marriage in terms of relationship success.



### Pro-Life Answers to Pro-Choice Arguments (eBook) by Randy Alcorn

Carefully researched, thoroughly documented and logically organized, this invaluable resource offers answers and insights to the most common questions and arguments

about abortion in a respectful and compassionate tone. (NOTE: Eternal Perspectives Ministries will send a free copy of *ProLife Answers to ProChoice Arguments* to pastors who request the book. Please contact EPM by e-mail to request your copy: [info@epm.org](mailto:info@epm.org).



RESOURCE GUIDE

THE DIGNITY AND SANCTITY  
OF EVERY HUMAN

life

Speak up for those who can't speak for themselves.

PROVERBS 31:8





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women. One day, as she was assisting with an abortion, Abby was struck with an undeniable reality: “On the ultrasound, I saw a child struggling for her life, and I realized at that point that two lives are impacted by every abortion.” Now an articulate advocate for the right to life, she reaches out to others who want to leave the abortion business. Find stories from clinic workers who thought they were helping women, who’ve now reconsidered their involvement and have left the industry for more life-affirming work.

**ATTWN.org**

### **Hope After Abortion - Project Rachel**

Project Rachel is the post-abortion healing ministry of the Catholic Church that arose in response to the stories women told about the hurt they experienced after their abortion. It is an outreach of the Catholic Church, but it is open to anyone who is struggling after an abortion loss. It is able to help women and men; parents, grandparents, siblings, friends and others whose lives have been impacted by an abortion loss. At the website, visitors can find local help by searching on a map. **HopeAfterAbortion.com**

### **Perinatal Comfort Care**

This is a program designed for parents who have received a devastating prenatal diagnosis of “incompatible with life” and choose to continue the pregnancy. The program offers guidance by a Perinatal Nurse Navigator, who has experience in obstetrics, and provides clear and relevant information focusing on the needs of parents and their baby. They are here to journey with

families as they plan, honor and celebrate their baby’s lifetime. **PerinatalComfortCare.org**

### **Resources and Help for Pregnancy Resource Centers:**

- **CARENET—Care-Net.org**
- **HEARTBEAT INTERNATIONAL—HeartbeatInternational.org**
- **NATIONAL INSTITUTE OF FAMILY & LIFE ADVOCATES—NIFLA.org**

### **MEDICAL RESEARCH & POSITION PAPERS**

**AMERICAN ASSOCIATION OF PRO-LIFE OBSTETRICIANS AND GYNECOLOGISTS.** Excellent source for medical studies and position papers about abortion, including its impact on women’s health. Helpful information about abortion to save the mother’s life and other questions. **AAPLOG.org**

**WE CARE: WORLD EXPERT CONSORTIUM FOR ABORTION RESEARCH AND EDUCATION.** WE CARE brings together credentialed scientists with a research program on the physical, psychological, and/or relational effects of abortion on women and those closest to them to engage in international research collaboration, scientific information dissemination, professional education, and consultation. **WeCareExperts.org**

**ALLIANCE FOR POST-ABORTION RESEARCH AND TRAINING.** The dual purpose of the Alliance for Post-Abortion Research is to engage in the scientific study of the mental health risks of abortion and to disseminate accurate information concerning such risks to those who provide



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life

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PRE-BORN CHILDREN & ABORTION

*adoption & orphan care*

SPECIAL NEEDS

HUMAN TRAFFICKING

RACISM

POVERTY & DEATH  
FROM PREVENTABLE DISEASE

PRISON MINISTRY

IMMIGRANTS & REFUGEES

END OF LIFE

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**PRO-LIFE**







PSALM 68:5-6

*Our God is a “father to the fatherless”  
who “sets the lonely in families.”*

Love for the orphan is close  
to His heart; this is what it  
means to be pro-life.

## ADOPTION: A GLOBAL— AND A LOCAL ISSUE

The needs of the world are staggering, especially relating to children. **Current estimates show that more than 150 million children worldwide have been orphaned.** With such an overwhelming need, Christians have an incredible opportunity and responsibility to respond with the love of Christ.

Thankfully, many families are choosing adoption. But many more are needed. Pastor John Piper called adoption “the visible gospel” as it portrays a picture to the world of our own adoption into the family of our Heavenly Father:

***“In love, he predestined us to be adopted as his sons through Jesus Christ, in accordance with his pleasure and will.”*** **EPHESIANS 1:4-5**

But adoption isn’t something to be taken lightly – it is a covenant relationship between parents and a child. And while stories of adoption begin with brokenness, whether it is through birth parent death, abandonment, or inability to properly care for their children, there is great hope. Jesus said, ***“I have come that they might have life, and have it to the full.”*** **JOHN 10:10.** Every child deserves to know the love of a forever family.

People have typically thought of adoption in the context of infertility. A growing number of families, however, are motivated by the understanding of the number of children in need of families and the realization that followers of Christ are God’s plan for orphan children:

***“God sets the lonely in families.”*** **PSALM 68:6**

## ADOPTION OPTIONS

When considering if adoption is right for your family, it is important to know the distinctions between the different types.

### Domestic Infant Adoption

In a domestic infant adoption, a birth mother makes an intentional adoption plan for the baby. Often this involves working directly with a licensed placing agency that will facilitate the adoption between the birth mother and the adoptive parents. Agencies licensed to do this often have many potential adoptive families, and the birth mother frequently has some level of input on who the adoptive family should be.

The cost for a domestic infant adoption ranges from \$20,000-\$40,000. These costs can be partially offset by tax credits, which currently amount to about \$13,000 per adoption attempt. A domestic adoption can involve a lengthy waiting period, particularly for families that are very specific about the child they’re waiting for. However, for families only considering infant adoption, this tends to be the best option. Families should research the agency they desire to work with to be sure it is reputable.

### Intercountry (International) Adoption

Intercountry (International) adoption involves adopting children from another country. Not all countries are open to adoption by US citizens, and not all agencies are licensed to facilitate adoptions from all countries. Because it involves two federal governments, families must meet the adoption requirements for each country.



Before starting down this path, take the time to research agencies and ask questions in order to identify those agencies best qualified and experienced to complete the adoption. International adoption is also typically expensive, ranging between \$15,000 and \$45,000 depending on the country and agency you work with, and the wait can be lengthy, anywhere between 1 and 4 years.

It's also important to understand that a country reserves the right to deny an adoption or close adoption proceedings abruptly if they deem it necessary or appropriate regardless of the number of families currently in the process.

### Adoption from Foster Care

**Adopting a child from the US foster care system is a frequently overlooked option.** Most people simply don't realize America has orphans because we don't have orphanages. Yet, there are just over 100,000 children and youth in foster care waiting for adoptive families to call their own.<sup>112</sup> These hidden and often forgotten orphan children need love and security as much as any of God's children. Children in foster care are usually older and have had a difficult start in life. Their birth parents' rights had to be terminated so they would have the opportunity to have a safe, healthy, and happy family. These kids wait in foster care to be adopted. Their only legal parent is the state or county with custody of them. There are minimal costs associated with adoption from foster care that can range from \$0-2,500.

In addition, many expenses may be reimbursed through the state. Most states also provide

Medicaid coverage for a child until they are 18 regardless of when an adoption was finalized. A licensed agency in your state can specifically address the particular assistance available.

Many children in foster care may have a specific factor or condition, or combination of factors and conditions, that make the child more difficult to place for adoption. Each state sets its own special needs definition, which may include the child's ethnic background; age; sibling group status; medical condition; or physical, mental or emotional disabilities. The sooner they find permanency, the better. For the majority of these kids, they have been given a label or a stigma that tends to identify them as "not good enough" or "second class." But we know the reality—these kids are as loved by God as any child.

**The U.S. has more than 300,000 churches, and God has given clear commands for Christians to take care of His orphan children.**

So if the command is clear and the need is apparent, why are these kids still waiting? Given the number of churches throughout the U.S., every waiting child in foster care could have a family today if one family per church opened their home and hearts. The scope of this problem is too big for any one person or organization to solve, but we can join forces to make a difference.

For more information on adoption from foster care in your state, visit [iCareAboutOrphans.org](http://iCareAboutOrphans.org)

## Embryo Adoption

A new option available to parents, and one that is especially attractive to infertile couples, is embryo adoption. Couples who are attempting pregnancy by in vitro fertilization often create more zygotes than are used, which are subsequently frozen for storage. The genetic parents may choose to place these zygotes for adoption, making them available to another couple for pregnancy through an embryo adoption agency. They are then implanted via in vitro fertilization into the adoptive mother, making her also the legal birth mother—able to experience pregnancy, childbirth and nursing.

## A Continuum of Options

One thing to consider when looking into adoption is open versus closed. In a closed adoption, the birth and adoptive families have no contact with one another and don't even know each other's identities. Levels of open adoption can range from contact only before and at the birth of the baby, letters and pictures sent through the agency or other third party, or ongoing direct contact between the birth and adoptive families.

It's always important to evaluate the needs of the child when determining how open an adoption should be. In some situations, it may not be healthy for a child to maintain contact with the birth family if, for example, they will be a negative influence on the child or will not respect the rights of the adoptive parents. Intercountry adoption is nearly always closed as many of the children overseas have been orphaned by death or abandonment.

## WHERE IS GOD CALLING YOU?

No matter what type of adoption you choose, it's important to take time as a family to really evaluate if you are able to meet the child's needs—emotional, medical, physical, cultural, etc. Set aside time to talk and pray together about the changes your family will need to make. Attend counseling and support groups as much as necessary, and be sure to ask for help and support when needed.

Once you've made a decision to further pursue adoption, be sure to talk with other adoptive families as well as other families that have used the same agency you're considering. Then, begin praying about the specific child God wants to set into your family and prepare to welcome him or her home!

And while not every family is called to adopt, everyone can play a role through prayer support, mentoring, giving, or mobilizing the church. Learn more about how your church can wrap around adoptive families at [iCareAboutOrphans.org](http://iCareAboutOrphans.org).

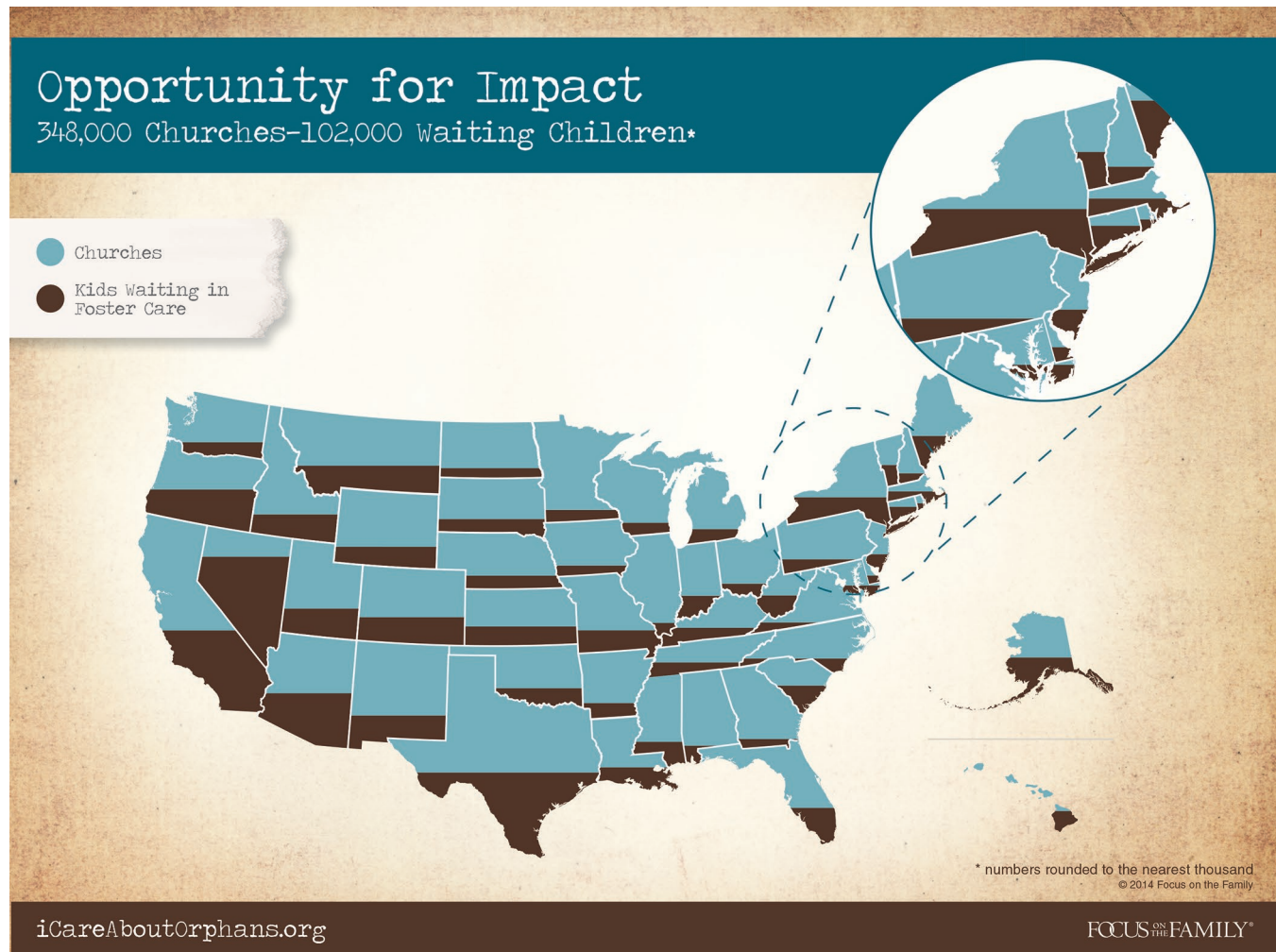
## WHAT HAPPENS WHEN NO ONE COMES?

Annually over 22,000 youth\* “age out” of the U.S. foster care system at age 18 without an adoptive family as reported by the Adoption and Foster Care Analysis and Reporting System (AFCARS). While states are required to equip youth for this transition with “independent living” services these youth are not prepared to be on their own. Many

youth have not completed high school and also lack adequate employment and housing. Yet they seek caring adults that will assist them in accessing educational opportunities, housing and health care.

In a study completed by researchers from Chapin Hall of 600 youth who aged out of the child welfare systems of three states found former foster youth are more likely than their peers to: be unemployed,

have experienced homelessness, and more than 75 percent of young women had been pregnant since exiting foster care. While nearly 60 percent of the young men had been convicted of a crime, and more than 80 percent had been arrested; only 6 percent had a 2- or 4-year degree. You can obtain a copy of the full study at [ChapinHall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth](http://ChapinHall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth).



\*U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau

## QUOTABLE

*If anybody understands God's ardor for his children, it's someone who has rescued an orphan from despair, for that is what God has done for us. God has adopted you. God sought you, found you, signed the papers and took you home. —Max Lucado*

*Time and experience have taught me a priceless lesson: Any child you take for your own becomes your own if you give of yourself to that child. I have born two children and had seven others by adoption, and they are all my children, equally beloved and precious. —Dale Evans*

*"Please don't call me a foster child. I'm someone's son, granddaughter, nephew, great-grandson, sister, God-son. I'm an athlete, a piano player, an artist. I'm an honor-roll student. I'm a child of God. And I happen to be in foster care." —Child in Foster Care*

## SCRIPTURE

*God loves and defends the fatherless of the world. He claims them as His own.*

**PSALM 10:14, 17-18** "...you are the helper of the fatherless...You hear, O Lord, the desire of the afflicted; you encourage them, and you listen to their cry, defending the fatherless and the oppressed, in order that man, who is of the earth, may terrify no more."

**DEUTERONOMY 10:18** "He defends the cause of the fatherless and the widow, and loves the alien, giving him food and clothing."

**PSALM 146:9** "The Lord watches over the alien and sustains the fatherless and the widow, but he frustrates the ways of the wicked."

**HOSEA 14:3** "...for in you the fatherless find compassion."

**PSALM 68:5-6** "A father to the fatherless, a defender of widows, is God in his holy dwelling. God sets the lonely in families, he leads forth the prisoners with singing; but the rebellious live in a sun-scorched land."

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*Because of God's love for the fatherless, He instituted special laws to His people to ensure that the fatherless would have provision. He promises to bless those who obey Him in making provision for the fatherless.*

**DEUTERONOMY 14:28-29** "At the end of every three years, bring all the tithes of that year's produce and store it in your towns, so that the Levites (who have no allotment or inheritance of their own) and the aliens, the fatherless and the widows who live in your towns may come and eat and be satisfied, and so that the Lord your God may bless you in all the work of your hands."

**DEUTERONOMY 24:19** "When you are harvesting in your field and you overlook a sheaf, do not go back to get it. Leave it for the alien, the fatherless and the widow, so that the Lord your God may bless you in all the work of your hands."

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*In addition to telling His people to make provision for the fatherless, God tells us more of what He expects of us in relation to the fatherless.*

**DEUTERONOMY 24:17** "Do not deprive the alien or the fatherless of justice, or take the cloak of the widow as a pledge."



**PSALM 82:3-4** “Defend the cause of the weak and fatherless; maintain the rights of the poor and oppressed. Rescue the weak and needy; deliver them from the hand of the wicked.”

**ISAIAH 1:17** “Learn to do right! Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow.”

**JEREMIAH 7:6-7** “If you do not oppress the alien, the fatherless or the widow and do not shed innocent blood in this place, and if you do not follow other gods to your own harm, then I will let you live in this place, in the land I gave your forefathers for ever and ever.”

*Because of God’s love for the fatherless, He issues stern warnings against those who mistreat them.*

**EXODUS 22:22-24** “Do not take advantage of a widow or an orphan. If you do and they cry out to me, I will certainly hear their cry. My anger will be aroused, and I will kill you with the sword; your wives will become widows, and your children fatherless.”

**DEUTERONOMY 27:19** “Cursed is the man who withholds justice from the alien, the fatherless or the widow...”

**PROVERBS 23:10-11** “Do not move an ancient boundary stone or encroach on the fields of the fatherless, for their Defender is strong; he will take up their case against you.”

**ISAIAH 10:1-2** “Woe to those who make unjust laws, to those who issue oppressive decrees, to deprive the poor of their rights and withhold justice from the oppressed of my people, making widows their prey and robbing the fatherless.”

**MALACHI 3:5** “So I will come near to you for judgment. I will be quick to testify against sorcerers, adulterers and perjurers, against those who defraud laborers of their wages, who oppress the widows and the fatherless, and deprive aliens of justice, but do not fear me,” says the Lord Almighty.”

*God says that one of the characteristics of a wicked man is the way he mistreats the fatherless.*

**JOB 22:9** “And you sent widows away empty-handed and broke the strength of the fatherless.”

**PSALM 94:3-6** “How long will the wicked, O Lord, how long will the wicked be jubilant?...They slay the widow and the alien; they murder the fatherless.”

**ISAIAH 1:23** “Your rulers are rebels, companions of thieves; they all love bribes and chase after gifts. They do not defend the cause of the fatherless; the widow’s case does not come before them.”

**JEREMIAH 5:26-29** “Among my people are wicked men who lie in wait like men who snare birds and like those who set traps to catch men. Like cages full of birds, their houses are full of deceit; they have become rich and powerful and have grown fat and sleek. Their evil deeds have no limit; they do not plead the case of the fatherless to win it, they do not defend the rights of the poor. Should I not punish them for this?’ declares the Lord. Should I not avenge myself on such a nation as this?”

**EZEKIEL 22:6-7** “See how each of the princes of Israel who are in you uses his power to shed blood. In you they have treated father and mother with contempt; in you they have oppressed the alien and mistreated the fatherless and the widow.”

*God says that one of the characteristics of a righteous man is the way he treats the fatherless.*

**JOB 29:11-13** “Whoever heard me spoke well of me, and those who saw me commended me, because I rescued the poor who cried for help, and the fatherless who had none to assist him. The man who was dying blessed me; I made the widow’s heart sing.”

**JOB 31:17, 21-23** *"if I have kept my bread to myself, not sharing it with the fatherless ... if I have raised my hand against the fatherless, knowing that I had influence in court, then let my arm fall from the shoulder, let it be broken off at the joint. For I dreaded destruction from God, and for fear of his splendor I could not do such things."*

*God is so concerned with the fatherless, that He defines "pure religion" in the context of caring for the fatherless.*

**JAMES 1:27** *"Religion that God our Father accepts as pure and faultless is this: to visit widows and orphans in their distress and to keep oneself from being polluted by the world."*



## FROM PASTORS AND AUTHORS



### HAUNTED BY QUESTIONS

*By Kelly Rosati*

Children in foster care wait every day for their forever families, and I'm haunted by questions:

- Who will show them what it means to know unconditional love?
- Who will care enough to check their homework?
- Who will go to their sporting events or music concerts?
- Who will teach the boys to be men and the girls to be women? Who will show the little girls the love of a true daddy?
- Who will go to their high school graduations?
- Who will walk the girls down the aisle on their wedding day?
- Who will be there as their children are born?

There could be a child out there who needs you desperately. You could be the one to make a difference in his or her life. God may have a new adventure in store for your family. Be open. Follow where God leads. Simply be willing to ask Him, "Do you want to use the blessing of our family on behalf of a child without one?"

*Kelly Rosati is the Vice President of Community Outreach at Focus on the Family. She and her husband John are blessed to parent their four children who came to them through the foster care system. □*



## THE FOUNDATION OF ADOPTION

*By John Piper*

The deepest and strongest foundation of adoption is located not in the act of humans adopting humans, but in God adopting humans. And this act is not part of his ordinary providence in the world; it is at the heart of the gospel. **GALATIANS 4:4-5** is as central a gospel statement as there is: “But when the fullness of time had come, God sent forth his Son, born of woman, born under the law, to redeem those who were under the law, so that we might receive adoption as sons.” God did not have to use the concept of adoption to explain how he saved us, or even how we become part of his family. He could have stayed with the language of new birth so that all his children were described as children by nature only (**JOHN 1:12-13**, “But to all who did receive him, who believed in his name, he gave the right to become children of God, who were born, not of blood nor of the will of the flesh nor of the will of man, but of God.”). But he chose to speak of us as adopted as well as being children by new birth. This is the most essential foundation of the practice of adoption. The Gospel is not a picture of adoption, adoption is a picture of the Gospel. <sup>115</sup>

*John Piper (@JohnPiper) is founder and teacher of desiringGod.org and chancellor of Bethlehem College & Seminary. □*



## THE 6 BIGGEST MYTHS ABOUT FOSTER CARE ADOPTION

*By Sharen Ford*

### 1 CHILDREN ARE IN FOSTER CARE BECAUSE OF THEIR OWN JUVENILE DELINQUENCY.

Across this nation, state and local governments have intervened in the lives of families to protect children because they were at risk of harm or were victims of abuse or neglect. Foster care provides a safe and stable living environment while services are provided to reunite the child with their birth family.

While the number one goal of child protection is “safe” reunification, if that plan fails, government strives to recruit permanent families to be resources for the children. Thousands of children are available for adoption each year. Yet, thousands of children age out of foster care to homelessness and an uncertain future annually.

These children entered the foster care system with a sense of belonging. If these children aren’t adopted, they exit the system without the safety net of family and connections. This support system is vital to a child’s success and provides support for them in their journey to young adulthood.

### 2 OLDER CHILDREN IN FOSTER CARE DON’T WANT TO BE ADOPTED.

Teens desire the love of a mom and dad and the structure that comes with being a part of a family. They want more than a place to live, they want a

place to belong, a place to come home to as they grow into adulthood. Children that have been in the foster care system for an extended amount of time tend to portray self-sufficiency. But what's hidden in their hearts is a desire to be coached, loved, disciplined and cared for without judgment or the pressure to be perfect. Having a caring, permanent family provides an environment of safety for that child to grow and thrive.

### **3 FOSTER AND ADOPTIVE PARENTS NEED TO BE HETEROSEXUAL COUPLES.**

Families are uniquely created by God to meet the needs of children. When you ask a child why they want a mom and a dad, children in foster care will often say, "I want what my friends have ... a mommy and a daddy." God says, "I set the lonely in families." **PSALM 68:6.**

Married couples are more likely to be in a devoted relationship that provides financial, emotional and physical stability. You don't need to be wealthy, have parenting experience, own your home, or be a stay-at-home parent. What do you need? You do need to be your child's number one advocate, be flexible, have a sense of humor and be resourceful. Parenting requires communication (and lots of it) with your spouse, your child, with teachers, coaches, neighbors, school bus drivers, etc. Parenting is like marriage, it's a lifelong commitment. There will be days that are filled with highs and lows, but overall, these kids are worth it.

### **4 ADOPTIVE PARENTS NEED TO BE YOUNG (UNDER 50 YEARS OLD).**

Our capacity to parent a child isn't categorized by a chronological number. Our entire being—all of our life experiences—shape us and give a true picture of our ability to care for children. Your willingness to welcome a child home and provide a safe, loving and nurturing environment makes you the best candidate for parenting.

### **5 A CHILD'S BIOLOGICAL PARENT CAN NULLIFY MY ADOPTION.**

Once the court has terminated the parental rights of a child, birth parents have permanently lost their rights as a parent. After the appeal process has completed (this varies by state) children are legally available for adoption. A final decree of an adoption is entered by the court, giving the adoptive family full legal and physical authority of the child as if they had given birth to that child.

### **6 FOSTER CARE ADOPTION IS EXPENSIVE.**

Foster care adoption is the least expensive option of all other types of adoption. Foster care adoption costs can range from \$0 to \$2,500 per child. Each state requires that prospective adoptive families have documentation concerning their financial stability (tax returns, etc.). Adoption financial assistance may be available through your state adoption office and is provided based on the needs of the child. Families are encouraged to speak with their employers and tax consultants concerning adoption benefits.

Learn more at [AdoptUSKids.com](http://AdoptUSKids.com).





## FIVE THINGS ADOPTIVE FAMILIES WISH THEIR CHURCHES KNEW

*By Christina Fox*

Most of us know someone who was adopted or who has adopted a child. According to the U.S. State Department, more than 7,000 children were adopted from other countries in 2013. Over 50,000 children were adopted in the U.S. in the same year. And there are millions of orphans around the world still without a place to call home.

The church should rejoice in adoption. We should celebrate when members of our churches take a child into their home and make them part of their family. We should encourage and support them in whatever way we can. After all, the church is commanded to look after the needs of orphans (**JAMES 1:27**). But sadly, adoptive parents often find the church to be the least supportive organization.

There are many things about adoption—the process, the motivations and the means—that we don’t understand. It’s unfamiliar to us.

**Sometimes, because we don’t understand something, we may unwittingly ignore the challenges and hurdles adoptive families face.**

We may neglect to reach out and offer help and support. As a result, adoptive families are left feeling isolated in their churches. In the place where they ought to receive the most encouragement, they often feel the most alone.

In an effort to help churches understand adoption and the needs of adoptive families, I want to share a few things I’ve learned over the years from many different friends and families I know who have adopted. As I’ve walked beside these friends in their journey, I’ve seen firsthand the challenges, joys, sorrows, healing, pain and beauty of the adoption process.

## 1 OUR WORDS MATTER

You know all the strange and inappropriate things people say and do when they think a woman is pregnant? We can say and do equally strange and inappropriate things to adoptive parents. The truth is, the words we use matter. They can unite us to another person or cause division. A few examples of such words or statements that are offensive and hurtful to adoptive families are:

- Referring to a biological child as a “real child”: An adoptive child is a real child too. Though they are not biologically related, they are just as real to the family as a biological child. Perhaps it helps to think of what it means to you to be adopted into the family of Christ. How much of a “real” child of God are you?
- Talking about the cost of adoption: Yes, adoption has a financial cost but adoptive parents don’t want their adoptive children to think of themselves as an item that can be purchased.
- Using the phrase “give up” to refer to the birth mother’s decision for adoption: The birth mother allowed another mother the privilege of loving and caring for her biological child. It is a huge sacrifice and should be treated with respect, especially in front of an adoptive child.
- Comparing domestic vs. international adoptions: Sometimes we can treat one avenue of adoption as better than another

and even ask adoptive parents why they did not choose a different avenue. Just as God calls some people to missions within their own country and others to a country far away, the same is true of adoptive families.

- Racial comments, judgments and disdain: Every child, no matter what they look like, are made in the image of God and are precious in his sight. Adoptive parents know when you are looking down on their child because they are of a different race or ethnicity than you. It hurts them and their child.

## 2 SPACE MATTERS

When a family first brings home an adopted child, it is crucial that they have time together to bond with the child. It is important that they keep the child's world small so they can learn to trust their

new parents to meet their needs. In adoption terminology, this is called “cocooning” and is an important part of the attachment process. This may mean that you won’t see them for a few weeks. It may mean that they don’t want you to reach out and hug the child. We need to respect the boundaries adoptive parents put in place and know that it is what is best for the child.

## 3 CELEBRATING MATTERS

Often churches love to throw baby showers when a woman is expecting a baby. We should celebrate with our adoptive families too. When a friend of mine adopted a little girl from Ethiopia, I hosted a welcome shower where we cooked Ethiopian food, decorated with the colors, flags, and other finds from Ethiopia and taught everyone gathered important facts about the country. We then gave our friend things she needed, specific to the age of her child. Toward the end of the shower, a family member brought in the little girl, and we respectfully introduced ourselves, being careful to maintain boundaries and space.

## 4 UNDERSTANDING THEIR NEEDS MATTERS

Adopted children come with a variety of stories. Some may have been abused or neglected. Some may have witnessed and experienced horrific and traumatic things. Some may have developmental delays or a physical disability. Whatever their stories are, they are not our business unless the parents choose to tell us. But we have to be respectful of whatever unique needs they have.



If you care for an adopted child in nursery or teach them in Sunday school, their parent will let you know of their unique needs. Listen to what they tell you, follow their advice and ask clarifying questions when needed. They might parent their adopted child differently than you and for good reason. Often these children have seen and experienced untold horrors and need parenting unique to their experience. In addition, the countries that a family adopts from might also have specific rules and guidelines for how they expect a family to raise the child.

5 PRAYER MATTERS

One of the greatest things we can do as a church for our adoptive families is to pray for them. Pray for their adoption process. It is often a long and frustrating experience. Pray for all the details of the process, including paperwork, fees, travel plans, legalities and medical concerns. Pray for the child’s adjustment to life in a new place, their grief process as they leave all that they know behind, and their bonding with a new family. Even better, ask the family how you can pray for them specifically.

As believers, we should all love and rejoice in adoption. After all, we are all adopted children of our Father in heaven. So let us rejoice, celebrate, help and pray for our church members who adopt. <sup>117</sup>

*Christina Fox is the editor of the PCA's women's ministry blog, enCourage, and serves on the advisory board at Covenant College. She writes frequently for Christian publications, and is a contributor to the book Women on Life: A Call to Love the Unborn, Unloved, and Neglected.* □

WORDS ARE POWERFUL. CHOOSE THEM WISELY

CORRECT/ACCURATE ADOPTION TERMINOLOGY*	
INCORRECT	ACCURATE
Real Parent/natural parent	Birthparent
Real mom/real dad	Birthmother/birthfather
Adoptive parent/ adoptive mom/adoptive dad	Parents/mom/dad
Adopted child/own child	My child
Giving away/relinquishing/ putting up for adoption/put up	Making an adoption plan
Keeping the baby	Deciding to parent
Foster child	Child in foster care
Adoptable/eligible/available	Waiting or child in need of a family
Child of their own (very offensive)	Birth child
Foreign adoption	International adoption
IS adopted	WAS adopted
Adopted OUT	Made an adoption plan
Real (blood) relative	Birth relative
Raped	Sexually assaulted or sexually abused
Beaten/hit	Physically abused
Adopted OUT OF the foster care system	Adopted through or from the foster care system
Normal child	Typically developing child

<sup>\*</sup>Adapted from National Council for Adoption



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## FOUR WAYS THE CHURCH CAN SUPPORT ADOPTEES

*By Kimber Graves*

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“Mom, will people at church always think of me as being less than everyone else?” My eight-year-old daughter’s dark eyes probed mine as she silently pointed to new décor in the children’s wing hallway at church: multiple posters that read: Pray – Give – Adopt. Love the Least of These. The posters were part of an Orphan Sunday advocacy event where emphasis was placed on adopted children as “ex-orphans,” and the two occurrences left her feeling labeled and uniquely distinct from other children within the church. Though true she was once an orphan who now has a family, our daughter went on to vocalize that she wants to attend church and “be a Graves, not a girl who everyone else is looking at and feeling sorry for. I just want to be regular like the other kids.”

This specific conversation with our daughter ushered us into a new phase of the adoption journey: one which requires attunement, empathy and sensitivity as we learn together how to navigate complexities which our biological son never encountered. It also prompted us to reexamine church adoption and orphan care ministry efforts as they pertain particularly to more than just adoptive parents, but to adopted persons themselves.

Here are some ways the church can support those who’ve been adopted:

- **BECOME EDUCATED.** Effectively ministering to adopted persons requires a willingness to learn and become literate on subjects not previously taught in seminary. Staff (and even volunteers) should become familiar with the realities inherent in adoption such as trauma, grief, loss and transracial issues. Pastors, youth ministers, children’s directors and church leaders willing to attend conferences, workshops and trainings about adoption and to learn from adoption professionals will be better equipped to support adoptees of varying ages.
- **USE ADOPTION LANGUAGE ACCURATELY.** Remember there are many participants within an adoption, any of whom could be attending your church and hearing the messages you send with your words (adoptee, birth family, adoptive family). Take time to learn from adoption professionals about positive adoption language that respects each member of the adoption triad.
- **ADVOCATE FOR ADOPTION AND ORPHAN CARE MINDFULLY.** As your local church body engages its believers to care for vulnerable children, do so with a holistic mindset, remembering all members of the adoption triad. Be open to involvement and feedback from adult adoptees within the congregation, in addition to adoptive families.
- **DEVELOP A HEALTHY CULTURE THAT GIVES VOICE AND CULTIVATES UNITY.** The ability to speak and be heard is a gift biology prepares parents to give, and children to receive, according to Dr. Karyn Purvis. “Because of their histories,” she says, “these children and youth must be taught they have a powerful gift—a voice—and that they also have caregivers who want to listen and understand their words and their needs.” Similarly, purposeful, deliberate churches will strive to create a sense of belonging for adopted persons by engaging and listening to their voices.

As the church boldly champions the truth of **JAMES 1:27**, may we also be equally audacious in creating safe spaces for the children we embrace, cherish, love and raise as our own, guiding



them toward physical and spiritual maturity. We must remember that the babies grow up—they become our fellow church members, who hear and understand what we say about them, about their histories, their previous circumstances, how we use their stories to advocate for vulnerable children everywhere. Let our words be “only such as is good for building up, as fits the occasion, that it may give grace to those who hear” (EPHESIANS 4:29).<sup>118</sup>

*Kimber Graves is the supervisor for the Louisville office of Bethany Christian Services. Kimber and her husband, Scott, have 3 children, two of whom were adopted from China. □*

## PERSONAL PERSPECTIVES



### HOW TO CATCH A FALLING STAR

*By Ann Voskamp*

Adoption has stopped our whole little careening world—or, I don’t know—maybe started a world we ultimately were meant to find our way to? Who knows...

I just know that no one need adopt if they think they get to sign up to be some Savior White Barbie swooping into rescuing any abandoned child because the truth of it is:

**You’re the one rescued—you can’t rescue anybody. You only get to hold on to the Rescuer.**

I just know that no one gets to mug for the camera with a flash of pearly whites and their newly adopted family without stepping into a story of trauma. The only way a family is made through adoption—is for someone to lose a family first. The only way anyone gets to adoption is through a door of loss and unless you fully feel the depth of that loss, the door you’re walking through leads to nowhere honest.

**There are scars you can’t erase  
—all you can do is write more  
love into them.**

They say that 77% of practicing Christians believe Christians have a responsibility to adopt, but only 5% of Christians have adopted—and I get why it’s tempting to think you shouldn’t adopt and someone else should and I get the choking fears and I get the questions that won’t stop haunting and I get that supporting adoption doesn’t mean that we’re all called to adopt because caring for orphans looks different for each of us, but it has to look like something—and I never stop getting over how Jesus left the 99 for the 1 and the whole focus of our Father is fighting for orphans, making them sons and daughters.

God searched for you, found you, fought for you, signed the papers with His blood and He adopted you and brought you Home—and the only way any of us get into the family of God is through the most painful adoption.

If real belief cares for the orphans—can one be a believer and not be caring for at least one orphan in some small way? <sup>120</sup>

Ann Voskamp was named by Christianity Today as one of the top 50 women most influencing church and culture today and is the New York Times Bestselling author of *One Thousand Gifts* and *The Broken Way*. Her blog is one of the most popular Christian blogs online today: [annvoskamp.com](http://annvoskamp.com). □



### WHAT I'VE LEARNED ABOUT ADOPTION SINCE ADOPTING

By Russell Moore

Eleven years ago, my wife and I walked out of a Russian orphanage with two little one year-old boys. Suddenly, for the first time, I was a father and she was a mother. Suddenly, little Maxim was “Benjamin Jacob Moore” and little Sergei was “Timothy Russell Moore.” Everything changed, for all of us, for life.

People sometimes ask me, “In the years since, what have you learned about becoming a family through adoption?”

The main thing is that convictions forged there in the July heat of the former Soviet Union have only crystallized more. As the father of five now, some by that adoption and some by the more typical way, I’m as convinced as ever that adoption, into a family or into the Family of God, is “real.” There is no such thing in God’s economy as an “adopted child,” only a child who was adopted into the family. “Adopted” defines how you came into the household, but it doesn’t define you as some other sort of family member.<sup>121</sup>

*Russell Moore is President of the Ethics & Religious Liberty Commission of the Southern Baptist Convention.* □



### THE BLESSINGS AND CHALLENGES OF ADOPTION

By Jim Daly

Jean and I do respite care for foster families. Just recently we had a couple of boys stay with us. I—along with my sons, Trent and Troy—took the older one miniature golfing. We thought it would be something fun and easy for us all to do together. But the little boy got frustrated that he couldn’t hit the ball through the little tube and exploded emotionally. At one point, he even took the ball and threw it over the fence and into the street.

That kind of behavioral outburst is one way a child tests whether or not you’re going to hang with them through the difficulties of life. It’s an opportunity for you to communicate, “Your behavior is inappropriate. But you’re still here. We’re still here.”

### Eyes wide open

In the book of James we learn that **“Religion that God our Father accepts as pure and faultless is this: to look after orphans. ...”** Yes, caring for orphans is God’s work. Adoption is a beautiful rose in the life of a child in need of a forever home. But every rose has a thorn, and you can’t carry the burden associated with adoption unless you’re willing to relinquish your plans to God.

As is often the case when we’re stepping into the lives of the brokenhearted, the work of adoption can be tough. Children in foster care are in that situation for a reason. It usually means something

has gone terribly wrong at home to necessitate that they be removed from their families in the first place.

Many children have built emotional walls and are dealing with wounds from a painful past. They may have spent years moving from one foster care home to another, yet have never felt like they belonged anywhere. Despite an adoptive parent's best intentions, these children may reject their efforts to say, "I love you, and I'm here for you," because these children have heard that from countless other adults who ended up not sticking by their side.

***Adoption is a call that you have to go into with your eyes wide open.*** You'll be tested in your parenting skills and your love for these children. It's wise to understand that before you take that step. Adoption is more than giving a child a warm bed, clothes, and food for their bellies. They need nourishment for their souls as well. That takes time and patience, love and grace, dedication and perseverance.

### **We all have a role to play**

To this point, it may sound like I'm trying to talk you into and out of pursuing adoption, all at the same time. I'd frame it differently: I'm encouraging you to pray about how God wants to use you in the lives of children in need and then to prepare for the hard work that role may require.

There is a lot of support available for you if you choose to adopt, but the job isn't easy, and these kids deserve adults who are committed to their

lives. So, here are two take-aways about adoption from foster care:

### **First, adoption needs to be a community effort, and it goes beyond adopting.**

Finding homes for children in foster care isn't the end goal—it's just the first step. Once a child moves in with his or her new family, they start a long transition process together. These kids often have experienced trauma, and simply being placed in a new home won't heal that pain. They still need to learn how to trust and how to properly channel emotions. New moms and dads have to learn how to best parent a child they've only recently met.

It would be wrong for us to match these kids with their new families and walk away. This is a time for us, as a community, to wrap our arms around these adoptive families and offer them our love and support. After all, we may not all be called to adopt—but we can all provide practical help.

At Focus, we believe that churches can and should have an active role in understanding and providing for the needs of their adoptive families. That's why we strive to equip adoptive families with a wide array of free post-adoption resources that will help them along their journey. We also offer resources for churches who want to provide that support. That's why we encourage other families to provide babysitting, meals and a listening ear to couples who have adopted children.

### **Second, the Bible is right: God redeems our painful pasts.**

Many of the kids stuck in the foster care system right now may feel like they have no hope. They might have been abandoned by their birth family. They go to sleep lonely. They wonder what they will do when they age out of the system.

And then “God with skin on” steps into their lives in the form of a family that says, “We don’t care about your past. We’ll help heal your hurts. You’ll belong to us now.” That’s when the promise found in **PSALM 68:6** becomes true for them: “God places the lonely in families; He sets the prisoners free and gives them joy.” <sup>122</sup>

You can learn more about how you can be part of this important ministry at **[iCareAboutOrphans.org](http://iCareAboutOrphans.org)**. □



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## GRITTY AND GLORIOUS

*By Paul Batura*

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One of the most interesting things about adoption is that it’s nothing like you see in the movies, watch on television or even read in a best-selling book. It’s actually much better.

Adoption is gritty and glorious. It’s exciting—and scary, too. And most of all, it’s humbling, to be entrusted with a life through the loving choice of another person.

Adoption is also a grand reminder that life is often complicated and even awkward, and most definitely outside of our control. But it reminds us that “every child begins the world again,” and that God is the master weaver who redeems and restores all things.

*Paul Batura is the Vice President of Communications at Focus on the Family, an adoptive father, and the author of a new book [Chosen for Greatness: How Adoption Changes the World](#). □*







## HOW WILL ADOPTION AND FOSTER CARE IMPACT MY CHILDREN?

*By Jennifer Isaac*

One of the questions many parents ask when they begin to consider adoption for their family is “what impact will it have on our children?”

When a family already has children in the home and then begins the process of adoption or foster care, they tend to get some routine guidelines from social workers:

- Don’t disrupt birth order—only bring home children younger than those already in the home.
- Don’t “twin” one of your children by fostering a child of the same age.
- Don’t adopt a child less than a year after giving birth to a child or within a year of a previous child’s adoption.
- Consider carefully how many children you can parent with medical needs.

I used to disagree with those guidelines. That was back when I was operating in a sort of “love is all you need” mentality, and I thought these were arbitrary limits on the children a family could love. Now while I realize that there are many successful stories where these guidelines haven’t been followed in individual families’ circumstances, I think there is much wisdom in considering these issues.

Adoption and foster care do impact your children who are “already home.” There are many positive impacts; but the plain truth is, it can be hard—on parents, on kids, on everyone. Looking back at our adoptions from nine years down the road, I can

begin to make out the shape of the ways those first few years impacted our older kids. Three rise to the top of the list...

**We thought we would avoid the stresses of anyone losing their “place” in our family when we kept birth order and adopted kids younger than our biological children.**

What we know now is that our oldest daughter very much lost her place when we brought home our second daughter, even though they were nearly four years apart in age. Not only was there a new daughter in the family, she was also young, adorable, medically fragile, and different. I remember standing at a checkout line in those early months with my two girls while the cashier went on about how cute our new daughter was, and I reflexively put my arms around both girls and said something like “yes—they are both so beautiful!” But my older daughter didn’t stand out like the small, African girl with the big brown eyes in the middle of the peach family, and she still carries the displacement of that time. It will always be a part of her story. It doesn’t mean that her story took a wrong turn; because if there is one thing I am learning, it is that suffering is important and useful.

**We didn’t “twin” our children, but...**

We do have three kids who are all within about two years of age of each other – one biological and two adopted. So, without meaning to, we ended up with some odd version of triplets. There are times when these three are a lovely, well-oiled

unit, complementing each others' strengths. And there are other times when they are not. Those times are heightened by the fact that the three of them have drastically different abilities and disabilities, strengths and weaknesses. This was a challenge I didn't anticipate, and I realize that because we kept to the "rule" of not adopting children of the same age, I falsely expected that this dynamic of competitiveness, vying for position, and squabbles over control wouldn't happen in our home. But it does.

**When we adopted and fostered children with special needs, our other children developed special needs of their own.**

Living with a sibling who has frequent and demanding behaviors stemming from his trauma background; a child who is hospitalized multiple times a year, taking mom away with her; frightening rages and tantrums; children who inevitably require huge amounts of mom's time as we take on the intense level of parenting required for kids from trauma backgrounds—these all trigger trauma and need in our first children. Sometimes the very things that will bring one child forward set another child back. Secondary trauma takes hold in our home at times.

I trust that God is writing our children's stories—each one of them—and I trust that He will redeem the suffering that they have encountered through our family's story. But I don't deny the fact that there is a level of suffering there because we chose adoption and foster care.

So I find myself often reflecting on the topic of suffering. James tells us that we should count it joy when we encounter trials. Somehow, I find this easier to think of in regard to myself. I can understand intellectually, and I can see experientially that God uses trials in my life to shape me (so, so slowly) into someone more like Him.

But I admit that I still find this very hard to understand in regard to my children. The bottom line is that my children sometimes suffer because we chose a path of adoption and foster care. Some days, I feel the sadness of knowing that we opened a door to hardship in the lives of our kids. While I am actively trying to accept and welcome suffering in my own life, deep down, I wish I didn't have to welcome it into my children's lives too.

But we do—we open the door to hard things for our family. But we also open the door to beautiful experiences in our children's lives.

My children have regular opportunities to welcome vulnerable people into their home and their lives. This means sharing bedrooms, sharing belongings, sharing parents, sharing time. It means sometimes sacrificing their own needs to meet the needs of someone else. These could be looked at as things that have been "taken away" from my kids.

But my children have gained something immeasurable and not easily attained. At young ages, they have had daily practice in the virtue of putting others first.

While it hasn't always been easy for them, and while we as parents haven't always navigated it all with perfect grace, I can see this take hold and grow in them. As a mother, I can list the ways I believe that the open door of adoption and foster care have benefited my children.

- They have gained an ability to see into people's circumstances and to practice empathy, compassion, and service.
- It has given them flexibility. They have certainly learned that the world does not revolve around them.
- They continually witness and practice real world skills. They are learning how to navigate conflict, how to contribute to calming stressful situations, how to work with professionals and care providers, how to seek resources and assistance, and how to advocate for themselves and for others.
- They see proof every day they can live missionally—not just on mission trips or weekend service projects—but in the very fabric of their everyday family life.

As I thought about this topic and what I see growing in my children, I asked each of them to share with me one positive way that they think adoption and foster care have impacted their own life ...

- *“Adoption and foster care have helped me to see people's hardships and understand them more than I would have before.” —(Mia, 17)*
- *“Adoption and foster care have probably helped me build character traits like patience and compassion.” —(Noah, 15)*
- *“Knowing kids who have had problems gives me a chance to help teach them things that will help them.” —(Avi, 12)*

Hearing their words gave me joy. Aren't these the very things we want to see in our children?

I don't know how else I might see understanding, compassion, patience, or caretaking grow in my children if I shielded them from the opportunities to practice them.

May I not let my instinct to protect my children from difficulty instead lead me to stand in the way of what God purposed to do in each of them when

***“Foster care gives you a chance to play with somebody new. It has also made me very good at taking care of babies and little children.”***

***—(Jason, 13)***

He called our entire family to serve Him through adoption and foster care! <sup>123</sup>

*Jennifer Isaac writes for the blog, Thankful Moms and is herself a mom of four (sometimes more) through birth, adoption, and foster care. □*



## WAYS TO BE A VOICE

Not every family is called to adopt, but that doesn't mean we can forget the command of God to care for orphans. Below are several ways you can still care for orphans in your community and around the world.

- Pray for adoptive families and waiting kids.
- Support an adoptive family with meals, lawn service, errands, or childcare.
- Become a certified respite care provider.
- Be an advocate for these kids in your community.
- Volunteer as a Court Appointed Special Advocate (CASA).
- Serve with your local department of child services, placement agency, or orphan care ministry.
- Create boxes of clothes for specific genders and ages for foster parents to use as needed.
- Financially support an adoptive family.



- Start an orphan care ministry at your church.
- Supply foster care providers with “first night” boxes for children including a toothbrush, flashlight, teddy bear, etc..
- Take part in a short-term mission trip.
- Provide support or mentoring for a youth aging out of foster care.

### Ideas to help foster and adoptive parents:

- **PRAY**—foster and adoptive parents need the church to lift them up in prayer, seeking the Lord on their behalf. Many families need the Lord's protection as they are under spiritual attack and dealing with a host of emotional, physical and mental challenges.
- **FIRST-NIGHT KITS**—imagine how a traumatized child feels being placed in an unfamiliar home; the smells, noises, and general environment may seem strange and uncomfortable. First-night kits give foster families a tool to calm a child's fears. These kits should be organized by age and gender, filled with items like a toothbrush & toothpaste, a comb or brush, underwear, a stuffed animal, a bedtime story book, etc.
- **PROVIDE MEALS AS NEEDED**—frozen meals are especially helpful since these families may encounter unexpected changes in their schedule.
- **PROVIDE CLOTHING**—foster and adoptive families may not get much warning before receiving a child into their care. They need extra sets of clothing organized by gender, size, and season of year to provide for these children. Or provide gift cards so parents can purchase what's needed most.
- **RESOURCE LIST**—create a list of support groups, resources, counselors, therapists, and treatment centers for foster and adoptive families in your church or community.
- **HELP RECRUIT FOSTER AND ADOPTIVE PARENTS**
- **ENCOURAGE LOCAL BUSINESSES TO AID FOSTER FAMILIES**—by offering discounts or free services.



- **HOST OR SUPPORT APPRECIATION EVENTS**—to celebrate the hard work and dedication of foster and adoptive parents with special banquets, picnics, evenings out, etc.
- **PROVIDE REDUCED-COST DAY CARE**—or participate in “mom’s day out” events through your church.
- **BECOME A RESPITE FAMILY**—give foster and adoptive families a much-needed break by providing temporary care for their kids, which may involve overnight care. Being a respite provider may require some paperwork and additional training.
- **CELEBRATE NATIONAL FOSTER CARE MONTH (MAY) AND NATIONAL ADOPTION MONTH (NOVEMBER)**—children in foster care need someone to care for and nurture them because of the crisis their biological families are experiencing. Pray for these children, the families who are involved in respite and foster care, and for the social workers who give so much time and energy for these kids. Encourage your church to talk about the need for more foster and adoptive families and how the church can and should be involved in the lives of these families.
- **BE THERE!**—just like any family, foster and adoptive families need someone to be there, to love and support them through this journey. It may be a new experience with unique and unexpected challenges and these families often feel alone. Be flexible, be consistent, be understanding and be committed. Ask the family what they need and ask often.

**Ideas to help children who are in foster care, or who have recently been adopted:**

- **COLLECT TOYS FOR BIRTHDAYS OR CHRISTMAS**—many children are placed in foster homes without their toys. A simple, heartfelt gift can mean a lot to them. For older youth, provide gift cards so they can purchase their own presents.
- **PROVIDE CARE PACKAGES THROUGHOUT THE YEAR**—kids in foster care need all sorts of things taken for granted—like clothing, school supplies, a backpack, sports equipment, luggage, etc.

- **VOLUNTEER TO TUTOR**—offer to help with basic math, reading, writing, etc.
- **PROVIDE AFTER SCHOOL CHILD CARE**—give kids (and their foster or adoptive parents!) a break by taking them to the park, jumping on the trampoline, playing board games, etc.
- **HOST A FUN OUTING FOR A CHILD OR THE WHOLE FOSTER FAMILY**—like swimming at the pool, bowling, miniature golf, batting cages, or an age-appropriate movie. Always seek parent approval beforehand, and understand that a child’s situation or trauma history may limit such activities.
- **HOST A SPECIAL OCCASION PARTY**—every child needs to be celebrated, but sometimes kids in foster care are overlooked on their birthday or Christmas, or at other times of the year. Foster families may not have the resources to splurge. A simple holiday-themed party can be very meaningful for these kids and for foster and adoptive parents.
- **SPONSOR A CHILD THROUGH PERFORMING ARTS**—provide them with free lessons in music, dance, etc.
- **SPONSOR A CHILD TO SUMMER CAMP**—attending a Christian camp can be life-changing for any child, but few kids in foster care have this opportunity.
- **BECOME A MENTOR TO OLDER YOUTH**—spend time with them and invest in their lives. For example, you might offer them a job where they can learn new skills and prepare for life as an adult.
- **BECOME A FOSTER OR ADOPTIVE PARENT**—kids need to experience stable, loving and healthy families. There’s a big need for families who are willing to open up their homes to sibling groups (rather than split them up), kids with special needs or teenagers.



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## WRAPPING AROUND ADOPTIVE FAMILIES: HOW TO PROVIDE SUPPORT TO THOSE CALLED TO ADOPT

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*By Kelly Rosati*

What if you haven't been called to adopt a waiting child, but you still want to help orphans and play a role in the adoption process? You can play a role in the adoption journey. You can help a child. You can support a family. You can make an enormous difference, and here's how.

### Adoption—God's Idea

For Christians, adoption is much more than simply providing a home for a waiting child. The Bible tells us that even before the creation of the world, God predestined us to be adopted as His sons and daughters (**EPHESIANS 1:5**). The spirit of adoption permeates Scripture, and God's heart for the orphan pours forth from His Word.

Adoption has been described by Pastor John Piper as the visible gospel. It is proclaimed to a watching world that desperately needs to know the love of the heavenly Father.

We know from Scripture that God loves orphans and that His Word commands His followers to care for these precious children (**JAMES 1:27**). There are many different ways to minister to God's orphan children and to the adoptive families who have welcomed these children home.

### Life's harsh reality for many adopted children and their parents

Tragically, many of the world's children are born into families unable or unwilling to provide the secure and stable home they need to grow and develop as healthy children. Many of these children have experienced some form of early trauma from abuse or neglect. Whether they lived in U.S. foster homes or in an orphanage overseas, previously neglected or abused children who fail to receive all God intends for them may develop special needs or difficult behaviors.

For these children and the families who choose to adopt them, the road to healthy family living may be a rocky one, and it may take longer than they had hoped. Yet, in spite of the challenges, many families are making lifelong commitments to children who need opportunities to heal.

### Adoptive families need your help

Due to these challenges, many adoptive families desperately need support from their church families. As is often the case in other areas of life, however, asking for help can be difficult to do.

Many adoptive families may interpret their struggles as failure, question their calling to adopt or, worst of all, feel abandoned by the God who called them to the journey of adoption. But He who called them is faithful. There is hope for the future!

### What's my role?

Struggling adoptive families need their church families to wrap around and support them during times of trials. When churches do this, they mirror our heavenly Father, who wraps His arms around us during times of joy as well as times of trial.

While these suggestions may not apply to all situations, they represent a general “cry of the heart” of adoptive families who welcomed home an emotionally wounded or struggling child. The goal is to provide practical guidance for churches seeking to support adoptive families.

### First things first

Before trying to provide support to a family in need, it is vitally important for pastors and church members to understand that children who experienced previous trauma may have a difficult time adjusting to their new adoptive family—no matter how committed and loving the family may be. Understanding this is vital for effective ministry.

Healing for these children doesn’t usually happen overnight, and adoptive families need their church families to walk with them through their struggles. Churches can no longer think that typical parental expressions of love alone will “cure” the child. For many of these children, their souls are scarred and their hearts are hurt. As a result, time, understanding and unconditional commitment are essential to the child’s healing process.

It’s also wise to remember that the last thing adoptive parents need is simplistic answers from people who understand nothing of their unique calling and struggle. These parents do not need admonitions that they are either too hard on little cutie-pie or not firm enough with that strong-willed child. This approach will alienate the already struggling family.

The emphasis for all involved cannot be on a quick fix for the children. Rather, with time and God’s grace, we can slowly help these children heal.

### How do we wrap around our adoptive families?

Families struggling in these situations need compassionate, nonjudgmental brothers and sisters in Christ to walk beside them to help bear their burdens. Adoptive families need others to WRAP around them with prayer and practical help. Here’s an easy way to remember their needs:

**W: Wrestle in prayer**

**R: Respite care**

**A: Acts of service**

**P: Promises of God**

### W: Wrestle in prayer

#### Pray for:

- Strength and patience.
- Grace and mercy.
- God’s truth to be revealed to the families amid the schemes and lies of the Enemy.
- Spiritual eyes to see the truth behind their struggle and strength to exercise their faith and trust in their mighty God.
- Ears attuned to the living God, who will walk them through their trials.

### Also pray specially for the children

- That God would heal wounds of rejection, abandonment, fear and mistrust.
- That God’s love, which never fails, will cover him in all he does.

- To know and believe that there is hope in Christ.
- To trust in and receive her new family's love and desire to help her heal.

Ask the family for specific prayer requests and assure them those requests will be held in the strictest confidence. It is crucial for the family to be able to be transparent with their specific needs. Let the family know that you're praying for them regularly. For the struggling adoptive family, prayer will help move them toward wholeness and healing in Christ.

### **R: Respite care**

No matter how wonderful, committed and loving adoptive parents are, they need a break from the demands of caring for their children. Respite care is defined as "short-term or temporary care ... to provide relief to the regular caregiver." (Dictionary.com)

For adoptive parents who struggle with challenging children, respite care is crucial to the well-being of the family. Times of respite allow parents to focus on their marriage, take time to regroup, and enjoy much-needed peace, quiet, and rest.

This is easy, you might think. Like babysitting, right? Well, not exactly. There are several unique aspects to respite care:

- Respite should not begin until the child has been in the home for several months. Make a note on your calendar to begin to offer respite at or after the fourth month.
- You must get to know the children beforehand and spend time with them along with mom and dad. Being a consistent presence in their lives communicates a genuine concern for them and their well-being.

- The respite must be significant (long) enough to be worth the trouble of preparing for it. Keep in mind that transition periods are often challenging to these children.
- Respite time shouldn't be a "vacation" for the children where they are free from the rules of daily life. Children must still do chores, homework and follow the same general rules.
- All decisions and communication from the respite provider should affirm the adoptive parents to the child. Parents must clearly present boundaries and limits so respite providers can offer consistent care.
- If possible, provide respite in the children's home in order to maintain as much of the structure and schedule as possible. There are times, however, when parents and other siblings may need quiet time at home. If so, the respite can happen away from home.

### **A: Acts of service**

One of the keys to effective acts of service is that they are offered enthusiastically, in a spirit of love, and are specifically designed to meet the needs of the family. Being aware of the dynamics of adoptive families and children will aid in identifying needs that can most easily be met.

#### **This list of ideas will help get you started.**

- **MEALS.** Find a team of people to take meals the first few weeks the child is in the home. Selecting one person to coordinate and communicate with the family is important. Ask for the family's food preferences and what time they usually eat.
- **ERRANDS AND SHOPPING.** Don't say, "Let me know if you need anything," because you'll likely never be asked. Instead, tell them you're going to the store that week and ask if they have time to give you a list. Ask them for the brand names they use—this type of attention to detail communicates great love and concern for their needs.
- **LAUNDRY.** Pick up the laundry, take it home or to a laundromat, and return it folded.



- **YARD WORK.** If the family has several children, organize a yard cleanup party and supervise the children as they work. Pizza is a great reward.
- **CLEANING.** Identify a time when the family will be out of the house and offer to vacuum, clean bathrooms, or wash linens and remake beds.
- **FINANCIAL ASSISTANCE.** Providing a monetary gift to help offset expenses can be a huge blessing to a family and a great way to play a significant role in the adoption.
- **GIFTS FOR THE HOMECOMING CELEBRATION.** We think of baby showers for families expanding by birth, but gifts are also appropriate when a family expands through adoption. For families adopting an older child, gift cards are a great way to support and bless that child.

### P: Promises of God

Throughout Scripture, God makes many promises that can encourage us during the different seasons of our lives. His Word is living and active, but His powerful truths sometimes get lost amid pain and struggle.

Providing encouragement with God's Word through notes, calls or e-mails can be a powerful source of comfort and strength for families. Hope-filled words combined with listening ears, understanding hearts, kindness and mercy will deeply resonate.

- Don't be afraid to communicate truth in love to adoptive families. Knowing they have your support and prayers is helpful to them.
- Buy a box of cards and periodically send them an encouraging note.
- Even writing out prayers for the family can be a huge blessing.

### Here are some great verses to share:

- *I am the LORD, the God of all mankind. Is anything too hard for me?* **JEREMIAH 32:27**
- *There is no one holy like the LORD; there is no one besides you; there is no Rock like our God.* **1 SAMUEL 2:2**
- God is our refuge and strength, an ever-present help in trouble. Therefore we will not fear, though the earth give way and the mountains fall into the heart of the sea. ... The LORD Almighty is with us; the God of Jacob is our fortress.... 'Be still, and know that I am God; I will be exalted among the nations, I will be exalted in the earth.' The LORD Almighty is with us; the God of Jacob is our fortress. Selah. **PSALM 46:1-2, 7, 10-11**
- Great is our Lord and mighty in power; his understanding has no limit. **PSALM 147:5**
- He heals the brokenhearted and binds up their wounds. **PSALM 147:3**
- And my God will meet all your needs according to his glorious riches in Christ Jesus. **PHILIPPIANS 4:19**
- The LORD is a refuge for the oppressed, a stronghold in times of trouble. **PSALM 9:9**
- The LORD will keep you from all harm—he will watch over your life; the LORD will watch over your coming and going both now and forevermore. **PSALM 121:7-8**
- Yet the LORD longs to be gracious to you; he rises to show you compassion. For the LORD is a God of justice. Blessed are all who wait for him! **ISAIAH 30:18**
- So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal. **2 CORINTHIANS 4:18**
- Trust in the LORD with all your heart and lean not on your own understanding; in all your ways acknowledge him, and he will make your paths straight. **PROVERBS 3:5-6**
- Come near to God and he will come near to you. **JAMES 4:8**

- Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up. **GALATIANS 6:9**
- There is no fear in love. But perfect love drives out fear. **1 JOHN 4:18**
- For God did not give us a spirit of timidity, but a spirit of power, of love and of self-discipline. **2 TIMOTHY 1:7**

## ■ THAT'S A W.R.A.P.™

While not every family is called to open their home to a child in need, everyone can be involved in caring for orphans. Take time to explore how the Lord may be asking you to serve the adoptive families in your community. Often it's the small gestures that mean the most.

*This article is excerpted from the booklet, Wrapping Around Adoptive Families © 2008 Focus on the Family. You can read the booklet online at: Scripture quotations are from the HOLY BIBLE, NEW INTERNATIONAL VERSION®, NIV®, Copyright © 1973, 1978, 1984 by International Bible Society. Used by permission of Zondervan. All rights reserved. □*

## FREQUENTLY ASKED QUESTIONS ON ADOPTION

### What hurts children who have been adopted?

- Comments such as “*Do you think you’ll try to find your real mom?*” or “*Do you know your real parents?*” Adoptive parents are the real parents in every sense of the word. Biology isn’t important.
- Saying “*You must be so grateful they adopted you.*” Remember, for most of these kids, what they tend to remember is that they were removed from the only family they’ve ever known. It doesn’t always seem like a good thing, especially at first.
- Adoptive parents shouldn’t feel discouraged or get their feelings hurt if/when the child doesn’t connect immediately

or still shows loving feelings toward the birth family. In some situations, it can take a long time for that new relationship to develop. Remember, this is about the needs of kids, not the parents. The parents not feeling as loved as they would like doesn’t invalidate the adoption.

- When an adoptive mother feels threatened by or has her feelings hurt if the child wants to contact the birth mother.
- Always refrain from telling the child unkind things about the biological family.

### What helps children who have been adopted?

- Honesty is the best policy—talk openly about the fact that he or she was adopted.
- Allow the child to ask any questions about the adoption, birth family, etc.
- Create a scrapbook of personal history like photographs, notes and information on birth family.
- Medical history, if available.
- Maintain important connections as much as appropriate and possible; for example, loving foster parents, friends and coaches.
- If the child was adopted internationally, provide as much information on the country as possible.
- If beneficial and all parties are in agreement, it can be helpful to grow up knowing biological relatives as part of an extended family; this isn’t appropriate in all circumstances.

### What hurts adoptive families?

- Adoptive families absolutely feel their children are their real children; comments to the contrary are very hurtful.
- Treat all children the same regardless of whether they came through birth or adoption.
- Because God designed adoption, it isn’t a second best option, so be sensitive about saying things that convey it is somehow a plan B.

- Comments like *“I’m sure you’ll get pregnant now that you’ve adopted”* feed into unrealistic expectations.
- Family, friends and church members shouldn’t assume they know what’s best for the adoptive family without being willing to learn about the differences in parenting a child who was adopted.

### What helps adoptive families?

- Consistent and specific prayer support is vital to an adoptive family.
- A New Addition shower is very helpful even if the family is welcoming home an older child.
- Ongoing support from friends and family—prayer, meals, cleaning, etc. It can take quite a long time before the family settles into a real routine and is doing well.

### What hurts birth mothers?

- Comments *“I could never do that”* tend to communicate that you would love your child more than they did and wouldn’t be able to make an adoption plan.
- Don’t assume she’ll just move on with her life; this is a life-changing event and she needs time to grieve. Comments about her moving on and having more kids one day aren’t helpful.
- Be honest with birth mothers on the front end and don’t oversimplify the feelings they will experience.
- If an open relationship is agreed upon beforehand (i.e. updates, pictures, letters, e.g.), it’s important for adoptive families to follow through with that plan as long as it remains in the best interest of the children.
- Family and friends of the birth family shouldn’t pretend the child doesn’t exist—continue to validate the birth mother and the child she’s carrying.

### What helps birth mothers?

- Adoptive parents should refrain from representing the birth family in a negative light regardless of the situation.

- Allow the birth mother time to grieve, and don’t try to minimize the feelings she’s experiencing.
- Reassure her that she is making the best decision for her baby.
- If appropriate, follow-up from the adoptive family reassures her of the decision she made.

## RESOURCES

Focus on the Family strives to provide best-in-class resources to families that are both adoption competent and biblically based. Check out our newest resources, all available through our website for Adoption and Orphan Care:

**[iCareAboutOrphans.org](http://iCareAboutOrphans.org).**

- **WAIT NO MORE: ONE FAMILY’S AMAZING ADOPTION JOURNEY** Follow Kelly and John Rosati in their amazing journey through the child welfare system. In this book you’ll be inspired by the story of how God brought their family together, and challenged by their honest and revealing look at the desperate need of children still waiting for families.
- **HANDBOOK ON THRIVING AS AN ADOPTIVE FAMILY** A wealth of insights for adoptive families, addressing issues such as attachment, sibling relationships, drug and alcohol exposure, and prior abuse.
- **WRAPPING AROUND ADOPTIVE FAMILIES** Not every family is called to adopt, but adoptive families can use the kinds of support we could all provide.
- **W.R.A.P. AROUND ADOPTIVE FAMILIES KIT** The W.R.A.P. Around Adoptive Families Kit helps provide direction and insight for those interested in serving families well. The kit contains: overview video and documents, “how to” guide, 25 WRAP booklets, bulletin inserts and posters, starting documents, PowerPoint® slides and more!

- **LOVE AND LOSS IN FOSTER CARE** Author and adoptive father Johnston Moore challenges families to examine the fears and concerns in the light of God's promises as they step out in faith to welcome children into their homes.
- **HOPE & HEALING FOR SENSORY DEPRIVATION** This booklet gives some practical ways families can identify the signs of sensory processing disorder as well as ways to help their children heal.
- **HOPE & HEALING THROUGH ANIMAL-ASSISTED THERAPY** Much like art, music or dance therapy, animal-assisted therapy engages children through their senses, rather than through words. Debi A. Grebenik, Ph.D., LCSW shares how children's love of animals can help them overcome a history of trauma.
- **ATTACHMENT IN ADOPTION** This booklet gives adoptive and foster parents in-depth insights into why their child may have difficulty adapting to life in a new family—and gives them hope for success.
- **PREPARING FOR A TRANSRACIAL ADOPTION** When considering transracial adoption, authors Jason & Trisha Weber explore a number of questions that arise: Do I know how to teach a child to interact with a world that will treat them differently because of the color of their skin? This thoughtful booklet was created to help provide questions that potential adoptive parents should be asking and point out practical ways to find the answers.
- **A SERVANT'S HEART: SUPPORTING ADOPTIVE FAMILIES IN YOUR COMMUNITY** Adoption itself may be a singular event, but the path toward healing for both a child and the family is ongoing. With support and care from those around them, adoptive families can truly thrive. This DVD resource helps individuals and churches understand how to rightly care for the adoptive and foster families in their community.
- **ADOPTED FOR LIFE: THE PRIORITY OF ADOPTION FOR CHRISTIAN FAMILIES & CHURCHES** This manifesto by Russell D. Moore

calls Christians to adopt children and equips Christian families going through the process. Dr. Moore offers biblical foundations for adoption and identifies adoption as a Great Commission priority.

- **THE CONNECTED CHILD** The adoption of a child is always a joyous moment in the life of a family. Some adoptions, though, present unique challenges. Welcoming these children into your family—and addressing their special needs—requires care, consideration, and compassion. Written by Karyn B. Purvis, Ph.D. and David R. Cross, Ph.D, research psychologists specializing in adoption and attachment, this book will help you build bonds of affection and trust with your adopted child, effectively deal with any learning or behavioral disorders, and discipline your child with love without making him or her feel threatened.
- **THE CONNECTION: WHERE HEARTS MEET** This interactive small group study by Dr. Karyn Purvis is designed to help you and your child build a lasting, loving connection. You will be encouraged and equipped with practical help based on Biblical truths and research-based interventions specifically developed for adoptive or foster care families. This kit includes 1 Study Guide and 1 DVD and Bonus DVD.
- **EMPOWERED TO CONNECT** This online library of articles, audio and video presentations covers a wide variety of topics for adoptive and foster parents as well as ministry leaders and professionals. [empoweredtoconnect.org](http://empoweredtoconnect.org).
- **CHILD WELFARE INFORMATION GATEWAY:** This free online library contains over 80,000 items, including peer-reviewed articles, books and evaluation reports: [childwelfare.gov/library](http://childwelfare.gov/library).

## Focus on the Family Daily Broadcasts

To listen, purchase or download:  
[FocusontheFamily.com/Radio](http://FocusontheFamily.com/Radio)

### Adoption:

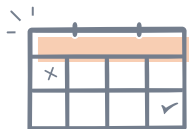
- **ADOPTION: MAKING A DIFFERENCE IN THE LIFE OF A CHILD** Mike and Kristen Berry



- **BRINGING NEW HOPE TO KIDS THROUGH ADOPTION I-II** John and Kelly Rosati
- **THE CHAPMANS: A HEART FOR ORPHANS** Steven Curtis and Mary Beth Chapmans
- **UNVEILING THE HEART OF AN ABANDONED CHILD I-II** Rob Mitchell
- **CONNECTING WITH YOUR CHILD 1 & 2** Dr. Karyn Purvis

#### Foster Care:

- **OPENING YOUR HOME TO THOSE IN NEED** Francis and Lisa Chan
- **SUPPORTING CHILDREN IN FOSTER CARE** Gail Wahl
- **ADOPTING THROUGH FOSTER CARE** Gail Wahl and Amanda Olivero
- **STANDING IN THE GAP FOR KIDS IN FOSTER CARE** Dr. Sharen Ford and Kelly Rosati
- **GIVING HOPE TO A CHILD IN FOSTER CARE PANEL** (Bishop Aaron and Mary Blake, founder Wayne Tesch)



## DAYS TO REMEMBER

**THROUGHOUT THE YEAR** at different locations across the country, Focus on the Family hosts inspiring one day events called Wait No More® that present the challenge and the opportunity involved when families consider adoption from foster care. Collaborating with local adoption agencies, church leaders, state services and ministry partners Focus raises awareness of the great need for adoptive families and asks families

to consider the question, “Is God calling me to bless a child with the gift of family?” God is stirring the hearts of His people to welcome these children and youth into forever homes. As of late 2016, more than 3,300 families have initiated the process of adoption from foster care as a result of the collaborative efforts of Wait No More. And this is only the beginning. Want to see when Wait No More is coming to your state? Visit [www.iCareAboutOrphans.org](http://www.iCareAboutOrphans.org).

**MAY: NATIONAL FOSTER CARE MONTH** will you join us in prayer? Imagine all your belongings in a single trash bag. Imagine not knowing where you will lay your head tomorrow night. This is the life of some children living in foster care. God’s heart breaks for the over 400,000 children and youth living in foster care. We urge you to commit time in May for praying for these precious lives that matter most to the One who created them. Praying isn’t really about candles or staying up late or a big special event. Instead, it’s about concentrated, heartfelt prayer. It’s a chance to petition God to move in our world. You could even pray for a different focus each week of May—for instance, consider praying for those who work in the foster care system, the families who foster, the children waiting for a family to call their own, and the role of the Church as a voice for the fatherless. We encourage you to pray personally or with friends or family. Thank you in advance for spending time in prayer on behalf of the least of these.

**NOVEMBER: NATIONAL ADOPTION MONTH** is a time to reflect on the plight of orphans around the world and to encourage our church families to

care for orphans and adoptive families in practical ways. Check for resources at organizations such as Christian Alliance for Orphans ([cafo.org/orphansunday/](https://cafo.org/orphansunday/)), Compassion International, Samaritan's Purse and World Vision, along with ideas for Wrapping Around Adoptive Families at [iCareAboutOrphans.org](https://iCareAboutOrphans.org).











PRE-BORN CHILDREN & ABORTION

ADOPTION & ORPHAN CARE

SPECIAL NEEDS

HUMAN TRAFFICKING

RACISM

POVERTY & DEATH  
FROM PREVENTABLE DISEASE

PRISON MINISTRY

IMMIGRANTS & REFUGEES

END OF LIFE

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**PRO-LIFE**







1 CORINTHIANS 1:27

*“But God chose what is foolish in the world to shame the wise; God chose what is weak in the world to shame the strong.”*

In a world that celebrates glamor, status, and performance, God’s heart is for those who are overlooked and deemed unworthy. Seeing every human being as beautiful, valuable, and precious—this is what it means to be pro-life.



## DISABILITY MINISTRY AND THE LOCAL CHURCH: HARD EXPERIENCES, GOSPEL OPPORTUNITIES

*By Stephanie Hubach*

### THINKING BIBLICALLY ABOUT DISABILITY AND OURSELVES

All of us carry a perspective on disability that is formed by our worldview. What is yours?

Most of us unconsciously possess at least vestiges of a modernist view of disability that says, “Disability is an abnormal part of life in an otherwise normal world.” It focuses almost exclusively on the functional aspects of disability—the “impairment” or the ways in which a part of the body doesn’t work as we expect it to. For centuries, people with disabilities have understandably resented being labeled as “aberrations.”



As a result, with the advent of postmodernism, disability advocates began to promote an alternative view that focuses almost exclusively on the social aspects of disability—the ways in which attitudes can disable others further (often much further) than the impairment itself. This view promotes the corrective idea that “disability is a normal part of life in a normal world.” A disability is often described as merely a “difference” that is not unlike having a different hair color.

But this view is inherently dishonest. It diminishes the realities of the difficulties associated with an impairment and truncates the grieving process that occurs with the onset of disability. Even worse, it actually absolves others of any responsibility to neighbors who deal with disability. If a disability is indeed a difference that makes no difference, then what does that require of you or of me?

Only a biblical perspective on disability addresses both the functional aspect (the impairment itself) and the social aspect (the attitudes that disable further) in a way that resonates with reality. Disability, from a Christian vantage point, is a “normal part of life in an abnormal world.” It is a result of living in a fallen world where nothing is as it was originally intended to be—not the bodies we live in or the attitudes we possess. It is just a more noticeable form of the brokenness common to the human experience.

**In other words, disability opens up to us a gospel picture that mirrors the universal human condition back to us as individuals.**



For, if we don't recognize that it was our Triune God's compassion for our profound spiritual disabilities that caused Jesus to lay down his life in order to provide access to the Father on our behalf, then we don't really understand the gospel. And if Jesus can do that for us, how can we not do the same for our neighbors?

### **Repenting: Turning Away from the Idols of Our Hearts**

The reason we often don't do the same for our neighbors is because of the idols of our hearts. In the opening portion of the Beatitudes, Jesus describes the posture of a Kingdom disciple: poverty of spirit, mourning over sin, and meekness (see **MATTHEW 5:3-5**). But, in our fallen state, those are hardly our natural qualities. Indeed, those characteristics are oppositional to our heart idols of self-reliance, self-protection, and self-promotion. An experience with disability, whether our own or someone else's, brings us face-to-face with these false saviors that actually serve as barriers to loving interaction.

Self-reliance insists that we can do things ourselves. This includes fixing what is broken or difficult. But, as a good friend of mine says, "Disability is not like cancer—you can't get to the other side of it." There is a relentlessness to disability that defies fixing. There is also a need for the assistance of others that defies autonomy. So we run—we run from the endlessness of it and we run from the interdependence of it. Except, of course, we can't. Ultimately we must live with the endlessness and the interdependence of it.

Self-protection wants to hide from pain. There is a lot of pain in this world, and we find countless ways to avoid being emotionally exposed to it. In addition, we want to hide from the reality that every one of us is only one breath away from, or one car accident away from, or one bad delivery room experience away from a life-changing disability. Avoiding people with disabilities and their families allows us to perpetuate the illusion that we are in control.

Self-promotion also helps perpetuate the illusion that we are in control. We bolster ourselves by saying, "This is my life: I can direct it as I choose. This is my family: I can plan it as I choose. This is our church: We are free to invite and to include whom we choose." But are any of those thoughts really true?

### **Reordering: Setting Priorities that Reflect Christ's Own**

Instead, Jesus offers us a wonderful gospel opportunity through our encounters with disability. As he so aptly pointed out to his disciples regarding the man born blind in John 9, disability is an opportunity to see "the works of God displayed" in our lives. By realizing that disability is a picture of the gospel story—our story—and repenting of all the ways in which we don't reflect the posture of Kingdom disciples, we can seek God's grace and power to reorder our lives and our congregations according to Jesus's priorities. In **MATTHEW 23:23**, Jesus admonished the Pharisees by saying, "Woe to you, scribes and Pharisees. Hypocrites! For you tithe mint and dill and cumin, and have neglected the weightier matters of the

law: justice and mercy and faithfulness. These you ought to have done, without neglecting the others.”

### Justice. Mercy. Faithfulness.

These qualities reflect the character of Jesus, who is the image of God.

**JUSTICE** is the appropriate use of power to do what is right and fair. It is the restorative power of the gospel—the coming of the Kingdom—applied to the social dimension of disability. It is the healing of attitudes that disable further than the impairment itself. But often injustice is at work in our congregations. The most common type is passive injustice, the holding down of another

through what is not done: the access ramp that isn’t there, the Sunday school class that doesn’t adapt for special needs, the youth leader who doesn’t move toward the teenager with autism.

**MERCY** is the restorative power of the gospel applied to the functional aspect of disability. It enters into a situation by choice, engages with intentionality, and addresses the difficulty. St. Gregory of Nyssa once said, “Mercy is a voluntary sorrow which enjoins itself to the suffering of another.” Mercy provides respite care to the tired parents of a child with autism. Mercy offers transportation to the man with Down syndrome who cannot drive. Mercy mourns with the person who has been diagnosed with the degenerative condition of multiple sclerosis.

**FAITHFULNESS** brings the restorative power of the gospel to the relentless difficulty of disability. God’s love for you and for me is a relentless love. It is faithful for the duration. Faithfulness does more than deliver a casserole for a day; it walks alongside someone for the journey. Faithfulness walks beside the family of a child with developmental disabilities over the span of a lifetime—from diagnosis, to early intervention, to schooling, to the transition to adult living, to the aging of the parents, to the passing of the caregiver baton to the extended family, and eventually to the death of the individual with special needs. Faithfulness intentionally stays with the family whose wage earner has become a quadriplegic—through rehabilitation, through home renovation, and through the relentless “daily-ness” of all the irreversible changes that such dramatic loss of function brings to every member of the family.

## QUICK FACTS ON DOWN SYNDROME<sup>125</sup>

According to the National Down Syndrome Society:

- The most common genetic condition, there are over **400,000** people in the U.S. with Down Syndrome (DS). One out of every 691 babies is born with DS.
- Only **1 percent** is hereditary. The other **99 percent** is still a mystery to science. No toxin, food, environment or exposure has been found as the cause.
- While the only known factor is that it increases with age, the truth is that actually over **80 percent** of babies with DS are born to women under **35**.
- According to multiple studies, between **50 percent** and **93 percent** of babies in the U.S. that are prenatally diagnosed with Down syndrome are aborted.<sup>126</sup>

## Special Needs Ministries Help Churches Bring the Gospel to All

Most churches have people on their rolls who have special needs but are living on the fringes of congregational life. In every neighborhood in every town in every state in the country, there are people with disabilities. These people live largely outside the influence of the gospel. One of our goals as Christians should be to reach them with that message of hope in whatever ways we can.

In my work with MNA Special Needs Ministries, an outreach ministry of the PCA's Mission to North America, we purpose to "make the gospel—the good news of the coming of the Kingdom—accessible to all in word and deed." We offer a variety of resources and training opportunities to help local congregations fulfill that purpose as well.

Disability ministry isn't a program. It's a relationship, one that makes the gospel accessible to another human being who needs it just as much as you and I do. If your church needs assistance in this vital area of Kingdom life, please contact us. Together, we can help to share the gift of God's redeeming grace with everyone.<sup>124</sup>

*Stephanie O. Hubach is director of MNA Special Needs Ministries. She serves on the Lancaster Christian Council on Disability (LCCD), is on the Advisory Board for Chosen Families, and is a visiting instructor of practical theology at Covenant Seminary. □*

## SCRIPTURE

**PSALM 139:13-14** *"For it was You who created my inward parts; You knit me together in my mother's womb. I will praise You because I have been remarkably and wonderfully made. Your works are wonderful, and I know this very well."*

**EXODUS 4:11** *"The Lord said to him, 'Who makes a man able to talk? Who makes him unable to hear or speak? Who makes him able to see? Who makes him blind? It is I, the Lord.'"*

**JOHN 9:2-3** *"His disciples asked him, 'Rabbi, who sinned, this man or his parents, that he was born blind?' 'Neither this man nor his parents sinned,' said Jesus, 'but this happened so that the works of God might be displayed in him.'"*

**1 CORINTHIANS 1:27** *"But God chose what is foolish in the world to shame the wise; God chose what is weak in the world to shame the strong."*

**1 CORINTHIANS 12:18, 22** *"But in fact God has arranged the parts in the body, every one of them, just as he wanted them to be ... those parts of the body that seem to be weaker are indispensable."*

**LUKE 10:30, 33-37** *"Jesus replied, 'A man went down from Jerusalem to Jericho. He encountered thieves, who stripped him naked, beat him up, and left him near death .... A Samaritan, who was on a journey, came to where the man was. But when he saw him, he was moved with compassion. The Samaritan went to him and bandaged his wounds, tending them with oil and wine. Then he placed the wounded man on his own donkey, took him to an inn, and took care of him. The next day, he took two full days' worth of wages and gave them to the innkeeper. He said, 'Take care of him, and when I return, I will pay you back for any additional costs.' What do you think? Which one of these three was a neighbor to the man who encountered thieves?' Then the legal expert said, 'The one who demonstrated mercy toward him.' Jesus told him, 'Go and do likewise.'"*

**LEVITICUS 19:14** *"Do not curse the deaf or put a stumbling block in front of the blind, but fear your God. I am the Lord."*

## FROM PASTORS AND AUTHORS



### DISABILITY AND DISPLAYING THE WORKS OF GOD IN THE CHURCH

*By Ethics and Religious  
Liberty Commission*

Our triumphalist brand of evangelical Christianity often assumes one-way discipleship—the strong help the weak. However, the church desperately needs to learn that we do not simply need to help people with physical and mental challenges, but we need them to help us become more faithful followers of Jesus. We distort the gospel message and have malformed Christian community when we fail to understand the power of weakness in Christ. We must not only use our advantages for the advantage of others, but we must also use our disadvantages for the advantage of others. The physically and mentally weak have a vital role in the church by teaching those with self-deceptive outward strength how to display genuine spiritual power by being “content in weaknesses” for the sake of Christ (**2 CORINTHIANS 12:5**).

Too often, we want God, but we want to negotiate the terms of our trust: If I am strong, able, gifted, intelligent, articulate and in a recognized position of power, then I will see my value and know my usefulness in the Kingdom. “I will trust you if I see viable reasons to trust me” is anti-gospel logic. Paul contends that boasting in one’s strength reflects the wisdom of the world and is the way of a fool (**1 CORINTHIANS 1:18-2:5; 2 CORINTHIANS 11-12**).

Successful NFL and college football coach Gene Stallings’ son, Johnny, was born with Down syndrome and doctors said he would only live a year or two. He lived 46 years, and Stallings said, “When he was younger I prayed to God that he would change Johnny. That he would make him right. But you know what God did? He changed me.” Stallings repeatedly says, “If the good Lord asked if he could give me a perfectly normal child or Johnny, I’d pick Johnny every time. No doubt about it.” I once heard one of Stallings’ daughters say in an interview that she prayed God would give her a Down syndrome child, and then she added; if that sounds strange you must not have known Johnny. □ <sup>130</sup>



### A DEEPER LOOK AT MENTAL HEALTH

*By Jim Daly*

Mental illness directly impacts about one in five individuals ... yet sadly, it sometimes seems that the Christian community doesn’t talk about the issue as often and as thoroughly as we should.

Focus on the Family is hoping to help change that by helping families and churches better understand topics related to mental health—things like depression, bipolar and schizophrenia.

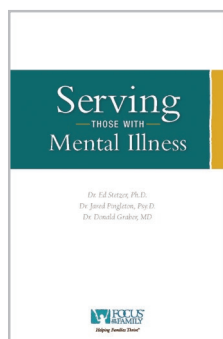
We partnered with LifeWay Research on the groundbreaking “Study of Acute Mental Illness



and Christian Faith.” Through interviews with pastors and Christian individuals diagnosed with acute mental illness, we were able to gain insight into what people suffering from these conditions experience during their faith journey.

#### Here are just a few of our findings:

- Impacted individuals and their families deal with a significant amount of shame and social stigma.
- Many assume the person has “done” something to cause the illness.
- There are too many parents whose children suffer from mental illness that deal with denial and grief.
- We also learned that, in most cases, the illness needs stabilizing before spiritual growth will take place—but on the other hand, strong faith does not make a mental illness go away.



#### Equipping churches and families

As we examined the church’s response to mental health issues, we saw that while many churches are providing good support to families, there is much more left to do. As believers, we have an

incredible opportunity to minister to men, women and children impacted by mental illness.

The good news is a majority of pastors (56 percent) strongly agree local churches have a responsibility to support both individuals with mental illness and their families.

In order to help pastors help these families, Focus’ Thriving Pastor™ outreach is offering a free

e-book, “Serving Those with Mental Illness.” This resource provides church leaders with a summary of the LifeWay Research/Mental Health Study. It also provides an overview of three ways pastors will most likely encounter people with mental illness – and offers guidelines to help them handle each scenario. Finally, the booklet helps pastors identify mental illness and make effective referrals for Christian counseling. You can learn more by visiting [thrivingpastor.com/mentalhealth](http://thrivingpastor.com/mentalhealth).

## QUICK FACTS ON AUTISM

According to the Centers for Disease Control: <sup>127</sup>

- About **1 in 68** children has been identified with autism spectrum disorder (ASD) according to estimates from CDC’s Autism and Developmental Disabilities Monitoring Network.
- ASD is reported to occur in all racial, ethnic, and socioeconomic groups.
- ASD is about **4.5** times more common among boys (**1 in 42**) than among girls (**1 in 189**).
- About **1 in 6** children in the United States had a developmental disability in 2006-2008, ranging from mild disabilities such as speech and language impairments to serious developmental disabilities, such as intellectual disabilities, cerebral palsy, and autism.
- Most scientists agree that genes are one of the risk factors that can make a person more likely to develop ASD.
- Children who have a sibling with ASD are at a higher risk of also having ASD.

And of course, if you or a family member are in need of additional input, I hope you'll consider calling us. Focus has licensed counselors ready to listen and provide initial guidance and resources, as well as a national referral network of counselors. You can arrange to speak with one of our counselors at no cost by calling us at **1-800-A-FAMILY.** <sup>131</sup> □

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### WHAT IS SPECIAL NEEDS MINISTRY?

*By MNA Special Needs Ministries*

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Special needs ministry is simply the local church's effort to acknowledge that barriers to the accessibility of the gospel—in word and deed—exist in every congregation and to act with intentionality to remove those barriers. Ministry to and alongside people with disabilities ought to matter to us, first, because it clearly mattered to Jesus. For families affected by disability, this can mean the difference between surviving or thriving on every level of life—spiritually, emotionally and physically. As the Church, we need to broaden our perspective of what it means to be pro-life. Being pro-life is much more than just being against abortion—it also means being for the life of my neighbor—from conception to natural death. It means putting the gospel into practice in the way we live and relate to others around us. It means rolling up our sleeves and making intentional efforts to bring flourishing to the lives of our neighbors—on every level. And this includes our neighbors touched by disability.

*Excerpted from the MNA Special Needs Ministries' Getting Started Guide. Download this free guide, and many other helpful resources, from the website [www.equalconcern.org/written-resources.html](http://www.equalconcern.org/written-resources.html). □*



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### HONORING THE IMAGE OF GOD

*By Dawn Clark*

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Alyce and Tony approached the stroller of a young mother. Tony peered into the stroller and looked at the baby and exclaimed. “Mom, come look! Isn’t this the cutest baby! Smile, baby!” Alyce smiled and made cooing noises at the baby as well. Then she looked up at the mother and saw tears streaming down her face. The mother said through her tears, “This has never happened before. All everyone ever sees is his disability.” The baby did indeed have a significant disability, but Tony, who has Down syndrome, only saw a beautiful baby.

***“I praise you because I am fearfully and wonderfully made ...”***

**PSALM 139:14**

Every person is made in the image of God, which makes each of us beautiful. Even a profound disability cannot diminish the image of God when we have eyes to see it. None of us has value in God’s sight for what we can accomplish or how well we perform. God loves us because He has made us and we are marked with His image. When we see each individual as made in the image of God, we see the things that are true, noble, pure, lovely and

admirable in the person and focus on those things first. We point first to the things that are excellent and praiseworthy in a person.

**Yet people with disabilities are often defined by their diagnosis and limitations rather than the unique gifts and talents that God has given them. People see their brokenness rather than what is praiseworthy ... what a person cannot do rather than what they can do ... what is marred rather than what is beautiful. This results in people being stigmatized and provided with few opportunities to become all that God intends them to be.**

When we see people made in the image of God FIRST, then our posture and attitudes will be different. We will see each person's unique gifts and perspectives whether or not they live with disabilities. We won't make assumptions about people, prejudice people, or stereotype people. We will make appropriate adaptations so that each person can fully participate in the life of the church.

**LUKE 6:45** says, *“For the mouth speaks what the heart is full of.”* When our hearts are full of ignorance, pity and perhaps even prejudice toward people with disabilities, our words and actions will tend to demean them and exclude them from our lives. At best we may thank God that He didn't make us like them. However, when our hearts see God's plans and purposes for all people regardless of their abilities or disabilities, we will be respectful and honor the image of God in them. We won't use person first language because

RESPECTFUL LANGUAGE/ACTIONS	LESS RESPECTFUL LANGUAGE/ACTIONS
Person with disabilities	Disabled person
Person without disabilities	Normal, able-bodies, whole
Person with intellectual disability	Retarded
Person with Down syndrome	Downs person
Person with hearing impairment	Deaf and dumb
Person with communication disorder	Mute and dumb
A person with autism	He/She is autistic
A polio/burn survivor	Polio/burn victim
Person with mental illness/psychiatric disability	Polio/burn victim
Person with dementia	Demented; lost their mind
Accessible bathroom, parking space, changing room	Handicapped bathroom, parking space, changing room.
Speaking first to the person with a disability	Speaking first to caregiver instead of the person with a disability
Asking the person with disabilities if they need help	Doing something for a person with a disability they could do for themselves
Moving to eye-level when speaking to a person using a wheelchair.	Towering over a person who uses a wheelchair when speaking to them.
Listening sensitively without judgment to the struggles of a person with special needs.	Minimizing the struggles or making people with disabilities into overachievers with comments like, “I couldn't do what you do. You must be so special.”

(Adapted from: *Guidelines for Reporting and Writing about People with Disabilities*, Research and Training Center, University of Kansas, 2008)

it is politically correct. We will use person first and respectful language because it reflects the attitudes and beliefs of our heart, for example:

**Honoring the image of God in people with disabilities means that:**

- We believe God has good plans for people and a purpose for their lives irrespective of their abilities or disabilities.
- We emphasize the unique gifts and talents that a person has rather than the disabilities, diagnosis or limitations.
- We use person first and respectful language when addressing people with disabilities.
- We talk directly to people with disabilities not the person next to them and allow people with disabilities extra time to move and talk.
- We ask people with disabilities if they need help rather than always assuming that they do.
- We educate our congregations in ways to honor the image of God in people with disabilities.
- We look to the interests and well-being of people with disabilities in our church and society.

As Christians, let's honor the image of God in everyone we meet, regardless of their ability. <sup>132</sup>

*Dawn Clark is a physical therapist and received a Master of Arts in Intercultural Studies and Teaching English as a Second Language from Wheaton College. She's the former Director of Disability Ministries at College Church in Wheaton, IL and currently teaches a course at Moody Bible Institute, Disability Ministry as Mission. © 2016 by Dawn Clark. Used with permission. □*



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## 8 WAYS TO GET INVOLVED WITH THE DEAF

*By Sarita Fowler*

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Whenever Christians engage the Deaf sensitively and respectfully, their efforts please Christ. To fulfill Christ's mandate, believers must engage the Deaf community. Regardless of Christians' initial knowledge of sign language or Deaf culture, all of us can take steps to educate ourselves and to disciple the Deaf.

### Here are eight ways to help you get started:

#### 1 UNDERSTAND THEIR DAILY LIFE

Did you know most Deaf people install flashing alarms in their houses so that they can see sounds—the doorbell ringing or the fire alarm sounding? To wake up, they often use a vibrating alarm clock that shakes the entire bed. Some use trained dogs that wag their tails or nudge their owner to notify them of various sounds, like the microwave ding, a baby crying, or a police siren.

#### 2 ENTER THEIR PERSONAL SPACE

Hearing people can talk to each other from a distance, but Deaf people have very different rules for personal space. They wave, tap, flash the lights, or stomp on a wooden floor to get their friend's attention. Offer consistent eye



contact and visual attention when talking with a Deaf person, responding with facial expressions to show you are engaged in the conversation.

### 3 TALK TO THEM

A videophone allows Deaf people to chat through a camera mounted to their TV—similar to Skype,

but without the audio. A Deaf person who wants to talk to a hearing person (or vice versa) will use a videophone to call through a relay service. They sign to the interpreter on the screen, and the interpreter voices their message to the hearing person. The interpreter then signs the hearing person's reply.

## QUICK FACTS ON MENTAL HEALTH

According to the National Institute of Mental Health:<sup>128</sup>

- Approximately **1 in 5** adults in the U.S.—**43.8 million**, or **18.5 percent**—experiences mental illness in a given year.
- Approximately **1 in 5** youth aged **13–18** (**21.4 percent**) experiences a severe mental disorder at some point during their life.
- For children aged **8–15**, the estimate is **13 percent**.

Focus on the Family, working with LifeWay Research, conducted a *Study of Acute Mental Illness and Christian Faith*<sup>129</sup> and found that:

- **27 percent** of churches have a plan to assist families affected by mental illness according to pastors. And only **21 percent** of family members are aware of a plan in their church.
- Few churches (**14 percent**) have a counselor skilled in mental illness on staff, or train leaders how to recognize mental illness (**13 percent**) according to pastors.

- Two-thirds of pastors (**68 percent**) say their church maintains a list of local mental health resources for church members. But few families (**28 percent**) are aware those resources exist.
- Family members (**65 percent**) and those with mental illness (**59 percent**) want their church to talk openly about mental illness, so the topic will not be a taboo.
- But **66 percent** of pastors speak to their church once a year or less on the subject.

*“Our research found people who suffer from mental illness often turn to pastors for help,” said Ed Stetzer, executive director of LifeWay Research. “But pastors need more guidance and preparation for dealing with mental health crises. They often don’t have a plan to help individuals or families affected by mental illness, and miss opportunities to be the church.”*

You can download a free e-book “Serving Those with Mental Illness” (which includes a summary of the above research report) at [thrivingpastor.com/mentalhealth](http://thrivingpastor.com/mentalhealth).

## 4 LEARN THEIR CULTURE

Deaf culture is expressed through films, folklore, literature, dance, athletics, poetry, celebrations, clubs, organizations, theaters, and school reunions

**To learn more about Deaf culture, check out some of the following resources:**

- Deaf Performing Arts Network ([DPAN.com](http://DPAN.com))
- History through Deaf Eyes ([DeafEyes.Gallaudet.edu](http://DeafEyes.Gallaudet.edu))
- National Theatre of the Deaf ([NTD.org](http://NTD.org))
- American Society for Deaf Children ([DeafChildren.org](http://DeafChildren.org))
- National Association of the Deaf ([NAD.org](http://NAD.org))
- International Committee of Sports for the Deaf ([Deaflympics.com](http://Deaflympics.com))
- DawnSignPress ([DawnSignPress.com](http://DawnSignPress.com))
- Gallaudet University ([Gallaudet.edu](http://Gallaudet.edu))

## 5 BE FRIENDLY

Does your church have a Deaf ministry? If so, you have access to Deaf people every week. Why not sit with the Deaf members of your church or try signing the worship songs? Although it is important to learn ASL and to be sensitive to Deaf culture, friendliness can communicate your love regardless of your native language.

I remember one of the greeters at my home church intentionally shaking the hands of the Deaf people who arrived. A smile, a wave, a handshake, or a hug welcomes the Deaf person into your congregation. Invite them to coffee, arrange a playdate between their kids and yours. Too often hearing people—because they don’t know what to do or are afraid

they’ll do it “wrong”—make no overtures to the Deaf, but doing something trumps doing nothing every time.

## 6 JOIN FORCES WITH OTHERS

Does your church hold outreach events for the community? Consider hiring an interpreter and letting the community know interpretation will be available. You can also partner with a local Deaf church (or a hearing church with a Deaf ministry) and plan the event together. Even if no Deaf attend, your congregation will broaden their perspective on discipleship.

## 7 GIVE YOUR SUPPORT

Help your church consider adding Deaf missionaries to their support work. Some mission agencies have groups within their organization that reach out to the Deaf. DOOR (Deaf Opportunity OutReach) International ([DOORInternational.com](http://DOORInternational.com)) exists to bring God’s Word and Christian fellowship to Deaf communities worldwide. Wycliffe ([Wycliffe.org/deaf](http://Wycliffe.org/deaf)) utilizes Deaf signers from around the world to help them translate Scripture into various signed languages. Deaf Missions ([DeafMissions.com](http://DeafMissions.com)) strives to equip Deaf pastors and teachers with online resources.

## 8 SPEAK THEIR LANGUAGE

Have you ever wanted to learn ASL? Take a class or two at a community college. After learning some

basic vocabulary and grammar, volunteer with Deaf elementary students or Deaf senior citizens. Both groups will welcome the company.

Carole Brenton, a member of Wycliffe USA assigned to support the work of DOOR International in Africa, has worked with and among the Deaf in the United States for the past thirty-five years. “Deaf people are usually the last to know anything,” she explains. “They don’t overhear anything, and they frequently struggle with reading. As a result, the Deaf have many misunderstandings about God and the Bible.” The work of missionaries like Brenton would be much easier if the rest of us were already sharing the love of God with our Deaf neighbors.<sup>133</sup>

*Sarita Fowler (ThM, 2014) works as an American Sign Language (ASL) interpreter for the Deaf and a Spanish professor in Tallahassee. As a Nationally Certified Interpreter (NCI) she has served the Deaf community for more than fifteen years. □*

## PERSONAL PERSPECTIVES

### A Blind Man’s Perspective

*by Andrea Bocelli*

Famed Italian tenor Andrea Bocelli is a singer/song writer whose recordings are some of the best-selling of all time. The fact that he was born with congenital glaucoma and became blind at age 12 has not dampened his zest for life or diminished his success or musical ability.

In a video on YouTube, in the midst of a concert he pauses to tell what he calls “a little story.” As Bocelli runs his fingers over the keyboard of his

piano, he tells of a young pregnant woman who is hospitalized for an attack of appendicitis. After undergoing medical treatment for her affliction, she is told by doctors that she should abort her baby, for it would surely be born with disabilities.

As Bocelli thoughtfully plucks the keys of the piano, the notes gently swelling, he says that the courageous young woman decided not to have an abortion, and the child was born. A smile breaks across his face and with deep emotion he says, ***“That woman was my mother, and I was the child—maybe I’m partisan, but I can say that it was the right choice.”***

### One Mother’s Perspective

*by Robin Jones Gunn*

Years ago I woke in the middle of the night with images in my mind of something I’d seen the day before when I was at the park with our two toddlers. I got up and padded to the kitchen table when I spilled my thoughts about the impression and titled the bit of prose, Autumn Dance.

She stood a short distance from her guardian at the park this afternoon, her distinctive features revealing that although her body blossomed into young adulthood, her mind would always remain a child’s.

My children ran and jumped and sifted sand through perfect, coordinated fingers. Caught up in fighting over a shovel, they didn’t notice when the wind changed. But she did. A wild autumn wind spinning leaves into amber flurries. I called to my boisterous son and jostled my daughter. Time to go. Mom still has lots to do today. My





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for the people!” I yelled behind Max as I watched his 8-pound Oreck swing like a ten ton wrecking ball. I fully expected to see the crowd part like the Red Sea, people diving into the bushes head first as Max and his vacuum bolted toward them. But instead, they extended their arms for a handshake, or a pat on his back.

**Every time I walk through the doors of our church I remember the years we lived in isolation, and the five years of staying home on Sunday mornings when we could not find our place. Autism held us hostage.**

But it is not a bitter memory; it is the soil from which God grew a victory. When I cross that threshold now with Max, it feels like holy ground.

Max comes most Sundays to serve as a greeter, and at the Welcome Center, and as part of the clean-up team, otherwise known as the “Grunt Crew.” Max has clearly been given one of the lesser-known spiritual gifts of vacuuming.

But what has changed Max’s life is what has changed mine: he is loved. He belongs. He is indispensable. We have been back at church for twelve years now, and none of this has been easy; sitting quietly is not part of Max’s skill set. But it’s as if the whole church is learning to breathe a little deeper, and in that, we find there is enough room for everyone.

After a wonderful and slightly aerobic morning, we could see from our seats at the Welcome Center that Pastor Paul was finishing up the message, or

“the talking” as Max calls it. That’s Max’s cue. He flew into the sanctuary and took his position in the back. This is Max’s spot, up several stairs beside the sound booth. He worships there most Sundays, all 190 pounds of him, dancing above the congregation.

Most Sundays Max bounces so hard that one would expect him to go right through the wooden platform floor, dunk tank style. But he won’t. Some of the men at church noticed the same risk. They got together one day and reinforced the floor where Max dances. It was months before anyone told me what the men had done. There was no mention of cost or inconvenience; no suggestion that perhaps the sound booth should not be used as a 1960s GoGo booth. Instead, they just strengthened the floor. Maybe this is what we all want—to find the spot where we belong, and to know that others will hold us up in it. My friend, Pastor Brooks, said to me recently, “We move from a family attending church, to a church that becomes a family.”

Max and I could now see the music team taking their positions on stage. Max started dancing even before the music began, bouncing on his toes as if he were walking on hot sand. He was extra excited this morning, anticipating our church picnic that would follow the service. But when the music started, it wasn’t a dance song at all. Instead, it was slow and piercing, a quiet rhythm that pulled us forward. Everything became still. There was a shift in the room, as if the Spirit was pouring in like a gentle tide, surrounding us, lifting us, washing over our feet. The entire church rose in unison to stand in the deep, with our hearts turned to God. And when the song ended, no one moved. Well, almost no one.

Max could no longer contain himself. He threw his arms over his head and leapt from the platform. He got some good air and then stuck the landing with the precision of a Russian gymnast. And when he landed, he yelled. Loudly. This was not your average run of the mill shout, or even the kind of noise one might expect when leaping from such a height. No, this was the kind of sound one exerts when instigating a food fight.

“BAR-BE-QUE!” Max yelled across the church, his arms still stretched to the sky.

I ducked down to make myself slightly more invisible in the now well-lit church, wishing there were a dressing room curtain I could quickly hide behind.

Through squinting eyes I watched as the church moved in unison once again. But this time every head fell forward, every shoulder curled. It was as if a single rogue wave had crashed over the entire congregation. A moment later those same heads bobbed back up for air with a burst of laughter that filled the sanctuary. And then the most remarkable thing happened. Or perhaps, didn’t happen.

***“But in fact God has arranged the parts in the body, every one of them, just as he wanted them to be ... those parts of the body that seem to be weaker are indispensable.”***

**1 CORINTHIANS 12:18, 22**

No one stared ... or sighed ... or scowled. No one even turned around to see where the sound had

come from. Instead, every person just wiped the salty spray from their faces and turned to smile at the person beside them. The same sweeping tide that had lifted us to God in worship was drawing us together in love.

Max darted into the crowd and started shaking hands with people as if he were campaigning for office. I just leaned against that reinforced platform, trying to decide if this was completely embarrassing, or achingly beautiful. And then I heard something in the distance. It was a man’s voice, rising above the laughter in the church,

**“That’s our Max.”**

Thank you, friends. <sup>136</sup>



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**PASTORAL AND PARENTAL  
PERSPECTIVE: THE BEAUTIFUL  
TRIAL OF RAISING KIDS  
WITH SPECIAL NEEDS**

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*By Paul Martin*

I had a flashback while reading Andrew and Rachel Wilson’s new book, *The Life We Never Expected: Hopeful Reflections on the Challenges of Parenting Children with Special Needs*. It was to a time when we were young and living far from home, sitting around with a bunch of other moms and dads, talking about the joys and struggles of being parents.

When you read *The Life We Never Expected*, you feel like you’ve been transported into the Wilsons’ living room to shoot straight with them about life and parenting—only with a twist.

God, in his great wisdom, saw fit to bless the Wilsons with two children with autism. It may be worth stopping here to say what autism is and isn't. Some tend to think a few good spankings, more rigid discipline, and a parenting course or two will straighten things out, but you cannot discipline genetics. Autism is "a neurodevelopmental disorder characterized by impaired social interaction, verbal and non-verbal communication, and restricted and repetitive behavior." Its cause is unknown, and it manifests in a variety of ways—Asperger syndrome, pervasive developmental disorder, not otherwise specified PDD-NOS, and childhood disintegrative disorder are all related disabilities on the Autism Spectrum.

### Raw Honesty

In the case of the Wilsons—who are part of the leadership team at Kings Church in Eastbourne in the United Kingdom—both their children (Zeke and Anna) showed signs of autism around age 3. It was regressive autism, meaning both had been meeting typical developmental milestones, but then started going in reverse.

I still remember the day we received the diagnosis of my son's disability. He was barely six months old. There was a kind of relief knowing the cause of his delays, but the Wilsons had a different experience. And Andrew isn't ashamed to tell us how, when the second diagnosis came, ***he was overwhelmed by the most sweeping, drowning sense of pain and anguish I had ever experienced, ran into the playroom, curled up on the floor, and wailed until I thought there was nothing left. It was, and still is, the lowest point of my entire life.***

That's the kind of raw honesty that pervades *The Life We Never Expected*. And that's what I loved most about it. There's a kind of denial the Christian church tolerates when it comes to disability. We often ignore things that scare us or we don't understand. The Wilsons, however, bravely invite us into their world to taste their anguish and joys.

This book is much more than a lament. It's that, but it's also a vivid description of God's dependability amid the sorrow and chaos of disability.

### Care of the Local Church

The Wilsons humbly describe how the particular disabilities of their children exposed some of their own idols and taught them the value of the greatest commandment. As Andrew observes, "I love my kids most not by loving them the most but by first loving God." They are a couple with extraordinary needs trying to learn to live with authentic gratitude to their Maker:

*If what you think you have is greater than what you think you deserve, then that's where thankfulness comes from. If what you think you deserve is greater than what you think you have, then that's where bitterness comes from.*

This isn't easy. Ask Christian parents of a special-needs kid and they'll tell you how all the temptations to sin as a parent are still there, just intensified. For instance, every parent gets tired, but when those short nights and long days stretch into months and years, a parent can lose hope. As the Wilsons elaborate:

*It is the day-to-day challenges that you don't remember, which are thoroughly unremarkable and which require no special mention, that are undoubtedly the hardest—the daily grind of early mornings, dressing your children, repeating instructions more times than you can count, trying to remain calm as they insist on buckling their own seatbelt and take 10 frustrating and tearful minutes to do it, collapsing in an exhausted heap at the end of the day. Crises are horrible, but they don't last. Normality, meanwhile, rumbles on. . . . In our case, the most draining day-to-day reality is the lack of sleep. When people ask how they can pray for us or what would make life easier for us, sleep is almost always the thing we talk about first.*

Isn't it here where the church of Jesus can serve parents like the Wilsons with long respites, free childcare, fresh encouragement from the Word, or just taking the kids for a walk so Mom can catch a quick nap? We tend to look for big institutional, sweeping ministries to “take care of those people.” But our churches already have all the resources we

need to care well for “those people.” All we need is a loving, interested, and humble group of friends who will take the time to ask, “How can we help?”

When you consider that close to 20 percent of the world's population is disabled in some form, you realize how much we need *The Life We Never Expected*. Because God has such a heart for the destitute and marginalized, we need parents like the Wilsons telling us what that life is like, since so many churchgoing parents of disabled kids simply give up attending services. When life is already deeply draining, it's easy to lose heart, especially if the church doesn't try to understand or suggests your kid isn't really welcome.

### **Courageous Writing, Compassionate Walking**

I'd perhaps challenge the Wilsons on a few issues, but I'm hesitant to do so here. It takes a lot of courage to write a book on parenting special-needs children when you're smack dab in the middle of it. The Wilsons do this remarkably well, and in so doing have served the church.

Whether you're a pastor or a compassionate church member, I'd urge you to buy *The Life We Never Expected* and walk in their shoes a little. It will not only help you love those with disabilities, it will help you love your entire church and praise God for his all-sufficient grace.

*Paul Martin is the senior pastor of Grace Fellowship Church in Toronto, Ontario. His affection for the disabled community, especially after disability entered his family through his son, has given him opportunities to speak for The Elisha Foundation and the Ethics and Religious Liberty Commission. □*





## WAYS TO BE A VOICE



### STEPS TO TAKE WHEN A FAMILY IN YOUR CHURCH RECEIVES A SPECIAL-NEEDS DIAGNOSIS

By Sandra Peoples

The days after parents hear their child has a disability or special need can be difficult days. It may happen in the OB's office when they notice something on the sonogram. It may be right after giving birth. It may come when the child is a toddler, not hitting typical milestones. It may come when the prospective parents open their child's adoption file and feel the pull to adopt.

Most parents go through a mourning process. The expectations and dreams they may have had for their child die and new ones must take root. Some are in a whirlwind of doctor's appointments. Some feel like they are learning a new language of acronyms and medical terms.

**Special-needs parents need an anchor to help steady them. Their church should be that anchor.**

All special-needs parents, no matter when they get their child's diagnosis or what that diagnosis is, need support from friends, their family, and their church. If you want to show them how much you care, here are a few tips for the days after the diagnosis and even for the years that follow:

- If you are a pastor visiting a couple who just had a baby and found out the baby has a special-need, **FIRST REJOICE WITH THEM FOR THE LIFE OF THE CHILD GOD HAS GIVEN THEM.** Assure them you and the church will love and accept their child every day of that child's life.
- **DON'T OFFER CLICHE PHRASES THAT CAN SOMETIMES DO MORE HARM THAN GOOD,** like "God won't give you more than you can handle" or "God only gives special kids to special parents." Instead, rely on the truth and power of Scripture. It has the power to heal and restore.
- **PRAY FOR THE FAMILY AND PRAY OVER THEM.** After our son's diagnosis, only one person prayed out loud over me, and she was a visitor to the Sunday school class I taught. Many said they were praying for us, which was helpful, but it was even more moving to hear words spoken to our Father on our behalf.
- **MAKE PLANS TO ACCOMMODATE FOR THEIR CHILD TO THE BEST OF THE CHURCH'S ABILITY.** Pray for the resources to do so. A high percentage of families with children with special needs don't attend church. Our church considers them an unreached people group. We are active and intentional about reaching them with the love of Christ, and we believe every church should be as well. (Don't know where to start? Key Ministry can help.)

Having a child with special needs changes everything. Relationships and routines that used to be easy take extra work, for the family directly impacted by the diagnosis and for the friends, families, and churches supporting that family. But it's worth it, for everyone.<sup>137</sup>

*Sandra Peoples writes about parenting her son with autism and planting a new special-needs welcoming church in the Houston area. To connect with her, find her on Facebook and at [www.sandrapeoples.com](http://www.sandrapeoples.com). □*

## USING DISABILITY MANNERS

### Welcoming People Affected by Disabilities into Church

*From the website of Joni and Friends:* <sup>138</sup> It is important that disabled people be integrated into the life of our congregations, to enrich our churches by what they have to offer, and by the dimension they can add to the tapestry of worship. Disabled people need to be welcomed into the church community, recognizing all they have to share and recognizing their special needs.

Meeting someone with a disability need not be an awkward situation; however, many people are unsure of how to act, which can create some embarrassing moments. The following information has been developed to help prepare church members for encounters they may have with disabled persons.

### General Information

- It's always appropriate to offer a friendly greeting. We can simply say "hello." It's always better to make a mistake while trying to be friendly and welcoming than to avoid a person out of fear of offending.
- Identify yourself by name and state your purpose.
- Ask if the person needs assistance.
- Handicapped parking spaces should be available and clearly marked near the church for disabled drivers and passengers.
- Provide directional signs to designated parking areas.
- Supervise the designated handicap parking areas.
- Provide "valet service" if all the designated parking spaces are full.
- Make sure the path from the car parking lot is kept clear of any obstacles.
- Have someone at, or near, the entrance/accessible door to open it.
- Offer assistance with coats, bags or other belongings.
- A shiny, slippery or wet surface can be a hazard to a person with a mobility aid such as a walker or crutches.
- Have seating and ample leg space near the door for those who find it difficult to walk.
- Don't ignore disabled people. Acknowledge their presence normally as you would anyone else's, and attempt to include them in whatever activity you are doing. A warm smile and a friendly conversation are very welcoming.
- Always speak directly to the person who has a disability. (Don't consider a companion to be a conversational go-between.)
- "Ask First." Don't hesitate to ask the person who has a disability if you can help them in any way.
- Don't hesitate to use words like "see", "walk", "listen", etc., with disabled people.
- Whenever possible, seat disabled people with their families or friends. Remove the end chair if necessary or seat them in an aisle if possible (and legal).
- Appropriate touch is often a very effective communicator of love, concern and understanding.
- Use positive language when referring to disabilities, rather than using negative terms such as "crippled", "stricken", "afflicted", or "victims".
- Ask a disabled person to serve in the church.
- If a person has a service dog, ask how much room is needed.
- If you have a community transportation assistance firm used for people affected by disability who attend your church, inform the usher/greetings of any special drop off/pick-up locations.

## Visual Impairments

- When greeting a person who has a visual impairment, be sure to identify yourself and ask them what kind of assistance you can provide.
- Explain to a person with a visual problem where things are located.
- Offer a large print song sheet and/or Bible whether you think they can read or not.
- If a blind person has a guide dog, ask how much room is needed. Do not pet, feed, speak or distract a “working dog”, unless given permission by the user. It is important for these two to work as a team without distractions.
- Always offer people your arm by asking which arm they prefer.
- Use directional words when guiding a blind person to their seat. Describe their surroundings, seating choices, order of service and give clear simple instructions, e.g., “Go up the aisle for prayer.”
- If you are seated by a blind person, offer assistance during the altar call, communion or in exiting the sanctuary.
- Offer your arm to guide; never grab or push.

## Hearing Impairments

- Speak clearly and slowly, but don’t exaggerate or shout. (Sometimes it may be necessary to communicate in writing.)
- Try to stand in front of the light source in order to provide a clear view of your face. (Never speak directly into the person’s ear.)
- Look directly at the person and speak expressively; remember your facial expressions, gestures and body movements help in understanding. Just remember you don’t need to be an expert in sign language to do this.
- Remember to address the person with the disability and not someone who may be serving as an interpreter for that person.
- Speak as you would normally. Try to seat a hearing impaired person in an appropriate position in front of the pastor/speaker (especially if no signer is present).

## Speech Impairments

- Try to give whole, unhurried attention to the person who has difficulty speaking.
- If you do not understand them, do not hesitate to ask them to repeat what they said.
- Remember the person with a speech impairment may have their own means of communication other than by speech, e.g., writing, pointing, keyboard, voice box, etc.

## Mobility Impairments

- Wheelchair use provides freedom. Don’t assume that using a wheelchair is in itself a tragedy. It is a means of freedom, which allows the user to move about independently.
- A person who uses a wheelchair may be able to walk, but that person still needs the wheelchair.
- Try not to move the wheelchair or crutches out of reach of the person who uses them.
- Be respectful. A person’s wheelchair is part of their body space and should be treated with respect.
- Don’t hold onto or lean on it unless you have the person’s permission.
- Always ask the wheelchair user if they would like assistance before you help. It may be necessary for the person to give you some instructions. An unexpected push could throw the wheelchair off balance.

If you need to lift a wheelchair, be sure to follow the person’s instructions implicitly. They have been up and down steps before. If there are any questions of your ability, look for stronger, more able ushers or helpers. Offer one of three locations (front, middle or back of the auditorium). If more space is needed, remove two end chairs. When passing seated persons in a row, do not climb over a person in a wheelchair.

## Developmental Disabilities

If a mentally disabled person has behaviors which seem to be making people uncomfortable, have in mind some capable people in the congregation who would be willing to share their friendship, explain the service, and invite them to coffee hour. That is not insulting, it is friendly. Offer a bulletin to a person you know is developmentally disabled whether you think the person can read or not.

## Hidden Disabilities

Try to be aware of a congregation member's newly diagnosed or acquired illnesses such as multiple sclerosis, epilepsy, stroke, Parkinson's or Alzheimer's disease, which may require some assistance. If someone in the congregation is having a seizure, don't attempt to restrain or put anything in their mouth. Move any objects or furniture away from the person, if possible, to prevent injury. Make the person feel at ease after the seizure, perhaps by helping them move to a comfortable resting place and by offering reassurance.

For more insights and resources to help you include those with special needs in your church family, visit [www.joniandfriends.org](http://www.joniandfriends.org) or contact them at (818) 575-1727, [churchrelations@joniandfriends.org](mailto:churchrelations@joniandfriends.org).



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### THE ABCS OF CHURCH RESPONSES TO FAMILIES WITH HIDDEN DISABILITIES

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*By Shannon Royce*

Here are the thoughts of our bloggers on what the Church can do to help families with hidden disabilities: <sup>139</sup>

**AFFIRM** the positive.

**BABYSIT** so the parents can have a break.

**CALL** to encourage.

**DARE** to believe God. Defend them to others. Don't compartmentalize the "spiritual" and "neurological."

**EMPATHIZE.**

**FORGIVE** when a person with a disability causes you pain or discomfort. Fellowship with them.

**GRIEVE** with them.

**HUG** them.

**INVEST** time. **INITIATE** conversation.

**JOIN** them in the pew.

**KEEP** an open mind.

**LOVE** on them. **LAUGH** with them.

**MAKE** a meal (check for food sensitivities).

**NEVER** simplify the complex.



**OPEN** your eyes to see as God sees.

**OFFER** sibling support groups.

**PRAY.**

**QUICKEN** your heart to kindness.

**QUICK** to listen.

**RESPECT** a journey you do not walk.

**RESEARCH** common hidden disabilities.

**SMILE.**

**TOLERATE** atypical behaviors. **TELL** them they are doing a good job. Tell their child he is loved.

**UNDERSTAND** how little you understand.

**VOLUNTEER** your services (accounting, handy man, car repair).

**WITHHOLD** judgment.

**WRAP** an arm around a shoulder.

**EXPECT** setbacks as well as victories.

**EXAMINE** your expectations.

**YIELD** up your expectations of “normal.”

**ZIP** your lip of gossip and critical speech.

*Shannon Royce is President & C.E.O. of ChosenFamilies.org. Prior to founding the organization, Shannon served in various pro-family organizations as a public policy advocate. □*



## EIGHT OUTREACH EVENTS TO TARGET (AND BLESS) SPECIAL-NEEDS FAMILIES

*By Sandra Peoples*

Our new church plans to be special-needs welcoming from the beginning. We see special-needs families as an unreached people group we plan to target. And like missionaries, we are taking the “go and engage” approach instead of just “come and see.”

### Here are eight outreach events we’ve come up with to target (and bless) special-needs families:

- **SENSORY-FRIENDLY MOVIE.** Rent a movie theater for the morning and make it sensory-friendly by turning the house lights up and the sound down. We are also going to have an activity table in the lobby for ours in case some of our guests need a break from the movie.
- **RENT OUT A BOUNCE HOUSE.** When we lived in Pennsylvania, we were in an autism support group that invited us to a local bounce house every month an hour before it usually opened. Our son loved it! In the new town where we live, there’s a bounce house owned by a pastor and a church meets in the building (they deflate them all for church services). They offered us a discount to rent it for a couple hours on the weekend. We have that planned for next month and plan to invite families who come to our sensory-friendly movie to join us next month at the bounce house.
- **RESPIRE NIGHT.** If you have a church building, this is a great way to reach new families. It takes planning ahead of time to train volunteers and make sure you have all the info you need on the kids coming, but they are such a blessing to families. Especially if you can host one in early December so parents can do some Christmas shopping!

- **FALL FESTIVAL.** Depending on what's available where you live, you can host a group for hay rides, corn maze fun, or even host a small group to paint pumpkins like we did at our house last fall.
- **DAY OF PAMPERING FOR MOMS/CARETAKERS.** A church in our area in Pennsylvania that had a big disability ministry had a Day of Pampering each year for moms and caretakers. The women who attended got haircuts, manicures, facials, massages, a nice lunch, and got their cars detailed while they enjoyed the pampering. They also had a speaker to encourage the women, worship music, and a blessing of the hands. It was a day I looked forward to each year!
- **FAMILY PHOTO SESSIONS.** It can be hard for special-needs families to get their pictures taken. If you have a photographer in your church or have a friend with this talent, advertise for 30-minute photo sessions at a local park. Make sure the photographer is patient and knows the parents don't expect perfect pictures, just lots of options to pick from.
- **POOL PARTY.** Is there a community or YMCA pool you could rent? Or a splash pad? Make sure your guests sign waivers and know they are responsible for their family members, and have lots of fun. You may even rent an ice cream truck or snow cone machine for when your guests need to cool off.
- **PRODUCE PICKING (SEASONAL: STRAWBERRIES, BLUEBERRIES, PUMPKINS, APPLES).** Our autism support group in Pennsylvania did this also! James may have eaten more strawberries than he got in our bucket, but it sure was fun. <sup>140</sup>

*Sandra Peoples writes about parenting her son with autism and planting a new special-needs welcoming church in the Houston area. To connect with her, find her on Facebook and at [www.sandrapeoples.com](http://www.sandrapeoples.com). □*

## RESOURCES

- **CHOSEN FAMILIES** helps families living with hidden disabilities become fully included in the body of Christ. Its mission is to provide resources, connections and encouragement to families with hidden disabilities and to educate and provide resources to religious leaders as they minister to families with these needs. On the website, you will also find a helpful list of resources specific to different special needs: [chosenfamilies.org/resources](http://chosenfamilies.org/resources)
- **JONI AND FRIENDS** offers answers to the most commonly asked questions about having a disability or assisting someone you know with a disability—including practical, easily accessed resources and organizations to help meet your need. [joniandfriends.org](http://joniandfriends.org)
- **KEY MINISTRY** provides knowledge, innovation and experience to the worldwide church as it ministers to and with families of kids with disabilities, seeking to help families impacted by disability to become connected with local churches where parents and children can worship and grow in faith alongside other Christ-followers. [keyministry.org](http://keyministry.org)
- **MNA SPECIAL NEEDS MINISTRY** has a vision to see the body of Christ made more complete through evangelizing and authentically integrating people with differing abilities into the life and mission of the global church. Their resource page includes helpful downloadable resources for the local church. [equalconcern.org](http://equalconcern.org).
- **SAME LAKE, DIFFERENT BOAT: COMING ALONGSIDE PEOPLE TOUCHED BY DISABILITY, by Stephanie Hubach.** When the church attempts to function without all of its parts, the body of Christ becomes disabled. Same Lake, Different Boat is a transformational work—designed to renew our minds to think biblically about disability in order that our lives, our relationships, and our congregations might wholly reflect Christ. The companion DVD series (sold separately) can be used by a small group to dig into the topic of disability ministry more deeply. Each

DVD chapter begins with interview vignettes of ministry leaders, of individuals who have disabilities, and of family members. Following a 30-minute teaching segment by Stephanie, each chapter concludes with additional interviews that lead into discussion questions. A Leader's Guide is also included as a PDF file. Bonus footage contains an interview of Stephanie's youngest son "Tim Hubach" fielding questions about his life with Down Syndrome. The series was filmed at Lancaster Bible College in front of a live audience.

- **THE LIFE WE NEVER EXPECTED: HOPEFUL REFLECTIONS ON THE CHALLENGES OF PARENTING CHILDREN WITH SPECIAL NEEDS,** *by Andrew and Rachel Wilson.* Sometimes life throws you a curveball. Andrew and Rachel Wilson know what it means to live a life they never expected. As the parents of two children with special needs, their story mingles deep pain with deep joy in unexpected places. With raw honesty, they share about the challenges they face on a daily basis—all the while teaching what it means to weep, worship, wait, and hope in the Lord. Offering encouragement rooted in God's Word, this book will help you cling to Jesus and fight for joy when faced with a life you never expected.

## Focus on the Family Daily Broadcasts

To listen, purchase or download:  
[FocusontheFamily.com/Radio](http://FocusontheFamily.com/Radio)

- **SPECIAL NEEDS CHILDREN: HOW THE CHURCH CAN HELP I-II** Lon and Brenda Solomon
- **THE UNEXPECTED JOYS OF RAISING AN AUTISTIC CHILD I-II**  
Emily Colson and Chuck Colson
- **LIVING JOYOUSLY I-II** David Ring
- **OVERCOMING THE OBSTACLES OF CEREBRAL PALSY I-III** Lisa Sexton and Tyler Sexton
- **DEALING WITH DISABILITY IN MARRIAGE**  
Ken and Joni Eareckson Tada
- **LEARNING TO TRUST GOD THROUGH MY DISABILITY I-II** Adam and Sarah Kovac

- **A MAN CALLED NORMAN I-II** Mike Adkin
- **HOW MENTAL ILLNESS IMPACTS FAMILIES I-II** Panel
- **LOVE HEALED MY WOUNDS** Dave Roevers
- **THE VALUE OF A LIFE WORTH LIVING**  
Joni Eareckson Tada



## DAYS TO REMEMBER

### World Down Syndrome Day

Observed on **MARCH 21ST** every year, is a global awareness day which has been officially observed by the United Nations since 2012. The date for the observance being the 21st day of the 3rd month, was selected to signify the uniqueness of the triplication (trisomy) of the 21st chromosome which causes Down syndrome.

### World Autism Awareness Day

World Autism Awareness Day is in April and was adopted by the United Nations in 2007 to focus on autism as a global health issue and to support, empower and enhance the well-being of people on the autism spectrum and their families. The goal is to increase knowledge about autism spectrum disorder and the importance of early diagnosis and early intervention. Autism Speaks sponsors the Light it Up Blue campaign to shine a bright light on autism as thousands of landmarks, businesses, houses of worship, and communities in more than 147 countries light up their buildings with blue spotlights. Learn more at [autismspeaks.org/liub/how-to-liub](http://autismspeaks.org/liub/how-to-liub). (ADDITIONAL DAYS TO REMEMBER ON PAGE 295).







PRE-BORN CHILDREN & ABORTION

ADOPTION & ORPHAN CARE

SPECIAL NEEDS

human trafficking

RACISM

POVERTY & DEATH  
FROM PREVENTABLE DISEASE

PRISON MINISTRY

IMMIGRANTS & REFUGEES

END OF LIFE

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**PRO-LIFE**







LUKE 4:18

*“Every human soul has dignity. Men, women and children made in God’s Image are not commodities to be bought and sold, used and discarded.”*

To set at liberty those who are oppressed. This is what it means to be pro-life.

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## JUSTICE CALLING

By Mark Labberton

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The God who is love calls the people of God to love. That same God who is just calls the same people to do justice. To extract or to separate love and justice from the character of God would be impossible, just as it should mean these qualities in action are inextricable from God's people. The body of Christ is meant to be the enactment of God's life in the world. Jesus says the evidence will be measured by whether we actually live our calling. It's not whether our lips say Amen, but whether our lives do.

**Lives centered in the love and justice of God will make room for the poor, the widow, the orphan, and the slave.**

That changes everything, which is just what Jesus said we should anticipate. Individual and social cries for justice go out for transformation of people and of systems; justice in the real world means both, not either/or.

"Justice is what love looks like in public," is the way Cornel West captures it.

The body of Christ can and should move to enact the kind of incarnational justice that seeks, rescues, and restores individuals impaired by injustice. But likewise, God's people need to engage the abusive assumptions, habits, laws, and societal systems that leave billions without justice

and without hope every day—sometimes for generations. These personal and systemic crises exist in the United States and in nations all around the world.

The particularity of injustice against the vulnerable, placed in the context of massive global injustice, is mind-boggling. How can a mature follower of Jesus be less than engaged and responsive, not paralyzed, by these enormous, life-destroying realities for those who also bear the image of God?

Our nation contains so many plain, persistent, multigenerational stories of lives undermined—and even now being damaged—through economic, racial, educational, and sexual injustice. It is always about the decisions and actions of individuals, but it is also about laws, institutions, and social practices as well. The justice calling is at hand wherever we are, right where we are. May we be among those who say Amen with our tongues and with our lives.<sup>141</sup>

*Mark Labberton is the President at Fuller Theological Seminary. In addition to publishing articles in such periodicals as Christianity Today and Radix, Labberton has authored the books The Dangerous Act of Loving Your Neighbor: Seeing Others Through the Eyes of Jesus (2010), The Dangerous Act of Worship: Living God's Call to Justice (2007) and Called: The Crisis and Promise of Following Jesus Today (2014). Excerpted from the foreword of The Justice Calling, Bethany Hanke Hoang and Kristen Deede Johnson, Brazos Press, a division of Baker Publishing Group, © 2016. Used by permission. □*



## SCRIPTURE

**PSALM 106:3** *“Blessed are they who maintain justice, who constantly do what is right.”*

**ISAIAH 1:17** *“Learn to do good; seek justice, correct oppression; bring justice to the fatherless, plead the widow’s cause.”*

**PROVERBS 31:8** *“Speak up for those who can’t speak for themselves. Speak up for the rights of all those who are poor.”* <sup>142</sup>

**LUKE 4:18-19** *“The Spirit of the Lord is upon me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim liberty to the captives and recovery of sight to the blind, to set at liberty those who are oppressed, to proclaim the year of the Lord’s favor.”*

**PSALM 41:1** *“Blessed is the one who considers the poor! In the day of trouble the Lord delivers him.”*

**PROVERBS 24:11-12** *“Rescue those who are being taken away to death; hold back those who are stumbling to the slaughter. If you say, ‘Behold, we did not know this,’ does not he who weighs the heart perceive it? Does not he who keeps watch over your soul know it, and will he not repay man according to his work?”*

**ISAIAH 58:6-10** *“Set free those who are held by chains without any reason. Untie the ropes that hold people as slaves. Set free those who are crushed. Break every evil chain. Share your food with hungry people. Provide homeless people with a place to stay. Give naked people clothes to wear. Provide for the needs of your own family. Then the light of my blessing will shine on you like the rising sun. I will heal you quickly. I will march out ahead of you. And my glory will follow behind you and guard you. That is because I always do what is right. You will call out to me for help. And I will answer you. You will cry out. And I will say, ‘Here I am.’ Get rid of the chains you use to hold others down. Stop pointing your finger at others as if they had done something wrong. Stop saying harmful things about them. Work hard to feed hungry people. Satisfy the needs of those who are*

*crushed. Then my blessing will light up your darkness. And the night of your suffering will become as bright as the noonday sun.”* <sup>143</sup>

**MATTHEW 25:34-40** *“Then the King will say to those on his right, ‘Come, you who are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world. For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me.’ Then the righteous will answer him, saying, ‘Lord, when did we see you hungry and feed you, or thirsty and give you drink? And when did we see you a stranger and welcome you, or naked and clothe you? And when did we see you sick or in prison and visit you?’ And the King will answer them, ‘Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.’”*



## FROM PASTORS AND AUTHORS



### HUMAN TRAFFICKING: WHAT YOU NEED TO KNOW ABOUT HUMAN TRAFFICKING

*By Jim Daly*

#### These numbers are gut-wrenching to me:

- The average age of children enslaved in the commercial sex industry in the United States is **13**.
- The human trafficking black market generates between **5 TO 9 BILLION** dollars every year in the United States.
- There are an estimated **100,000** women and children each year who are entrapped in the commercial sex industry.

As shocking as those statistics are, we can never lose sight of this: each of those numbers represents a person—usually a woman or a young girl—who has been abused in one of the worst ways imaginable and had their way of life and their sense of identity ripped away from them.

Someone like “Lacy” (a pseudonym she’s using for her own protection and privacy). She was manipulated into the sex industry at the age of 13. The man who controlled her every move started her in strip clubs and eventually forced her into prostituting herself throughout the night.

He ruled her through fear and intimidation, isolating her from friends and telling her he’d harm members of her family if she refused to comply with his wishes.

That’s how the seedy underworld of traffickers operate. They brainwash their victims, redefine

their lives, and tell them who they are, what they’re able to do, and who they’ll be in life.

Lacy’s story is difficult to hear, but it’s important for parents to understand. Lacy’s experience didn’t occur in some faraway land—safely removed from all of us. It happened right here in America.

Boys in her neighborhood who were involved with a local sex trafficker targeted Lacy. They befriended her and lured her to a party where she met an older boy. He studied her movements and began showing up in her life at Starbucks and other places. In a short time, she was under his complete control.

This issue makes my blood boil. I was stunned to learn that my own state of Colorado received a D grade regarding its prevention of human trafficking. In fact, all four states along the Interstate 25 corridor—New Mexico, Colorado, Wyoming and Montana—received a D or an F grade, mostly because of the trucking industry. In fact, it’ll probably come as no surprise that sex trafficking is a common problem along nearly all other interstates as well.

But when I heard of the problem Colorado faced, I thought, “I live here. I’m not going to stand for that.”

As a result of that decision, a number of us partnered together—both Republicans and Democrats—to pass laws here in Colorado. And you know what? We went from a D grade up to a B.

I'm proud to say that this has been a good success story on behalf of children here in Colorado.

But we still have a lot of work to do throughout our country to bring this scourge to a fitting end.

That's why we invited "Lacy" to be with us in our studios to share her story. Lacy was joined by Linda Smith, a woman who has devoted the past 17 years of her life to rescuing women and children who are in the bondage of sexual slavery. She's a tireless legal advocate on behalf of victims. Before founding Shared Hope International, she served as a congresswoman in the House of Representatives from 1995 to 1999.

This is a sobering discussion for sure, but there is hope. Still, before we can appreciate the warmth of the light, we often have to understand just how bone-chilling cold the darkness can be.

That's why I hope you'll download this powerful broadcast and really listen to what we're talking about. These programs are hard, but this information is important and needs to be heard. We hope to open your eyes to the reality of modern-day slavery and trafficking happening right here in our own country, in our own backyard, really.

We can do something to protect our kids, and we hope to empower and encourage you to join in the fight as an advocate for children, young girls, and women who desperately need our help. **Will you be their voice?**<sup>146</sup>

*Download the Focus broadcast, Exposing the Dark World of Human Trafficking, at the Focus on the Family online store. To learn how your state scored on protecting children from*

*sex trafficking in 2015, check out the Protected Innocence Challenge Report Card <https://sharedhope.org/what-we-do/bring-justice/reportcards/>. □*

## QUICK FACTS ABOUT HUMAN TRAFFICKING<sup>144</sup>

Although slavery is commonly thought to be a thing of the past, human traffickers generate hundreds of billions of dollars in profits by trapping millions of people in horrific situations around the world, including here in the U.S. Traffickers use violence, threats, deception, debt bondage, and other manipulative tactics to force people to engage in commercial sex or to provide labor or services against their will. While more research is needed on the scope of human trafficking, below are a few key statistics:

- The International Labour Organization estimates that there are **20.9 million** victims of human trafficking globally.
  - **68%** of them are trapped in forced labor.
  - **26%** of them are children.
  - **55%** are women and girls.
- The International Labor Organization estimates that forced labor and human trafficking is a **\$150 billion** industry worldwide.
- In 2015, an estimated **1 out of 5** endangered runaways reported to the National Center for Missing and Exploited Children were likely child sex trafficking victims. Of those, 74% were in the care of social services or foster care when they ran.
- The International Labor Organization estimates that there are **4.5 million** people trapped in forced sexual exploitation globally.
- In a 2014 report, the Urban Institute estimated that the underground sex economy ranged from **\$39.9 million** in Denver, Colorado, to **\$290 million** in Atlanta, Georgia.



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## A CHRISTIAN PERSPECTIVE OF SEX TRAFFICKING

*By Dawn McBane*

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Christians play a vital role in highlighting the harms of commercial sexual exploitation, protecting vulnerable kids and promoting a society that values every human being. The following talking points can help you educate and engage others on this issue:

- At its core, sex trafficking is an issue of the sanctity of human life. As Christians, we believe in the sanctity of all human life—from fertilization to natural death. Sex trafficking degrades and often destroys human lives that are made in the image of God.
- Sex trafficking turns people into commodities—sexual objects that can be bought, sold, used and discarded. No human made in God's image should be treated this way.
- Global commercial sexual exploitation harms millions of women and children each year.
- Sex trafficking occurs across national borders, requiring global cooperation to investigate, prosecute, convict and sentence sex traffickers and rescue traffic victims.

### **Sex trafficking would not exist if there was no demand.**

- Sex trafficking is fueled by the proliferation of pornography.
- Pornography and other feeder enterprises, such as massage parlors, prostitution, strip clubs and porn shops must be curtailed through the enforcement of obscenity laws and zoning ordinances.
- Church leaders and Christians have an obligation to promote and live out God's design for sexuality and instill a healthy understanding in the next generation.

© 2014 Focus on the Family. Dawn McBane wrote this article for Focus on the Family when she served as bioethics analyst at CitizenLink. □

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## HOW CAN WE RESPOND TO THE PROBLEM OF SEX TRAFFICKING?

*By Tony Martin*

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How can we respond biblically and practically to the problem of sex trafficking? The book of Ephesians provides four challenges for what we can do as evangelicals who love the gospel, love people, and want to follow Jesus and flood the darkness with light. In Ephesians, the fifth chapter in particular, Paul talks about the theme of darkness and light. When we look at this book, we are reminded that in the middle of all this darkness were the saints—this little colony of the kingdom, this little outpost that was to shine the light of truth and love to a sex-filled culture. Here are the four ways we can do just that:

### **1 STOP LOOKING AT PORN**

Our first challenge as God's people who walk in the light is to end—and we need to encourage our people to end—our involvement with every form of porneia. As **EPHESIANS 5:3** says, there shouldn't be a hint of it.

- **VERSE 6**—the wrath of God is coming because of sins like it.
- **VERSE 7**—don't associate with people in it.
- **VERSE 8**—become who you are.

If you want to help fight sex trafficking, stop looking at porn. I don't think people make this connection. The eighteen-month-old baby who is sold, the girl who is trafficked at the Atlanta airport, and your pornography addiction are related. You can have a college student who wants to fight sex trafficking, but has a pornography addiction. There is a massive disconnect there.

Pornography is creating the demand for sex trafficking, and in many ways, it's a gateway drug to sex trafficking. I believe if you are looking at pornography, you are perpetuating the problem of sex trafficking. You are involved in sex trafficking. Many of the ladies that men, and also women, view are victims of sex trafficking. Martin Luther King, Jr., says, ***"Darkness cannot drive out darkness: only light can do that."*** You want to affect the dark world of trafficking? You need to walk in light. We need to tell our friends, and we need to tell our churches, to end every involvement they have with porneia.

## 2 LIVE A RIGHTEOUS LIFE

Endeavor by God's power to live a life of goodness, righteousness, and truth. Live an everyday life of justice. Paul says, "For you were once darkness, but now you are light in the Lord. Walk as children of light—for the fruit of the light results in all goodness, righteousness, and truth" (**EPHESIANS 5:8-9**). In these trio of terms, Paul almost summarizes Christian ethics. All that is good and right and true is what the Christian is to be about. We don't simply go do justice; we live a life of justice. We don't simply do good; we live a life of

goodness. Out of lives of holiness and justice and goodness and truth, we affect darkness. In all of our dealings with people, we should pursue justice.

I love the concept that Job expresses in **JOB 29** when he says, "I put on righteousness and it clothed me. My justice was like a robe and a turban." He says: I wear justice. I put on justice like you put on clothes. I live with a social conscience. I live every day of my life looking out for the oppressed, looking out for the vulnerable, looking to be honest in all of my dealings. We should put justice on every day. Use your gifts.

Use your abilities. Use your rhythms. Use your vocation in a way that can make a difference. For example:

- You could contact lawmakers and advocate for this issue.
- You could become a lawyer devoted to prosecuting these cases, which the vulnerable all around the world desperately need.
- You could support local police enforcement.
- Business professionals could address issues of poverty, which often perpetuate the problem of sex trafficking, by doing business as mission.
- We could provide vocational training for people who are vulnerable.
- We could do foster care, which is another group of vulnerable people.
- We could provide basic hospitality for the snotty-nosed kid down the street whose dad is in jail and mom is on crack.

I also believe churches need to consider developing aftercare facilities and ministries. It is one of the best ways we can minister in this world of sex trafficking. Not all of us can be lawyers or



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THE DIGNITY AND SANCTITY  
OF EVERY HUMAN

life

Speak up for those who can't speak for themselves.

PROVERBS 31:8



Remember these few things when you think about evangelism. God transformed many in this Ephesian congregation who had come out of this lifestyle. This church was probably filled with those individuals. The gospel even transformed Paul who wrote this letter. Some need to hear the gospel when they are freed and others need to be freed in order to hear the gospel. I have seen both happen.

You can draw a tight connection to the book of Exodus where God says: I want my people to go so that they may worship me—because it’s hard to worship when you are carrying rocks all day in Egypt. It’s hard to worship when you are so crushed with despair that you are just trying to survive. So often, you hear people say we should be about proclamation. I agree. Alleviating eternal suffering is primary to temporal suffering, but they can’t hear our proclamation when they are on drugs and are raped six times a day. For many of the two million underage people trapped in trafficking, we have to work to free them in order for them to hear the gospel.

We must pursue, as best as we can, an integrative model of mission that takes both physical and spiritual needs seriously. We want to alleviate temporal suffering, and we definitely want to alleviate eternal suffering. Jesus didn’t wake up every day and ask, “Should I do justice or evangelism today?” No, Jesus went out and loved his neighbor, and that involved both—caring for the totality of a person.

Why should we care about this problem? If we care about the Bible, we are going to bump into this issue a lot. We all need to prayerfully apply the teaching of the Bible in areas that are uncomfortable for us, conforming our lives to the whole of the Bible. Sex trafficking is the fastest growing crime in the world, and it is a world of demonic darkness, filled with the schemes of the devil. May God, by his grace, help us to fight this world of darkness as the children of light.

*This content has been adapted from “Traffic Stop: How the Gospel Can Overcome Sex Trafficking” in Sexual Brokenness and the Hope of the Gospel. □*



## HOW THE GOSPEL CAN OVERCOME SEX TRAFFICKING

by ERLC Staff

*A conversation with Pastor Tony Merida, founding pastor of Imago Dei Church in Raleigh, N.C. and Associate Professor of Preaching at Southeastern Baptist Seminary.*

### Q WHY IS THE ISSUE OF HUMAN TRAFFICKING IMPORTANT FOR EVANGELICAL CHURCHES TO CONSIDER?

**A** It’s an important question culturally because it’s so widespread. Every person should be concerned about his or her abused neighbors.

But it’s also an important question theologically. When thinking about sex trafficking, we need to answer questions like these: (1) Who is God? (2) What is a person? (3) How powerful is the gospel?

If we believe that God is a God of justice, then we should desire to reflect his character by seeking

justice on behalf of the oppressed. If we believe that people are actually created in the image of God, then we must conclude that they are worthy of respect, dignity and basic human rights. We should value all people because we value their maker.

In addition to basic human rights, I also believe that it's not right for someone not to hear the gospel, and in many cases, those trapped in slavery may never be exposed to the Good News, which promises them new life, and a kingdom where lions and lambs play together. Jesus is the life-changer—he can change the hearts of not only those enslaved, but even the hearts of wicked enslavers. By his grace, God causes the dead come to life; the enslaved to go free; the unrighteous to become righteous; and the broken to dance with joy. That's the ultimate hope that we have to offer the world, but we may never have that privilege if we don't first engage on the physical, economical, judicial, and societal front.

We can't live with our heads in the sand on this issue; we need to be alert, wise, compassionate, and gospel-driven in order to love our enslaved neighbor, and to reflect the nature of our merciful and just God.

**Q WHEN YOU THINK ABOUT HUMAN TRAFFICKING, WHAT IS A KEY ASPECT THAT CHURCHES AREN'T ADDRESSING ADEQUATELY? WHY IS THAT THE CASE?**

**A** I can't speak for every church, but my instinct is that we aren't doing much of anything. Of course, they're exceptional churches, but my hunch is that many churches aren't addressing the issue theologically, consistently and strategically.

Why the neglect? Well, some think that doing justice ministry is a distraction to the real mission, that it's a "slippery slope to liberalism," that it's a fad or that it's something that's simply optional. I reject all of these.

Others aren't engaging the battle because of fear (justice work requires courage), despair ("the problem is so great, what's the point?"), apathy or ignorance (they've never been taught about the issue and the Christian response).

One of the areas I'm most passionate about – and an area I think the church should explore more – is aftercare. Many victims who are rescued from trafficking need loving, restorative care. They need everything from basic skill training to a basic understanding of the gospel. They need to see what a healthy family looks like, and what a healthy church looks like. We who have been welcomed into the kingdom by Jesus, should be quick to welcome those who need healing.

Of course, this is not the only thing we can do (we should also be speaking truth to power, praying, relieving poverty and trying to fix broken structures that increases vulnerability), but this is one area that comes to mind immediately. Gospel-centered aftercare is a huge need.

**Q WHAT ARE SOME WAYS THE GOSPEL RELATES TO HUMAN TRAFFICKING?**

**A** In **LUKE 7**, there is a beautiful scene of a woman who is simply called "A sinful woman." Most commentators think she was a prostitute. We don't know her name, and we don't know why she got involved in such a life. But what we do know is that she worshiped Jesus far better than the religious Pharisees. Why? Because she had been changed by Jesus. She who spent her whole

life practicing a perverted form of hospitality (prostitution), was now, in purity, washing the feet of Jesus with her hair; she who spent her whole life giving unholy kisses, couldn't stop kissing his feet; she who spent her whole life being abused by men, was being valued by the greatest of all men. Her dignity was restored. Her sins were forgiven. And consequently "she loved much" (7:47). Jesus says, "Do you see this woman?" We should see her, and we should act. Let's free battered and broken people from the jaws of evil men, and introduce them to the Savior, who alone can say, "Your sins are forgiven .... Your faith has saved you; go in peace" (7:48, 50).

**Q IF EVANGELICAL CHURCHES TRANSFORMED THE WAY THEY HANDLED THE SUBJECT OF TRAFFICKING, HOW WOULD IT RESHAPE THEIR CONGREGATIONS?**

**A** It would make us more like Jesus. We should be measuring spiritual maturity by how much we look like Jesus, not by how many books/blogs we've read, how many retweets we got this week, or by how many sermons we podcasted this week. When you read the New Testament, you can't help but to catch the spirit of Jesus' concern for the poor and the marginalized. We should long to look like him. And if we would care for these individuals, we would not only look more like Jesus, we would also find amazing personal blessing, we would realize that word and deed ministry go together powerfully, and we would provide an attractive witness to a watching world.

## WAYS TO BE A VOICE

### RECOGNIZE THE SIGNS

*From the website of The Polaris Project<sup>148</sup>*

Are you or someone you know being trafficked? Is human trafficking happening in your community? Recognizing potential red flags and knowing the indicators of human trafficking is a key step in identifying more victims and helping them find the assistance they need.

#### Common Work and Living Conditions: The individual(s) in question

- Is not free to leave or come and go as he/she wishes
- Is under 18 and is providing commercial sex acts
- Is in the commercial sex industry and has a pimp/manager
- Is unpaid, paid very little, or paid only through tips
- Works excessively long and/or unusual hours
- Is not allowed breaks or suffers under unusual restrictions at work
- Owes a large debt and is unable to pay it off.
- Was recruited through false promises concerning the nature and conditions of his/her work
- High security measures exist in the work and/or living locations (e.g., opaque windows, boarded up windows, bars on windows, barbed wire, security cameras, etc.)

#### Poor Mental Health or Abnormal Behavior

- Is fearful, anxious, depressed, submissive, tense, or nervous/paranoid.
- Exhibits unusually fearful or anxious behavior after bringing up law enforcement.
- Avoids eye contact





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PROVERBS 31:8



**MAKE WAY PARTNERS** goes to the most vulnerable & least protected to end human trafficking and all forms of modern-day oppression. Its unique focus is the prevention of human trafficking from the countries of origin while educating and mobilizing the Body of Christ in the countries of destination and transit. Each year they bring small specialized teams of mature and committed Christians overseas to experience working and serving alongside the indigenous partners who make up their Anti-Trafficking Network. They invite people to have their eyes, ears, and hearts open to a hurting world while being God's workmanship and sharing their resources, time, and abilities to communities in need. You can join a medical mission team or serve with the many discipleship programs for men, women, and children. If you have a passion for the oppressed and are equally passionate to learn how to most effectively serve them, begin your discernment process at [MakewayPartners.org](http://MakewayPartners.org).

**SHARED HOPE INTERNATIONAL:** Shared Hope heavily invests in providing policy leaders, community advocates, and first responders with data-driven, comprehensive studies to create better solutions to fight trafficking. Find training resources, state score cards, and public policy recommendations to use to protect the vulnerable in your community: Visit [SharedHope.org](http://SharedHope.org) for more information.

**UNLOCK FREEDOM:** In order to see an increase in identification of victims of human trafficking, Unlock Freedom places a special emphasis on training those who are most likely to come into

## WHO DO YOU CALL?

Shared Hope International recommends that to report a tip or connect with anti-trafficking services in your area, contact these agencies:

### U.S. Immigration and Customs Enforcement

**1-866-347-2423 (U.S. & Canada)**

**1-802-872-6199 (International Calls)**

ICE'S hotline to report suspected child predators and any suspicious activity. Call or complete an online tip form.

### National Human Trafficking Resource Center Hotline

**1-888-373-7888 or**

**text HELP to: BeFree (233733).**

The National Human Trafficking Resource Center is a national toll-free hotline, available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year.

### National Center for Missing & Exploited Children

**1-800-843-5678**

If you have information about a missing child or suspected child sexual exploitation, call to report it or visit their website, [www.missingkids.com/cybertipline](http://www.missingkids.com/cybertipline).

### The National Runaway Switchboard

**1-800-RUNAWAY**

The National Runaway Switchboard (NRS) serves as the federally-designated national communication system for homeless and runaway youth. Through hotline and online services, NRS provides crisis intervention, referrals to local resources, and education and prevention services to youth, families and community members throughout the country, 24 hours a day, 365 days a year.

first contact with them. It provides specialized trainings which can be tailored to specific audiences. Visit [UnlockFreedom.org](https://UnlockFreedom.org) for more information.

### Focus on the Family Daily Broadcasts

To listen, purchase or download:  
[FocusontheFamily.com/Radio](https://FocusontheFamily.com/Radio)

- **HUMAN TRAFFICKING: WHAT YOU NEED TO KNOW I-II** Linda Smith and “Lacy”
- **EXPOSING THE DARK WORLD OF HUMAN TRAFFICKING I-II** Linda Smith and “Brianna”
- **FINDING PURPOSE THROUGH SAVING OTHERS**  
Kimberly Smith



## DAYS TO REMEMBER

### Freedom Sunday

On the **4<sup>TH</sup> SUNDAY OF SEPTEMBER**, come together to dedicate an entire day to freedom. Churches everywhere will experience God’s heart for justice and see how His people can lead the way to slavery’s end.

[ijm.org/freedom-sunday](https://ijm.org/freedom-sunday)













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END OF LIFE

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**PRO-LIFE**







GALATIANS 3:28

*“There is neither Jew nor Greek,  
there is neither slave nor free man,  
there is neither male nor female; for  
you are all one in Christ Jesus.”*

Every human being, regardless  
of race or culture, bears the  
Image of God and is worthy  
of love; this is what it means  
to be pro-life.



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## UNITED BY LOVE: HOW DIVERSITY REFLECTS THE KINGDOM OF GOD

*By Trillia Newbell*

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In the last 50 years, the term *diversity* has taken on many meanings. In the early 1960s, diversity most likely would have referred to the need for desegregation. By the '70s and '80s it would've been associated with affirmative action. Now diversity is often regarded as inclusivity in a myriad of ways.

The Bible, however, gives us a compelling vision for diversity in the kingdom of God. Diversity is already quite present in God's kingdom, but we might miss it in Scripture if we aren't looking for it. Here are four ways we can see a biblical basis for diversity and how it reflects the kingdom.

### Creation: Image Bearers

We are all created in the image of God (**GENESIS 1:27**). Not one of us was made apart from the creative, thoughtful design of our Creator God (**PSALM 139:13-14**). As image bearers, we were all made to reflect the Lord. So, if we are all created equally in the image of God, then as redeemed image bearers this is the first indication God's kingdom is diverse.

We are created equally in His image. God doesn't discriminate in His design—He doesn't create one human being greater than the other. Because we are all image bearers, we can know God's kingdom includes a variety of people groups—all ultimately created to reflect and worship Him.

### Redemption: Gospel

We are all created in need of God's saving grace regardless of the color of our skin. The Fall of Man affects us all, and we all fall short of the glory of God (**ROMANS 3:23**). The good news is Jesus died for every tribe, tongue, and nation. God loved the world and made it possible for anyone who believes to have eternal life. He made the way for all people (**JOHN 3:15-16**). His mission was to seek and save the lost—everyone.

The Great Commission reminds us God's mission is our mission: "Go, therefore, and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe everything I have commanded you" (**MATTHEW 28:19-20**).

Jesus commissioned His disciples to make more disciples of all nations. He didn't say, "Go and find people who look and sound just like you." He said they (and we) should seek to love and serve people from every nation.

### Adoption: The Family of God

As Christians we are adopted children of God. Paul tells us of our new bloodline when he writes: "The Spirit himself testifies together with our spirit that we are God's children, and if children, also heirs—heirs of God and co-heirs with Christ" (**ROMANS 8:16-17**). We are children of God and a fellow heir with Christ.

Even before His death, Jesus affirmed the importance of being a part of the family of God. Addressing the people while His mother



and brothers stood outside, Jesus said, “‘Who is My mother and who are My brothers?’ And stretching out His hand toward His disciples, He said, ‘Here are My mother and My brothers! For whoever does the will of My Father in heaven, that person is My brother and sister and mother’”

**(MATTHEW 12:48–50).**

Jesus isn’t suggesting our biological families are no longer important (see **MATTHEW 15:3**). Rather, He is stating that following Him is far greater. He takes priority, and so does His kingdom—so much so that those who follow Him are counted as His brother and sister and mother—His family. The family of God, the kingdom of God, is colorful.

**As we begin to view members of our churches as members of God’s family—and thus as members of our family—our prejudices begin to crumble.**

Understanding the family of God is yet another weapon against racial intolerance in the church and beyond. Only in the family of God can people so distinctly different be the same (equal in creation and redemption) and counted as sisters and brothers in a new family.

### **Revelation: Last days**

Revelation records striking accounts of the last days when all nations, tribes, and tongues will be worshipping Jesus. Heaven won’t be filled with homogeneous people—except that we will all be glorified. What we won’t have in heaven is the sin that separates us from God and from each other.

We won’t fight against racism or wonder how to build diversity. We will be diverse. We will love completely and fully. We will worship together and enjoy one another for all eternity.

Creation, redemption, adoption, and revelation prove there is a diverse kingdom. Throughout all of Scripture, from Genesis to Revelation, we see God working to redeem a people for Himself, a people from every tribe and tongue and nation—colorful and diverse.

The church’s pursuit of diversity reflects the Bible’s description of the kingdom. We pursue diversity because the pages of Scripture are filled with it. Mostly we pursue diversity because the gospel embraces and advocates for a diversity of people to be born again into a new family for a holy and good God.<sup>149</sup>

*Trillia Newbell (@TrilliaNewbell) is author of United: Captured by God’s Vision for Diversity and consultant on Women’s Initiatives for the Ethics and Religious Liberty Commission. □*



## QUOTABLE

*God has a kingdom. It's made up of citizens. Some black, some white, some red, yellow, Spanish backgrounds. His intention was never that the individual uniqueness would cause them to lose sight of the flag flying over them—the flag of the cross. —Tony Evans*

*Don't be so committed to your race that you operate outside of the Christian faith. —Tony Evans*

*No question, racism is a cancer. And teaching our children to love one another regardless of race is imperative. —Jim Daly*

*The best way to be discerning in regards to the complexities of racial matters is to be in regular conversations across ethnic lines so that we see through other eyes. —John Piper*

*If we're going to be missional, if we're going to resurge together for the Great Commission, it will mean first recognizing that racial bigotry isn't just "politically incorrect." It's of the spirit of antichrist, and must go. —Dr. Russell Moore*



## SCRIPTURE

**GENESIS 1:27** *So God created man in his own image, in the image of God he created him; male and female he created them.*

**1 SAMUEL 16:7** *But the LORD said to Samuel, "Do not look on his appearance or on the height of his stature, because I have rejected him. For the LORD sees not as man sees: man looks on the outward appearance, but the LORD looks on the heart."*

**PROVERBS 6:16-19** *There are six things that the LORD hates, seven that are an abomination to him: haughty eyes, a lying tongue, and hands that shed innocent blood, a heart that devises wicked plans, feet that make haste to run to evil, a false witness who breathes out lies, and one who sows discord among brothers.*

**PROVERBS 16:18** *Pride goes before destruction, and a haughty spirit before a fall.*

**JOHN 17:21** *"That they may all be one, just as you, Father, are in me, and I in you, that they also may be in us, so that the world may believe that you have sent me."*

**ISAIAH 56:7** *"These I will bring to my holy mountain, and make them joyful in my house of prayer; their burnt offerings and their sacrifices will be accepted on my altar; for my house shall be called a house of prayer for all peoples."*

**MATTHEW 7:12** *"So whatever you wish that others would do to you, do also to them, for this is the Law and the Prophets."*

**MATTHEW 28:18-20** *And Jesus came and said to them, "All authority in heaven and on earth has been given to me. Go therefore and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, teaching them to observe all that I have commanded you. And behold, I am with you always, to the end of the age."*

**JOHN 13:34-35** *"A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another. By this all people*

*will know that you are my disciples, if you have love for one another."*

**ACTS 10:34-35** *So Peter opened his mouth and said: "Truly I understand that God shows no partiality, but in every nation anyone who fears him and does what is right is acceptable to him."*

**ROMANS 2:11** *For God shows no partiality.*

**ROMANS 10:12** *For there is no distinction between Jew and Greek; for the same Lord is Lord of all, bestowing his riches on all who call on him.*

**ROMANS 12:3** *For by the grace given to me I say to everyone among you not to think of himself more highly than he ought to think, but to think with sober judgment, each according to the measure of faith that God has assigned.*

**1 CORINTHIANS 12:12-13** *For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ. For in one Spirit we were all baptized into one body—Jews or Greeks, slaves or free—and all were made to drink of one Spirit.*

**GALATIANS 3:28-29** *There is neither Jew nor Greek, there is neither slave nor free, there is no male and female, for you are all one in Christ Jesus. And if you are Christ's, then you are Abraham's offspring, heirs according to promise.*

**EPHESIANS 2:14-15** *For he himself is our peace, who has made us both one and has broken down in his flesh the dividing wall of hostility by abolishing the law of commandments expressed in ordinances, that he might create in himself one new man in place of the two, so making peace.*

**COLOSSIANS 3:10-11** *And have put on the new self, which is being renewed in knowledge after the image of its creator. Here there is not Greek and Jew, circumcised and uncircumcised, barbarian, Scythian, slave, free; but Christ is all, and in all.*

**JAMES 2:1** *My brothers, show no partiality as you hold the faith in our Lord Jesus Christ, the Lord of glory.*

**JAMES 2:9** *But if you show partiality, you are committing sin and are convicted by the law as transgressors.*

**1 JOHN 2:9** *Whoever says he is in the light and hates his brother is still in darkness.*

**1 JOHN 4:20** *If anyone says, "I love God," and hates his brother, he is a liar; for he who does not love his brother whom he has seen cannot love God whom he has not seen.*

**REVELATION 7:9** *After this I looked, and behold, a great multitude that no one could number, from every nation, from all tribes and peoples and languages, standing before the throne and before the Lamb, clothed in white robes, with palm branches in their hands,*

**REVELATION 14:6** *Then I saw another angel flying directly overhead, with an eternal gospel to proclaim to those who dwell on earth, to every nation and tribe and language and people.*





## FROM PASTORS AND AUTHORS



### FROM BLOODLINES TO BLOODLINE

*By John Piper*

Historically and in the present day the horrors of racial and ethnic hatred are indescribable. All over the world, through all of history, the slaughter of human life because of ethnic, tribal, and racial animosities is beyond imagination. If you could imagine it—in vivid color all at once—you would not be able to bear it.

#### Horrors Still Exist

From the Armenian genocide in Turkey in 1915 (with over a million deaths), to the holocaust in Germany, to the Soviet Gulag, to the massacres in Rwanda in 1994, to the Japanese slaughter of six million Chinese, Indonesians, Koreans, Filipinos,

and Indochinese—the litany of ethnic hatred goes on and on into our present day.

Last October Danny Chen, a 19-year-old Asian American Marine serving in Afghanistan, apparently, killed himself after weeks of ugly racial slurs from his other American comrades. Please don't be naïve and think that the civil rights movement in America ended racism. Laws don't change hearts.

#### Changing Landscape in America

We are dealing with an issue that is vastly greater than the racial situation in our own country. And that is changing fast.

- Minorities make up roughly one-third of the US population. That **30 PERCENT** is expected to pass **50 PERCENT** by the year 2042. By 2023—11 years from now—minorities will comprise more than half of all children in the United States.
- The Hispanic population is projected to triple, from **46 MILLION** to 132 million by 2050. Hispanics will probably move from 15 percent of the total population to **30 PERCENT**.
- The black population is projected to increase from **41 MILLION (14 PERCENT** of the population) to **65 MILLION (15 PERCENT)** in 2050.

How do you feel about all this? Does it feel threatening or exciting? Do you feel possessive of culture and place? Or do you feel like God is at work with amazing kingdom possibilities? Do you feel resentful that the old earthly stabilities are being shaken up? Where is your stability?



Oh how I long for us to be a people who love Christ-exalting diversity! And who love it not because diversity is the politically correct Christian virtue, but because the one we love most, Jesus Christ, shed his blood to ransom people from every tribe and language and people and nation (**REVELATION 5:9**). We love Christ-exalting diversity not because it is a cool social issue, but because it is a costly blood issue. We love Christ-exalting ethnic diversity because we love the gospel.

### Obstacles to the Pursuit of Racial Harmony

As God has worked in my heart over the years toward making me an agent of harmony and hope among races, one of the things he has shown me is that not only are there obstacles to interracial and interethnic love and honor and care, but there are obstacles to the pursuit of it, not just the experience of it. It's one thing to get to the point where you can freely and authentically love people of other ethnic groups and feel a natural, joyful, free affinity and fellowship with them. And it's another thing to get to the point where you seek to advance that cause, and draw others into it—and stay at it.

**There are forces at work to wreck efforts at racial and ethnic harmony. And what I have found is that one of the reasons pastors and leaders and laypeople don't give themselves to this very much is that you get hurt if you do.**

These are some of the obstacles that you run into if you give yourself not just to the personal enjoyment of Christ-exalting racial diversity but also to the pursuit of it—the effort to advance it and bring others into it.

There are nine destructive forces that wreck efforts at ethnic-diversity and harmony, and that the gospel is designed by God to overcome: Satan, Guilt, Pride, Hopelessness, Feelings of inferiority and self-doubt, Greed, Hate, Fear, and Apathy.

Each of these undermines perseverance in the pursuit of Christ-exalting ethnic diversity and harmony. Christ alone, through the gospel of Christ-crucified and risen, can give you the staying power to press on through great obstacles toward the advancement of Christ-exalting racial diversity. He died for this. And so his death holds the key to pressing on for this.

These are the great obstacles that undermine the persevering pursuit of Christ-exalting racial diversity. And none of them is stronger than the gospel of Jesus Christ. So love the gospel, love Jesus, and love the Christ-exalting ethnic diversity and harmony. Christ died for this—to take us from our bloodlines to his bloodline.<sup>150</sup>

*John Piper (@JohnPiper) is founder and teacher of desiringGod.org and chancellor of Bethlehem College & Seminary. For 33 years, he served as pastor of Bethlehem Baptist Church, Minneapolis, Minnesota. He is author of more than 50 books, including A Peculiar Glory.*

**BONUS:** Watch John Piper's excellent video telling of his own roots in the racist South and how God changed his heart, and his family: [www.bit.ly/PiperOnRacism](http://www.bit.ly/PiperOnRacism). □



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## THE LORD LOVES DIVERSITY

By Dr. Mark L. Bailey

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All of us who have lived through this past year are aware of the difficulties of the racial tensions within our culture—the massacre in Charleston, racially related police violence, and offensive statements made by politicians and candidates. If anything, these events continue to show us that achieving racial unity is challenging both in our country and within the church.

The book of Acts tells the story of the church’s struggle to move beyond its obvious differences—from a Jewish context to the rest of the world. Paul, like so many of the Jewish males of his day, had probably given thanks daily that he was not born a woman, slave, or Gentile. However, following his conversion, Paul wrote about the radical access God brings about when men and women come to the Savior from all different kinds of backgrounds.

He wrote to the Colossians that in Christ “there is no Gentile or Jew, circumcised or uncircumcised, barbarian, Scythian, slave or free, but Christ is all, and is in all” (**COLOSSIANS 3:11**). While not oblivious to the real circumstances and distinctions of earthly life, in relationship to God and in fellowship with one another in the body of Christ, one’s standing is secure and acceptable because of the radical change Christ brings.

To the Galatians Paul wrote, “There is neither Jew nor Gentile, neither slave nor free, nor is there male

and female, for you are all one in Christ Jesus. If you belong to Christ, then you are Abraham’s seed, and heirs according to the promise” (**GALATIANS 3:28–29**). The restrictions that kept people from accessing God now no longer exist, Paul explains. In the same way, the stipulations the world tries to impose on us because of our differences should not determine how we relate to one another. We need to live the way Christ wants us to live—united in him.

***Diversity within the body of Christ has been the DNA of Christianity from the first century,*** and especially of the church—and the Lord delights in it. The gifts and talents that the Holy Spirit has given to his church get displayed in all different ways for his glory. If your local church family looks like mine, you will see all kinds of people—all of them working together for his glory.

Human history demonstrates that diversity can too often complicate life and contradict holiness, but in Christ, a place where by grace we belong, we find unity. Let us, “above all, love each other deeply, because love covers over a multitude of sins” (**1 PETER 4:8**). With this prayer, may we who belong to God’s family always celebrate and prioritize our Christian family identity and unity in Christ as the truest definition of our lives regardless of the color of our skin, cultural differences, or socio-economic backgrounds.<sup>151</sup>

*Mark Bailey is the President of Dallas Theological Seminary. □*





## WHAT SHOOTINGS AND RACIAL JUSTICE MEAN FOR THE BODY OF CHRIST

*By Russell Moore*

(Although this was written after specific events in July 2016, the principles are timeless when responding to the tragedies of racial violence that continue to plague our land. –Editor)

The past week reeks of blood. We saw the cellphone videos of black men killed by police officers in Baton Rouge and Falcon Heights. We saw a terrorist ambush on police in Dallas, killing at least five officers and injuring seven. The country reels beneath all this violence.

What we should understand, first, is that this crisis is not new. Many white evangelicals will point to specific cases, and argue that the particulars are more complex in those situations than initial news reports might show. But how can anyone deny, after seeing the sheer number of cases and after seeing those in which the situation is all too clear, that there is a problem in terms of the safety of African-Americans before the law.

That's especially true when one considers the history of a country in which African-Americans have lived with trauma from the very beginning, the initial trauma being the kidnapping and forced enslavement of an entire people with no standing whatsoever before the law. For the black community, these present situations often reverberate with a history of state-sanctioned violence, in a way that many white

Americans—including white evangelicals—often don't understand.

These situations ought to cause us, as Christians, to understand our own doctrine of sin. The Bible speaks of sin both in terms of how we relate to others personally and how we relate to one another corporately. The Bible speaks of sin both in strikingly personal terms. The one who is sexually immoral sins against his own body (**1 CORINTHIANS 6:18**). The Bible also speaks of sin in terms of the way we organize structures—whether that's unjust courts or the oppression of laborers in the fields (**JAMES 5:4-6**).

**Some white evangelicals dismiss the structural. They assume that if they do not harbor personal animus against those of other ethnicities then there is no “race problem.”**

We do not take the same view (and rightly so) when it comes to abortion. That's why we rightly object to the pro-choice bumper sticker that reads, **“Don't like abortion? Don't have one.”**

Recognizing that we have responsibility for structures and systems that can be unjust doesn't give us an immediate blueprint of what to do. The situation is complex precisely because such injustices are so longstanding and are often hidden from majority populations, who don't pay attention to such questions because they rarely have to think about them.

My oldest two sons are learning to drive. I have many fears, but I've never worried about one of

my sons being shot after being pulled over. My perspective is thus radically different than my African-American neighbor or colleague or fellow church member. That divide ought to cause us to reflect on how we're experiencing the culture differently, and what implications that has for our unity and our witness.

At the same time, our concern for addressing systems and structures cannot dismiss the personal. It is true that these issues are more than just personal, but they are not less than personal. We can only address these questions if we care about them in the first place.

That means that these questions cannot only be addressed by those who are in fear of unjust systems and thereby not addressed by those who benefit from them. We must bear one another's burdens (**GALATIANS 6:2**), which means that those in majority cultures listen to our brothers and sisters who are directly in harm's way. Again, those personal viewpoints and relationships do not solve the question of structures and institutions. But structures and institutions are changed only by people. And people are only awakened to act when their consciences are enlivened to the moral stakes involved. That means that we can work for justice in the public arena as we learn to love one another in the personal arena, and vice-versa.

The path ahead will be difficult, but it will require the Body of Christ—the whole Body of Christ—to call one another to moral awareness and action. That starts with acknowledging that we have a problem. Then, let's take a look at how God calls us to be part

of the solution. Here's a good place to start:

- In a time of national disunity, God has called the church to model unity. Ask how your church is doing at this point. Does your church look like the people in your mission field around you, or are you a mono-ethnic church in a multiethnic community? If so, ask why.
- In a time of fear, God has called the church to be courageous. Many are fearful that the violence we've seen is a sign of a fracturing American social fabric. That may well be. Even so, we are part of a social order that transcends and will outlast the American one (**PHILIPPIANS 3:20-21**). We can pray for our country with concern and yet do that not as the pagans do, who have no hope.
- If your church is one that can easily identify with the plight of police officers but not with those of African-Americans grieving the deaths of those shot by police, consider asking an African-American parent to speak for a few moments of what he or she experiences with worries about his or her child.
- If your church is one that is grieved and angry about the way black lives don't seem to matter but does not know how to grieve for police officers slain in the course of duty, perhaps ask a godly law enforcement officer to speak about how he or she seeks to live out the ethic of Jesus in maintaining public order. In either case, pray then not only for the person who has offered testimony but for all who are in similar situations.

A week filled with violence will shake people, and can remind them of their mortality. Such a week will also remind them of the persistence of sin, both individual and corporate, in the fallen world around us. Remind people then that they are created in the image of God, and loved by him. Point people to Jesus Christ who lived out the life we cannot live, bore in his own body the judgment of our sin, and was raised from the power of death. Then, offer the gospel as the only word that can reconcile us to God and then to each other. <sup>152</sup> □



## RACE, RESENTMENT AND THE PATHWAY TOWARD A COLORBLIND SOCIETY

By Jim Daly

I've been thinking a lot lately about a day I don't remember, but a day that's had an impact on my life, and likely on yours, too. I've been thinking about August 28th, 1963—I was just two years old and living in West Covina.

Life is simple for a two-year-old, but 3,000 miles away in Washington D.C., a dramatic moment was underway. There, the Reverend Dr. Martin Luther King Jr. was addressing over 250,000 civil rights supporters from the steps of the Lincoln Memorial. His now famous "I Have a Dream" speech was carried on television and radio all across the world.

Years later, I would study the speech in school and appreciate it for what it was—a clarion, bold call that helped to reshape America's view on race and equality for the better. I've been thinking about that speech because over five decades later we're still a long way from realizing Dr. King's dream:

*"Let us not seek to satisfy our thirst for freedom by drinking from the cup of bitterness and hatred," he stated. Instead, he urged, "We must forever conduct our struggle on the high plane of dignity and discipline. We must not allow our creative protest to degenerate into physical violence ... we must rise to the majestic heights of meeting physical force with soul force."*

**Such wisdom!**

Analysts have pointed out that the speech was full of scriptural allusions (**PSALM 30:5, ISAIAH 40:4-5, AMOS 5:24**). Dr. King was a devoted believer who saw the quest for equality through the lens of his Christian faith. He was burdened by the inequality he witnessed, of course, but he was never beaten down by it because he knew the Lord was holding him up.

And so is it any surprise that as our society and culture grow increasingly secular that racial tensions will continue to escalate and race relations deteriorate? How do we get there, to a more colorblind society, where, to quote Dr. King, our children **"... will one day live in a nation where they will not be judged by the color of their skin but by the content of their character"**?

For me, the pathway is a spiritual one. In fact, it's simple and straightforward. We must put into practice the words and wisdom of Scripture starting with how we treat one another in the Body of Christ. Are we reflecting the Apostle Paul's vision of the church where:

*"There is neither Jew nor Greek, there is neither slave nor free, there is no male and female, for you are all one in Christ Jesus" (**GALATIANS 3:28**).*

Are we living out the words of Jesus Himself, especially as they apply across racial lines?

*"A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another" (**JOHN 13:34**).*

People often forget it was Christianity that transformed the world and ushered in so many of the principles that elevate culture, especially



equality and the value of every human life. Prior to Jesus' coming, equality was a foreign concept and a person's value was rated and ranked by their status and perceived utility to society. It was Jesus who turned the wisdom of the world upside down then – and it's only Jesus who can right the wrongs and heal the wounds of racial inequality.<sup>153</sup> □



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## **MORE TOUGH SKIN AND TENDER HEARTS**

*By Phillip Holmes*

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### **How to Prepare for Conversations on Ethnic Harmony**

In honor of Black History Month, organizations, churches, and even private businesses will set aside time to engage in conversations about ethnic division and racial injustice in our country. I've been a part of this conversation on a small scale for the last ten years, first as a college student entering a majority white culture. And I've been engaged in the conversation on a much larger scale through the Internet as a co-founder of the Reformed African American Network (RAAN).

Over the years I've learned that the conversation is complicated and how we view the world and ourselves can radically shape how we engage one another. Therefore, humility and love that produces tough skin and tender hearts are essential as we have these conversations. Both require us to engage and examine diverse views, embracing what we believe is in harmony with biblical truth.

### **How We Interpret**

Despite the immense complexity of ethnic relations in America, everyone has an opinion, but far too few seem to possess the humility these conversations demand. Christians are called to take up the yoke of Jesus and learn from him who is gentle and lowly in heart (**MATTHEW 11:29**). Likewise, Paul urges believers to do nothing from selfish ambition or conceit, but in humility consider others more important (**PHILIPPIANS 2:3**). But as I observe conversations regarding racism and injustice, it's rare to find a man or woman who speaks boldly with a posture of humility.

There are few (if any) authorities when it comes to this conversation. And contrary to popular opinion, experience might give one individual more insight than another, but it doesn't make that individual an expert. Experience requires interpretation, and we interpret everything through our particular worldview.

Christians desperately need a worldview based on Scripture in order to effectively answer the tough questions these conversations raise. The problem is that the majority of Americans don't possess a Christian worldview.

If this is still true, we should hold our views on racism and other issues all the more with openhandedness and make sure that we're allowing Scripture to correct us as we seek to answer the challenges we face. As Scripture shapes our hearts and our views, we will notice our skin getting thicker and our hearts becoming tenderer.

## How We Love

For years, black Christians have been frustrated with white Christians who hosted conversations to address the sin of racism in our churches but fail to invite wisdom and counsel from the very people they were attempting to love and build better relationships with. This frustration is completely justified and warranted.

In response to this, some (blacks and whites alike) are now calling for white Christians to not speak on racism. The spirit is captured in social media jabs like, “White people need to shut up and listen.” A gracious reading of this would assume that it is simply calling for whites to listen and then speak. **JAMES 1:19** encourages all to have this heart and mind. But unfortunately I’ve discovered that statements like this typically are meant for whites whose views don’t sit well with a more progressive or politically correct view.

**Evangelicalism is fractured on the topic of ethnic harmony, and the only people we invite to speak on the subject are the people that already agree with us.**

Most conferences on racism today are stacked with panelists that lack diversity in a completely different way. Sure, everyone on stage may possess a different skin tone, but their views are undistinguishable. Why do we do this? Because many have been indoctrinated with what to think but we haven’t been taught how to think. Consequently, we’re afraid of ideas that don’t confirm what we think we already know. Also our

pride makes us cling to the ideas we’ve publicly embraced because we can’t bear to admit that we made a mistake or that the other guy was right.

How can we have productive conversations about racism and ethnicity if different views aren’t welcome and engaged with dignity and respect? Our refusal to lovingly offer a seat at the table



to any view that doesn't contradict orthodox Christianity will hinder the church from being the prophetic voice on the issue that I know we can be.

### **Christian First, Ethnicity Second**

I think the main reason we limit whom we invite to the table for conversations about racism is because of misplaced identities which have given many tender skin rather than tough skin. As a church, whether we as individuals are white, black, brown, red, or yellow, Christians have to constantly remind ourselves of our primary allegiance. If you are a child of the king, adopted into the household of faith, you are Christian first. I am one million times more Christian than I am black. My brown skin may be what you first notice about me, but by God's grace, my Christian faith is what you will remember.

I'm not advocating a Christian version of the views of Stacy Dash or Morgan Freeman or others who think it's divisive to have any month or organization specifically focused on or celebratory of a particular minority group. I'm honored to be the co-founder of RAAN, and I believe Black History Month is good and necessary in our day. I'm thankful for my skin and heritage. As a matter of fact, I count it a privilege to be physically dressed by my creator in such a beautiful skin tone because I don't believe that ethnic diversity is a byproduct of the fall. But I will forever check others and myself when I notice our ethnicity is taking precedent over our heavenly citizenship.

Therefore, as we engage in complicated conversations about racism, be sober-minded rather than drunk with hatred, frustration, and

annoyance. Embrace humility and love those you disagree with. But continue to pursue truth and justice as these two are defined in the Holy Scriptures. The Bible must remain the basis for why we believe what we believe and a careful study of it reveals that it has much to say about ethnicity and injustice.

**These conversations are complex but necessary and we need men and women who can sit down and have hard conversations considering the other more significant.**<sup>154</sup>

*Phillip Holmes wrote this article as a guest contributor for DesiringGod.org. □*



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### **CAN ANY GOOD THING COME OUT OF NAZARETH?**

*By Sandra Glahn*

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Standing in Nazareth's Basilica of the Annunciation, I gazed up at mosaics from all over the world. These works depicted the Virgin Mary with Jesus, and in each case Jesus bore the ethnic identity of the predominate group in the gifting country. That is, the art from Ecuador showed Jesus as Ecuadorian; the work from China, as Chinese; and the one from Thailand, as Thai. The baby Jesus from Slovenia even had red hair.

The mosaics' creators made these localized images to remind viewers that Jesus is "one of us"—which he is. Yet so many artists have depicted Jesus as white for so long with such far-reaching influence



that many think of Jesus as white, even if unconsciously.

### Take the Blinders Off

There's nothing inherently wrong with localized depictions of our Savior. Yet they can blind us to the reality that Jesus was born of a Jewish mother in the Middle East. And in a world of Roman power, he was so deeply Galilean that in the same city where I saw the diverse mosaics, two millennia earlier, Jesus slipped away into the crowd without detection (**LUKE 4:30**).

The olive-skinned Jesus knew how it felt to live as an outsider, to be “other.” He spent his first years in Egypt as a refugee who fled infanticide. When he relocated to Nazareth, he doubtless felt the sting of being “one of the new kids in town.” Later, he experienced being homeless. And if that weren't enough, consider how he probably spoke. At Jesus's trial in Jerusalem, Peter, another Galilean, heard someone say, “Your accent gives you away” (see **MARK 14:66-70**). *The one who is “one of us” in his humanity was also wholly “other.”*

### Build Strong Partnerships

Years ago, members of my church took a spring-break trip to a border town, Nuevo Laredo, Mexico. Every night after walking dusty roads with members of our sister church, our team crossed back into the United States, where we had a discount on lodging. But something about the experience made us feel unsettled, so we took Octavio Esqueda (MACE, 2000) with us the following year, and we asked him to help us build a better relationship.

At the end of our week together, Octavio did have some suggestions, and our choice to follow them led to a stronger partnership that benefited us all for decades. First, incarnating Christ means “presence,” he said. “So stay on the Mexico side. Otherwise, it feels like you're ‘fleeing to safety’ every night.” Second, instead of scheduling the trip for spring break—the most convenient time for us—he advised going over Christmas.

True, that was a terrible time for Americans, but in Mexico, nobody would have to take time off work to cook beans or translate for us, and people would have extra relatives in town, meaning extra tamales, and extra nieces and nephews happy to attend Christmas programs. Next, quit calling the work a “mission” trip; call it a “ministry trip.” Finally, invite members of the Mexico church to help us in Dallas so we would recognize that we were equal beneficiaries of each other's help.

### Move Toward Unity

Jesus prayed that we all might be one (**JOHN 17:21**). And a move toward unity across barriers—whether ethnic, geographical, social, physical, or spiritual—means we must acknowledge that we all have forms of blindness. So we must ask questions and listen; serve, instead of expecting others to accommodate us; and learn from each others' perspectives.

The kingdom of heaven is upside down. Our king was a Middle Eastern, persecuted, homeless, refugee outsider who tells us that to serve the naked and the poor is to serve him.

We all have prejudice in our hearts; often we have biases we don't even know about. But—good news—our Lord loves and changes bigots. Recall that when a man named Nathanael from Cana (**JOHN 21:2**) insulted Jesus's adopted hometown with, "Can any good thing come out of Nazareth?" (**1:46, NASB**), Jesus invited him to join the Twelve. Our Lord in his grace even gave this man a glimpse of his own identity as the Christ: "You will see the heavens opened and the angels of God ascending and descending on the Son of Man" (**V. 51, NASB**).

When we humble ourselves and celebrate unity in diversity, we ourselves benefit; and we can give others a glimpse of the reality that something truly fantastic came from Nazareth.<sup>157</sup>

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## THE RECONCILED CHURCH

*By Samuel Rodriguez*

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*And they sang a new song, saying: "You are worthy to take the scroll and to open its seals, because you were slain, and with your blood you purchased for God persons from every tribe and language and people and nation. (**REVELATION 5:9**)"*

### And They Sang a New Song!

In order to sing the new, we must recognize the old song already stands played out. For we have all heard the old song; the song of hatred, sin, racism, intolerance, fear, division, strife and brokenness.

We have all heard the old song; the song of moral relativism, cultural decadence, spiritual apathy and ecclesiastical lukewarmness. Even through the amplified surround sound of culture, media, and politics, our world stands inundated with the ear-shattering noise of an antiquated song called fear and a mind-numbing melody titled hopelessness. We have all heard the old song.

But praise God, we are not people of the old song, we are the voices of the new song. For we understand that today's complacency is tomorrow's captivity. For we understand that Christianity is less about promoting the perfect and more about blessing the broken. For we understand that there is no such thing as comfortable Christianity.

That is why we have gathered today; to declare prophetically, not out of the womb of emotional exuberance, but by the impetus of God's Spirit that



this generation carries an anointing to do what?  
To sing a new song! We are here to declare the  
following; there is a new song arising!

And this new song will not be sung exclusively by  
a black chorus, a white ensemble, a Latino band or  
an Asian soloist. This new song will be sung by a  
multi-ethnic kingdom culture choir washed by the  
blood of the Lamb.

Therefore, to the proponents of the old song, to  
those that raise the volume of hatred and discord,  
to the spirits of captivity, violence, bigotry,  
inequality, and injustice we raise our voices and in  
perfect harmony sing the following:

*For every Pharaoh there will be a Moses, For  
every Goliath there will be a David, For every  
Nebuchadnezzar there will be a Daniel, For every  
Jezebel there will be an Elijah, For every Herod  
there will be a Jesus, And for every devil that rises  
up against us there is a mightier God that rises up  
for us! And they SANG a NEW SONG!!!*

In that day, everyone in Judah will sing this song:  
Our city is strong! We are surrounded by the walls  
of God's salvation! **(ISAIAH 26:1)** America, when we  
sing this new song, our nation will be strong!

What is the new song? The new song elevates the  
lyric of IMAGO DEI: I recognize that every human  
being, in and out of the womb, carries the image  
of God; without exception. Therefore, I will treat  
everyone with love and respect.

What is the new song? The new song engages the  
rhythmic truth that the only agenda that can heal  
and reconcile America is not the agenda of the

donkey or the elephant. The only agenda that can  
reconcile this nation is the agenda of the Lamb!

What is the new song? The new song is a prophetic  
prescription to end multi-generational poverty  
in the inner cities of America via a compassionate  
church. Always remembering that Uncle Sam  
may be our uncle but he will not never be our  
Heavenly Father.

What is the new song? Prison reform that is truly  
color blind where restorative justice enables us to  
bring good news to those imprisoned.

What is the new song? An educational system that  
equips our children to thrive in the Promise Land  
instead of making bricks without straw in Egypt.

After all what did they do? They sang. They sang.  
They sang, for silence is not an option.

Silence is not an option when men abandon their  
roles as fathers, our children are slaughtered  
in and out of the womb, pornography marries  
technology, God is mocked, pushers are more  
admired than preachers, school grounds look like  
battlegrounds, and our neighbors sit paralyzed by  
the gate called beautiful begging for change.

Silence is not an option when institutionalized  
vestiges of inequality reemerge resulting in the  
unfortunate appearance of fear and mistrust.

So America, it's time for the new song! It's time  
to reconcile Billy Graham's message of salvation  
in Christ with Dr. Martin Luther King Jr.'s March  
for Justice.



This generation will sing the new song. We will reconcile righteousness with justice, sanctification with service, holiness and humility and truth with love.

## **We will sing “There is Room at The Cross” and “We Shall Overcome.”**

Sing America Sing!

Sing “You are worthy and with your blood you purchased for God persons from every tribe and language and people and nation!” Sing a new song, black, white, yellow and brown.

## **Sing and change America! Sing and Change the World!**<sup>158</sup>

*This message was presented at The Reconciled Church Conference hosted by The Potter’s House and broadcast by Daystar. Rev. Rodriguez is President of the National Hispanic Christian Leadership Conference. □*

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### **HOW TO SEEK UNITY IN DIVERSITY: FIRST STEPS**

*By Elizabeth Woodson*

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Hearing the word “race” can overwhelm us. Our newspapers and social media feeds have bombarded us with stories of racial violence involving African Americans like Michael Brown, Trayvon Martin, and Sandra Bland. While the details of these cases are disputed, the fact that similar events happen more often than not shows us how far our country remains from having a biblical view of race.

Most of us want to help, but we have no idea where to start. Some of us believe it’s not our problem, so we focus our energies on meeting regularly with our own circle of friends. It’s easy to think that the restoration of strained racial relationships isn’t a central focus of the gospel. However, we cannot fully embrace the gospel while at the same time ignoring the need for the oneness that God intended for it to bring (**EPHESIANS 2:16-22**).

As believers, our love for God manifests itself in our love not only for him but for others, and the ultimate demonstration of our familial love comes when we walk in unity. The apostle John paints a beautiful picture of every nation, tribe, people, and language one day worshiping God in unity (**REVELATION 7:9-12**). So, if that’s the future reality that awaits us as believers, what prevents us from experiencing unity in diversity now?

The answer is sin—specifically the sins of partiality and pride (**JAMES 2:1-9**). So the solution lies in the truth of the gospel and its effect on our attitudes and behavior. Before the beginning of time, God set a plan in motion to save us from our sin and to reconcile us to himself. And he also intended that our vertical reconciliation would have horizontal results. The apostle Paul wrote about this to the Ephesian church (**EPHESIANS 2:11-22**). The first-century church was quite familiar with divisions rooted in ethnicity.

Instead of seeing their status as a means to bring peace to a broken world, the Jews (God’s chosen people) looked down on the Gentiles and vice versa. Although both Jews and Gentiles had come

to faith in Christ, attitudes of superiority still affected their Christian fellowship.

Paul emphasized how the two ethnic groups, Jews and Gentiles, had become one in Christ. Positionally speaking, there was no more division because their ethnic identity had been superseded by something more important—their faith in Christ. The believer’s identity in Christ linked them—and links us—with other believers worldwide.

Our position as unified, redeemed children in the same family has practical results.

**Our oneness in Christ should result in unity in our relationships. So when we turn a blind eye to divisions caused by ethnicity, we turn a blind eye to our brothers and sisters in the faith.**

As believers, we don’t have the option to disengage. Our faith calls us to pursue oneness, to advocate for our brothers and sisters so we might fulfill the heartfelt prayer for unity that Jesus asked of the Father (**JOHN 17:21**).

Actively pursuing unity in diversity requires steps of faith. So where do we begin? Consider the following starting points:

**PRAY.** Ask God to soften hard hearts and reveal blind spots. He is the only one who can do so (**PSALM 139:23–24**).

**ENGAGE.** One easy way to engage is through social media. For example, follow newspapers, prominent speakers, and bloggers who write about Latino and African American culture.

**EDUCATION.** Lack of information leads to disengagement. Reading books and articles will expand understanding on issues of ethnicity. The resources listed below lay a foundation for learning the history and theology of race, especially in the United States, as well as provide practical ways to promote restoration and oneness in our communities:

- *United: Captured by God’s Vision for Diversity*, by Trillia Newbell
- *Oneness Embraced*, by Dr. Tony Evans
- *Letters to a Birmingham Jail*, by Bryan Loritts, editor
- *Roadmap to Reconciliation*, by Dr. Brenda Salter McNeil
- *Bloodlines*, by Dr. John Piper

**BUILD RELATIONSHIPS.** Take the time to build cross-cultural relationships. Food connects people, so be intentional about inviting coworkers or neighbors of a different ethnicity for a meal. Learn about their relationship with God and their cultural traditions and practices while sharing your own.

Step out of your comfort zone, and worship at a church where the predominant ethnicity differs from yours. If you worship and live in a diverse community, gather a few friends to form a small group. Latasha Morrison’s “The Bridge to Racial Unity” (available at [www.ifgathering.com](http://www.ifgathering.com)) is a great resource to help friends walk through tough issues together. As you build relationships, commit to a consistent practice of confession and forgiveness. In the spirit of Matthew 18, promote healing through loving each other intentionally.

While the process of restoration is messy and complicated, the result is beautiful.

As I reflect over the years I have spent surrounded by people of different ethnicities, I remember friends, mentors, roommates, and employers who invested in my life. Some encouraged me to attend seminary; others walked with me during seasons of hardship and grief; all have brought joy. I know I would have missed out on blessings had I not made intentional choices to “do life” in a diverse community.<sup>159</sup>

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## PERSONAL PERSPECTIVES



### IT IS PERSONAL BEING A CHRIST-FOLLOWER WHO'S ASIAN

*By Bruce W. Fong*

The fishing in Galveston Bay was fabulous. My mind was capturing the memories of friends who shared in the adventure, perfect weather for a Texas August day, and a bountiful catch of speckled trout. One of my colleagues and I spontaneously decided to grab a light dinner before heading home. That choice would test the fortitude of my soul. A wary alertness has grown from a lifetime of dangers. I was about to face again the filthy dregs of racism.

### Confronting Racism

When we entered the grill where we chose to eat, my buddy let me in first. I walked past a table of about ten adults, all white. At the head of the table a middle-aged man was laughing with his friends as he was sitting down. His eyes shot up at me, lingered with a look that I have known all too well, and I heard him utter snide comments. Enough around him heard. He knew that I caught his ugly, racist rancor. His utterances rhymed with chong, ch'ing, or chop. Of course such people squint their eyes for punctuation. Remarkably, a companion or two of this bigot were obviously shocked. They stared at him, dismayed, glancing up at me with mouths gaping. Quickly, they looked down out



of sheer embarrassment. There was a time in my past when I would have kicked out the legs of his chair from underneath him. Now, however, I am older and wiser. I am also a pastor and seminary professor. I sat down at our table, and our waiter welcomed us with menus. My mind reflected back on moments when I faced the racist insults hurled in my direction. They were terrifying.

### My Youth Experience

My two brothers and I were just youngsters. We grew up in the hot Sacramento Valley of California. Staying cool was a major summertime feature. One of our favorite pastimes was being dropped off at the public swimming pool. We played and splashed for hours.

When the lifeguard announced that the pool was about to close, we lingered as long as we could. Then we hit the showers. That day it was a mistake to be last. After we dried off, and dressed, we turned to leave. The locker room was already mostly vacant. But three teenagers blocked our exit. That is when I first saw a sneer and heard that laugh of derision. Over my lifetime I would see and hear it many times. It was the same in the eatery on Galveston Bay.

Those teenagers were a lot bigger than we were. They looked different from us. The taunts came. They rhymed with “Ch’ing, Chong, and Chinaman.” It wasn’t funny to me. It was terrifying. I hated the fear. We said nothing. I imagined without ever having been told that this could end up painful and bloody. Then, like flipping a light switch they changed. Their laughter disappeared like an ice cube on a California sidewalk. Bold, caustic speech

morphed into mumbling. Shifting eyes of evil turned into shaded eyes, hiding their previous malcontent. The boys melted into the exit, never to be seen again.

Aware of a presence behind us, my brothers and I turned to look. A full-grown man, also different from us, was standing behind us. His eyes were on the exit where the teenagers had disappeared. Our benefactor was not tall, but he was muscular, very muscular. He was not a man to be trifled with if you wanted to keep all of your body parts intact. He seethed. His words are ones that I heard for the first time and have never forgotten: “White trash!” Without ever talking to us, he walked out of the locker room. We were only kids, but we knew enough to grab our stuff and walk out close behind our anonymous rescuer.

### Trouble in the Church

I grew up in the Sacramento Chinese Gospel Mission. Our youth group went to a Bible-memory-verse rally. When we arrived, we were the only Chinese group. Everyone else looked different from us. We mingled in the chaos of hundreds of youth gathering for an event, then noticed a couple of teens from another group pointing at us. “Hey, Chinaman,” one of them challenged, “the verses have to be spoken in English, not. . . !” Yes, the predictable followed. (Do these guys read from the same book of bigotry?) “Ch’ing-Chong-Chop Suey language,” they cackled.

This time I stood unafraid. I launched my left shoulder into the loud mouth closest to me. He was foolish not to be more alert. Knocked off

balance, he fell into his compatriot. Both stayed on their feet but stumbled. They jumped back with a start. Two against one are odds that a bully loves. Their hands balled up, but there was no back-down in my eyes. That was the year that I wrestled on our high school team. I was ready for a fight. My resolve drained away their brashness.

Then a voice of authority called two names. Mine was not included. An adult stepped into the picture. He glared at the two mockers. “Knock it off, you two,” he said. Like every other past and future encounter, racist lowlifes repeat the same reaction whenever they get caught. “What? We didn’t do anything. That guy shoved us for no reason.” They whined like alley cats.

Those two were eliminated in the first round of the memory-verse competition. Our youth group did not win, but we advanced a long way in the contest. On our way out I shot a deliberate stare at the two bullies. They frowned, laughed about some joke shared between them, and ran off.

That episode taught me that racism exists in the church. It may vary in its scope, but it is there. One incident, however, does not indicate an epidemic. Jesus Christ does something about protecting his church that keeps sin at bay. I was not so much disappointed as I was made alert to the trouble.

### **An Uninviting Question**

Once, I was invited to speak at a church in the Midwest. When my wife and I arrived, we immediately split up to greet people. But she was back by my side in little time, concern written all

over her face. We have been together long enough for me to ask without asking. She quietly said, “I’ll tell you later.” On our drive home she brought up a conversation that she had with one of the wives of an elder. They were white. Their daughter ran off and married a man who was black. Now estranged from her daughter, the woman blurted out, “Why can’t they just keep to their own kind?”

### **Things to Consider**

If people call the Lord by name and claim to be followers of Jesus who is Lord of all, regardless of color or ethnic origin or nationality, why is there so much racial rancor in the church? We read the same Bible, pray to the same Father in heaven, trust in the same Savior, walk with the same Spirit, yet we segregate ourselves on purpose to be with people like ourselves. Everyone in the same church building looks alike. That’s not much of a witness to the world that needs the Savior.

No, we aren’t yet living his theology when it comes to race and the church. But as a follower of Christ, I could possibly make a difference. After all, he is the one who broke down the barrier between the most prejudiced groups at odds with each other. By his death and resurrection he tore down the wall between Jew and Gentile and made the two become one.<sup>155</sup>

*Bruce Fong is the Dean of Dallas Theological Seminary Houston and professor of Pastoral Ministries. □*

## WAYS TO BE A VOICE



### HOW THE CHURCH CAN LEAD THE CHARGE AGAINST RACISM

*By Trillia Newbell*

Donald Sterling, the infamous owner of the L.A. Clippers, recently made several racist remarks that were captured on video and shared online. Media and blogs have rightly condemned his remarks. The NBA has since banned Sterling from the NBA for life and fined him 2.5 million dollars.

His racist comments have sparked a conversation yet again about race in America. But what about the church? How can we lead the charge against racism and better fight against discrimination?

Here are seven ways I think the church can lead the charge against racism:

**RECOGNIZE THAT RACISM EXISTS.** The church should not turn a blind eye on racism. It exists. Racism exists because there remains sin in the world.

We don't want to assume that because we are past the Civil Rights era there aren't churchgoers who continue to battle with the sin and temptation of racism.

**WHEN SOMEONE CONFESSES, DON'T ACT SHOCKED.** In order to fight racism we have to have people willing to confess it. Our

churches need to be a place where confession of sin is welcomed.

**USE BIBLICAL LANGUAGE.** The word racism seems ambiguous. To get to the heart of the problem, like with all sin, we want to find the root and call it what it is. So, for the term racism there could be a number of sin issues such as: pride, hate, jealousy, bitterness, and partiality.

When we address racism with the familiar and helpful language in the Scriptures, we can much more easily fight that sin. Racism isn't an opinion; it's a heart issue.

**PROVIDE THE WAY OF ESCAPE.** Paul tells us "No temptation has overtaken you except what is common to humanity. God is faithful, and He will not allow you to be tempted beyond what you are able, but with the temptation He will also provide a way of escape so that you are able to bear it" **(1 CORINTHIANS 10:13).**

Jesus provides the way of escape, but we must help people find the escape. The escape is through the gospel. Preach the gospel faithfully. Don't assume the gospel. Don't assume it is known or understood. Preach the gospel so those who hear it are informed by it. We don't have to hate one another, because Jesus provides the way of escape through the cross.

**CALL FOR REPENTANCE.** It's God's kindness that leads us to repentance **(ROMANS 2:4).** We must confess as was mentioned, and we must also repent. Confess and then turn from our sin. God is faithful in response to our confession. If we



confess, He is faithful and just to forgive us and to purify us (1 JOHN 1:9).

We must encourage those who struggle with any sin to repent and ask the Lord for forgiveness and freedom from it, including racism.

**WE MUST FORGIVE.** If we are to fight racism in our churches, we must forgive those who battle with this sin. Forgiveness is difficult, especially when it isn't asked of us, but God calls us to forgive. Christ died for ungodly, guilty men and women.

His death is an example to us of how to love one another through the hard task of forgiveness. Jesus tells us to love our enemies and do good to those who hate us (LUKE 6:27). We who have been forgiven much must also love and forgive.

**PROCLAIM THE GOSPEL.** Ultimately we fight racism in our churches through and because of the gospel. Jesus died for every tribe, tongue, and nation. He defeated death for every tribe, tongue, and nation. And now He is interceding for His own.

We are His and He is ours. We are called into a new family. This family isn't homogenous. We must understand this and then share it. It's Good News.<sup>160</sup>

*Trillia Newbell (@TrilliaNewbell) is the author of United: Captured by God's Vision of Diversity. □*



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## ELEMENTS OF MULTICULTURAL CHURCH

*By Karen Gaye Giesen*

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**GOOD LOCATION.** The church meeting place must be accessible to more than one group, located either in a diverse area or on a boundary between two or more segregated areas.

**TENACIOUS LEADERS.** Pastors and other leaders who are passionate about multicultural ministry will motivate the church to reach across racial lines.

**DIVERSE LEADERSHIP.** Both vocational and lay leaders, particularly visible “platform” leaders, should reflect the anticipated racial mix

**BLENDED MUSIC.** The musical mix must appeal to everyone with something familiar from his or her cultural background. Including such a mix as a weekly practice will foster understanding and appreciation of other worship traditions.

**SANCTUARY.** Smaller and/or gender-specific gatherings, such as women's or men's groups, can create safe havens that nurture transparency and trust.

**FOCUS BEYOND DIVERSITY.** Service projects, musical and dramatic productions, or Bible studies advance a common cause while helping accomplish the church's mission and allowing friendships to develop.

**PATIENCE.** A multicultural church will grow more slowly than a monocultural church because it takes time to develop trust across cultures.<sup>156</sup>

*Karen Giesen, D. Min. is an adjunct Professor of Educational Ministries and Leadership at Dallas Theological Seminary. □*

## RESOURCES

- **BLOODLINES BY JOHN PIPER** Sharing from his own experiences growing up in the segregated South, Piper thoughtfully exposes the unremitting problem of racism. Instead of turning finally to organizations, education, famous personalities, or government programs to address racial strife, Piper reveals the definitive source of hope: teaching how the good news about Jesus Christ actively undermines the sins that feed racial strife, and leads to a many-colored and many-cultured kingdom of God. Download for free here: [DesiringGod.org](http://DesiringGod.org)
- **BLOODLINES VIDEO: PASTOR JOHN PIPER** walks through his personal story of growing up with segregation in the South. His personal story boldly champions the transforming power of the gospel and the beauty of racial diversity and harmony in Christ. [DesiringGod.org/books/bloodlines](http://DesiringGod.org/books/bloodlines)
- **BUILDING A HEALTHY MULTI-ETHNIC CHURCH: MANDATE, COMMITMENTS AND PRACTICES OF A DIVERSE CONGREGATION BY MARK DEYMAZ** Through personal stories, proven experience and a thorough analysis of the biblical text, Building a Healthy Multi-ethnic Church illustrates both the biblical mandate for the multi-ethnic church as well as the seven core commitments required to bring it about.
- **CULTURAL CHANGE & YOUR CHURCH: HELPING YOUR CHURCH THRIVE IN A DIVERSE SOCIETY BY MICHAEL POCOCK AND JOSEPH HENRIQUES** An invaluable resource for understanding the transformation of our cultural landscape and, most importantly, for learning how to embrace the resulting opportunities to minister to all people. The authors consider the Bible's examples and teaching related to diversity, introduce several churches currently modeling cross-cultural ministry, and suggest hands-on ways for church leaders to encourage change and proactive thinking.
- **DALLAS THEOLOGICAL SEMINARY** offers a free online resource library that includes thoughtful resources dealing with racial reconciliation. This resource center has videos, podcasts, and eBooks that will equip you to lead conversations on this and many other issues. Visit [dts.edu/media/resource-center](http://dts.edu/media/resource-center) to learn more.
- **A FELLOWSHIP OF DIFFERENTS: SHOWING THE WORLD GOD'S DESIGN FOR LIFE TOGETHER BY SCOT MCKNIGHT** In this compelling book, McKnight shares his personal experience in the church and explores God's world-changing social experiment of bringing unlikes and differents to the table to share life with one another as a new kind of family. When this happens we show to the world what love, justice, peace, reconciliation, and life together is designed by God to be.
- **THE GOSPEL OF RACIAL RECONCILIATION BY DR. RUSSELL MOORE AND ANDREW T. WALKER** The problem of racism stretches back as far as humanity's origin in the book of Genesis. Brother pitted against brother, tribe against tribe—people have warred against one another, fueled by contempt for racial differences. Yet the gospel is a message of reconciliation. The kingdom of God is us reconciled to one another. Editors Russell Moore and Andrew T. Walker of the Ethics and Religious Liberty Commission (ERLC) assemble leading voices to frame the issues with a gospel-centered perspective.
- **THE NEXT WORSHIP: GLORIFYING GOD IN A DIVERSE WORLD BY SANDRA MARIA VAN OPSTAL** Innovative worship leader Sandra Maria Van Opstal is known for crafting worship that embodies the global, multiethnic body of Christ. Likening diverse worship to a sumptuous banquet, she shows how worship leaders can set the table and welcome worshipers from every tribe

and tongue. Van Opstal provides biblical foundations for multiethnic worship, with practical tools and resources for planning services that reflect God's invitation for all peoples to praise him.

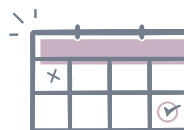
- **ONE BODY, ONE SPIRIT: PRINCIPLES OF SUCCESSFUL MULTIRACIAL CHURCHES BY GEORGE YANCEY** Sociologist George Yancey's groundbreaking research on multiracial churches offers key principles for church leaders who want to minister to people from a variety of racial and cultural backgrounds. Insights from real-life congregations provide concrete examples of how churches can welcome those who have been marginalized, giving people of all heritages a sense of ownership and partnership in the life of the church.
- **ONENESS EMBRACED: RECONCILIATION, THE KINGDOM AND HOW WE ARE STRONGER TOGETHER BY DR. TONY EVANS** Fully encompassing areas of unity, history, culture, the church and social justice, Dr. Evans looks to the scriptures for the balance between righteousness and justice that is crucial for applying truth in this generation, and in training the next. A full section on black church history provides a background and understanding that has often been neglected. Recalling experiences in his own evangelical journey, Dr. Evans shares kingdom-minded approaches for biblical justice and social restoration.
- **UNITED: CAPTURED BY GOD'S VISION FOR DIVERSITY, BY TRILLIA NEWBELL:** On the Last Day every tongue and tribe will be represented in the glorious chorus praising God with one voice. Yet today our churches remain segregated. Can we reflect the beauty of the last day this day? United will inspire, challenge and encourage readers to pursue the joys of diversity through stories of the author's own journey and a theology of diversity lived out.
- **UNITED BY FAITH: THE MULTIRACIAL CONGREGATION AS AN ANSWER TO THE PROBLEM OF RACE BY CURTISS PAUL DEYOUNG** In this important new book, readers will glimpse a way

forward, a path toward once again making the church the basis for racial reconciliation in our still-splintered nation. Examining this issue from biblical, historical, and theological perspectives, a multiracial team of sociologists and a minister of the Church of God argue that multiracial Christian congregations offer a key to opening the still-locked door between the races in the United States.

## Focus on the Family Daily Broadcasts

To listen, purchase or download:  
[FocusontheFamily.com/Radio](http://FocusontheFamily.com/Radio)

- **SEEING RACE THROUGH JESUS' EYES I-II**  
Dr. Tony Evans
- **BIRMINGHAM AND BEYOND: RACIAL TENSIONS IN AMERICA I-III** Carolyn McKinstry



## DAYS TO REMEMBER

**MARCH 21:** International Day for Elimination of Racial Discrimination

**DECEMBER 1:** Rosa Parks Day

## Martin Luther King Day

Martin Luther King Day is a federal holiday held on the **3<sup>RD</sup> MONDAY OF JANUARY**. It celebrates the life and achievements of Martin Luther King Jr., an influential American civil rights leader. He is most well-known for his campaigns to end racial segregation on public transport and for racial equality in the United States.<sup>161</sup>

## Black History Month, or National African American History Month



Black History Month, or National African American History Month, is an annual celebration of achievements by black Americans and a time for recognizing the central role of African Americans in U.S. history. The event grew out of “Negro History Week,” the brainchild of noted historian Carter G. Woodson and other prominent African Americans. Since 1976, every U.S. president has officially designated the month of February as Black History Month. Other countries around the world, including Canada and the United Kingdom, also devote a month to celebrating black history.<sup>162</sup>

### National Hispanic Heritage Month

During National Hispanic Heritage Month **(SEPTEMBER 15 TO OCTOBER 15)** we recognize the contributions made and the important presence of Hispanic and Latino Americans to the United States. Hispanics have had a profound and positive influence on our country through their strong commitment to family, faith, hard work, and service. They have enhanced and shaped our national character with centuries-old traditions that reflect the multiethnic and multicultural customs of their community. The event began in 1968 when Congress deemed the week including September 15 and 16 National Hispanic Heritage Week to celebrate the contributions and achievements of the diverse cultures within the Hispanic community. In 1988 that the event was expanded to month-long period.<sup>163</sup>

### Asian/Pacific American Heritage Month

Asian/Pacific American Heritage Month is a month to celebrate and pay tribute to the contributions

generations of Asian/Pacific Americans have made to American history, society and culture. In 1992, Congress designated May as Asian/Pacific American Heritage Month, a celebration of Asians and Pacific Islanders in the United States. The month of May was chosen to commemorate the immigration of the first Japanese to the United States on May 7, 1843, and to mark the anniversary of the completion of the transcontinental railroad on May 10, 1869. The majority of the workers who laid the tracks were Chinese immigrants.

*\*This is not a complete listing of all the sanctity and dignity of life topical remembrance days. For more see your national or local listings.*









PRE-BORN CHILDREN & ABORTION

ADOPTION & ORPHAN CARE

SPECIAL NEEDS

HUMAN TRAFFICKING

RACISM

**POVERTY & DEATH FROM  
PREVENTABLE DISEASE**

PRISON MINISTRY

IMMIGRANTS & REFUGEES

END OF LIFE

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**PRO-LIFE**







PSALM 12:5

*“Because the poor are plundered,  
because the needy groan, I will now  
arise,” says the Lord; “I will place him  
in the safety for which he longs.”*

Concern for the poor involves  
more than mere pity; it requires  
action. This is what it means  
to be pro-life.

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## THE SHIFT FROM ALLEVIATING POVERTY TO CREATING PROSPERITY

*By Michael Matheson Miller*

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We see poverty in the developing world and we ask—what can I do? So we send food, water, clothes. We sponsor children, build wells, start schools and go on mission trips; we wear wristbands, we sign petitions, we advocate. But what if the question that animates our activity is the wrong one?

What if instead of asking how we can alleviate poverty, we asked, “How do people in the developing world create prosperity for their families and their communities?”

This sounds like a simple shift, but it can transform the way we think about poverty and the poorest among us because it takes the focus off ourselves and puts it where it belongs. People in need are not objects of our charity, they are subjects, and should be seen as the protagonists of their own development. Changing the question helps lead to an inter-subjective relationship.

Ask people in the developing world what they want most, and they don’t mention more aid or charity. They want jobs; they want the opportunity to build businesses; they want access to markets, to broader circles of exchange so they can provide for their families. As Ghanaian entrepreneur Herman Chinery-Hesse told me, “The people here are not stupid. They’re just disconnected from global trade.”

Another African business person I learned from was Joshua Omoga, a Kenyan shop owner who lives in Kibera, one of the largest slums in Africa. After years of trying to find work, he borrowed several dollars from a friend and started selling vegetables on the street. He slowly grew the business, working from 5 in the morning until 10 at night, and now sells sundry goods—fruits and vegetables, small bags of flour and oil for baking—from the tiny shop attached to his house. He’d like to grow his business; but in Kibera there is virtually no titled property, and he cannot register his business. He is trapped in the “informal” economy.

Joshua said he’s now saving to send his son to primary school and hoping to save enough to move out of Kibera where he can get titled property and enter into the formal economy. Joshua doesn’t lack motivation or entrepreneurial hustle, and his biggest needs can’t be provided by another donation. What he needs most is a framework of justice that enables entrepreneurs to flourish. Joshua’s story is all too familiar in the developing world. Herman Chinery-Hesse, puts it bluntly. “Property rights are a terrible, terrible problem,” he says. “You are stuck in a hole in a village with all your skills and all your talent and that’s just unfortunately the way it is.”

**The insight is easy to miss: We can make the mistake of thinking about poverty as primarily a lack of material goods, so we try to solve this by providing food, wells, electricity or education.**



How often have we heard it said that if Christians were more generous and joined together to help the developing world we could end poverty? Well, we should be more generous; we should be less attached to material things. This will help our souls, build our communities and, in situations of dire emergencies, make the difference between life and death. But it is a mistake to think this will end poverty.

Poor countries aren't poor because they lack tangible things like clothes or electricity or education. They are poor because they lack the intangible foundations of social justice that enable people to create wealth for themselves and their communities, things like clear property title, freedom to start and register a business, access to networks of productivity and circles of exchange, and the expectation that their business contract will be honored and they'll receive justice and fair resolution if it isn't. We can take these intangibles for granted, but without them long-term, sustainable wealth creation is impossible.

What's more, these things are a part of the Judeo-Christian tradition. To be clear, the church's central commission is to make disciples of the nations and bring people into eternal life with God. But Christianity is also concerned with helping to create the conditions for human flourishing and to live according to the Gospel. It just so happens that some of the things that enable human flourishing also help economic development.

So a question we can ask ourselves is whether all of our energies for helping relieve poverty

should be focused on material want? What if more Christians worked to promote justice and the rule of law, helped people, including the widow and the orphan, get and keep title to their property? What if instead of giving things away, Christians started investing in business, built partnerships and promoted freedom of exchange?

The good news here is that a lot of Christians are working in this space. One of these is Partners Worldwide, a Christian non-profit that promotes and assists promising businesses in twenty developing countries around the world. The organization's president, Doug Seebeck, emphasizes that for most of the world, the need isn't to give them the proverbial fish or even teach them to fish. Most people know how to fish, know how to farm, know how to buy and sell. What they need most is "access to the pond," to the wider circles of enterprise and exchange that would allow them to multiply their energies and talents.

We're back to Hesse's point: too many people are walled off from wider networks. Sometimes the wall is a lack of property rights or rule of law for the poor. Other times it's unfair trade policies that favor the rich and politically well connected. What are North American Christians doing to advocate for free and competitive markets that give struggling entrepreneurs from poor nations real access to markets?

Another thing to think about: Christians have been very generous sponsoring children throughout the world, and this has made a powerful impact in the lives of millions of children. At the same

time it is useful to remind ourselves of our hopes for these children and their families. If we were in need, what would we prefer—someone to pay for our child's schooling, or better opportunities so we could provide for our own children? We think a lot about individuals; are we thinking enough about working with parents and families? This goes back to viewing people as subjects and not as objects of charity.

Finally, Christians must never forget the meaning of charity and the power of the Gospel to transform lives promotes strong families, vibrant communities and a culture of trust. Charity is not simply helping people in need. Charity is a theological virtue. It is *caritas*, agape, Christian love. Love means to seek the good of the other, to will the other's good. Charity desires for the other human flourishing—in this life and the next.

Christians are called to help the poor, but we are not called to mere humanitarianism. Nor are we called to random acts of kindness. We need

a heart for the poor, but we also need a mind for the poor. We need to ground our charity in truth, the truths of economics and most important, the truth about the human person. For when we understand the human person, created in the image of God with creative capacity, it changes everything about the way we understand charity, missions and development.<sup>165</sup>

*Michael Matheson Miller is Research Fellow and Director of Acton Media at the Acton Institute and the Director and Host of the PovertyCure DVD Series. □*



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## DEATH STALKS THE POOR

*By Compassion International*

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More than 3 billion people across the world struggle to survive on less than \$2.50 per day. The battle against poverty quickly turns deadly when serious injury, malnutrition, waterborne illnesses, or diseases like malaria or HIV overwhelm a family. Throughout the developing world, millions have little or no access to medical care or simply can't afford what little care may be available.

- **30,000** children under 5 die every day, mostly from treatable diseases.
- **99 PERCENT** of all maternal deaths occur in developing countries.
- **3 MILLION** people die annually from vaccine-preventable diseases.
- More than **1 BILLION** people in the world will never see a doctor in their lifetimes.

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## QUICK FACTS ABOUT POVERTY<sup>166</sup> BY COMPASSION INTERNATIONAL

Poverty is a devastating problem of global proportions. To be effective in fighting poverty, we need to understand the truth about it. These poverty facts shine some light onto the reality of poverty around the world.

Poverty is a ruthless and relentless enemy with an arsenal of weapons: infant mortality, hunger, disease, illiteracy and child labor, among other things. The list of obstacles the poor must overcome seems endless.

These poverty facts highlight the devastating effect poverty has on its victims, especially the most vulnerable.

- Based on the updated poverty line of **\$1.90** a day, World Bank projections suggest that global poverty may have reached **700 million**, or **9.6 percent** of global population, in 2015.
- Almost **three-fifths** of the world's extreme poor are concentrated in just five countries: Bangladesh, China, the Democratic Republic of Congo, India, and Nigeria.
- **1/3** of all poor in the developing world are children **0–12** years.
- In developing countries (where **92 percent** of children live) **7 in 100** will not survive beyond age 5.
- In developing countries nearly half of all mothers and newborns do not receive skilled care during and immediately after birth.
- Up to **two-thirds** of newborn deaths can be prevented if known, effective health measures are provided at birth and during the first week of life.
- Every day, **800** women die from causes related to pregnancy, childbirth, or postpartum. Most maternal deaths occurred in developing countries.
- More than **eight in 10** Americans (**84 percent**) are unaware global poverty has decreased by more than half in the past **30** years. More than two-thirds (**67 percent**) say they thought global poverty was on the rise over the past three decades.

## QUOTABLE

From the website of Compassion International: <sup>169</sup>

*“Wars of nations are fought to change maps.  
But wars of poverty are fought to map change.”*  
—**Muhammad Ali, professional boxer.**

*“Poverty is like punishment for a crime you didn’t commit.”* —**Eli Khamarov, writer.**

*“Where you live should not determine whether you live, or whether you die. To me, a faith in Jesus Christ that is not aligned with the poor ... it’s nothing.”* —**Bono, singer-songwriter and philanthropist.**

*“Extreme poverty anywhere is a threat to human security everywhere.”* —**Kofi Annan, Seventh Secretary-General of the United Nations.**



*“The world is a dangerous place, not because of those who do evil, but because of those who look on and do nothing.” —Albert Einstein, theoretical physicist.*

*“When a poor person dies of hunger, it has not happened because God did not take care of him or her. It has happened because neither you nor I wanted to give that person what he or she needed.” —Mother Teresa, Roman Catholic nun.*

*“There are people in the world so hungry that God cannot appear to them except in the form of bread.” —Mahatma Gandhi, Indian political and spiritual leader.*

## SCRIPTURE

*Jesus demonstrated compassion, and so should we:*

**MARK 8:2-3** *“I have compassion on the crowd, because they have been with me now three days and have nothing to eat. And if I send them away hungry to their homes, they will faint on the way. And some of them have come from far away.”*

*Scripture summons us to help the poor:*

**MATTHEW 25:34-40** *Then the King will say to those on his right, “Come, you who are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world. For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me.” Then the righteous will answer him, saying, ‘Lord, when did we see you hungry and feed you, or thirsty and give you drink? And when did we see you a stranger and welcome you, or naked and clothe you? And when*

*did we see you sick or in prison and visit you?” And the King will answer them, “Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.”*

**PSALM 41:1** *“Blessed is the one who considers the poor! In the day of trouble the Lord delivers him...”*

**PROVERBS 14:31** *“Whoever oppresses a poor man insults his Maker, but he who is generous to the needy honors him.”*

**PROVERBS 21:13** *“Whoever closes his ear to the cry of the poor will himself call out and not be answered.”*

**PROVERBS 28:27** *“Whoever gives to the poor will not want, but he who hides his eyes will get many a curse.”*

*Jesus says that to love God and to love our neighbors are the key commandments:*

**MATTHEW 22:34-40** *“But when the Pharisees heard that he had silenced the Sadducees, they gathered together. And one of them, a lawyer, asked him a question to test him. “Teacher, which is the great commandment in the Law?” And he said to him, “You shall love the Lord your God with all your heart and with all your soul and with all your mind. This is the great and first commandment. And a second is like it: You shall love your neighbor as yourself. On these two commandments depend all the Law and the Prophets.”*

## FROM PASTORS AND AUTHORS



### GLOBAL HUNGER RELIEF

*By Daniel J. Hurst*

World hunger is an issue that affects millions of people on both an international and domestic scale, irrespective of geography or ethnicity. According to the United Nations World Food Programme, 1 in 8 people in the world do not get enough food to lead an active and healthy life, which equates to over 800 million worldwide. This means that hunger and malnutrition are the greatest threats to global health—more so than even AIDS, malaria, and tuberculosis combined.

With the world hunger crisis at such an alarming level, why should Christians care about this food shortage? We ought to care about the hunger crisis in the world because of the following biblical principles:

- **COMPASSION (MARK 8:2-3)**
- **SUMMONS TO HELP THE POOR (PSALM 41:1; PROVERBS 14:31, 21:13, 28:27)**
- **LOVING OUR NEIGHBORS AS WE LOVE OURSELVES (MATTHEW 22:34-40)**

Compassion for the undernourished, our summons to help the poor, and loving our neighbor as our own self are interrelated. Scripture implores Christians to respond to the issue of hunger with compassion as we recognize that concern

for spiritual nourishment is not in and of itself sufficient; we must also be concerned for bodily nourishment. When we put a person's material and nutritional needs within scope of our concern, the Scriptures and Christian history bear witness that a person's material needs often serve as a vehicle to their most pressing spiritual need—the true bread from heaven, Jesus Christ (**JOHN 6:32**).

After teaching spiritual truths to a great multitude for several days, Jesus called his disciples to himself and said, “I have compassion on the crowd, because they have been with me now three days and have nothing to eat. And if I send them away hungry to their homes, they will faint on the way. And some of them have come from far away.”

Being educated about the need in the world and what is being done to combat hunger, regular prayer and fasting, and generous giving to support the fight against world hunger are important steps as we seek to fight against the world's foremost cause of death.

For Christians, active concern for those suffering from hunger confirms the reality of God in our lives. Men will glorify our Father in heaven not only because of what we say, but because our lights are shining and they have seen our good deeds (**MATTHEW 5:16**).<sup>167</sup>

*Daniel J. Hurst is a ThM Ethics student at The Southern Baptist Theological Seminary and serves as the Presidential Intern for The Ethics & Religious Liberty Commission. □*



## **After a generation of massive global progress, aid and mission efforts are pointing the same direction.**

For the last hundred years, evangelicals have debated the false dichotomy of proclaiming the good news versus performing good deeds.

But in today's world it just might be that the most effective way to bring the good news to the most difficult-to-reach nations is to weld the two together—in the very same way Jesus did. In fact, the physical and spiritual needs in our world not only make this approach effective but also essential.

I believe this was the essence and example of Jesus' life. "Go back and report," He said, "that the blind receive sight, the lame walk, those who have leprosy are cleansed, the deaf hear, the dead are raised, and the good news is proclaimed to the poor." **(MATTHEW 11:5)**

In the year before he died, missiologist Ralph Winter said this integration of gospel proclamation and social action was the most important trend in global mission. "We need both to save people from sin and from malaria," he said. "Evangelism. . . becomes weak and lacks credibility if it does not generate committed believers who will tackle the world's problems."

## **The Great Commission and the Great Commandment are calling us out of our comfort zones and into the world's brokenness. Jesus waits for us there.**

We need this holistic approach to missions, perhaps now more than ever. The major trends in both global poverty and mission are pointing us to the same places—regions where the church is least established and where poverty and human suffering is most acute. The Great Commission compels us to go to those countries in our world where people have not heard the gospel. And the Great Commandment tells us to love our neighbors. Today, those twin commands send us to the same contexts.

Jesus is calling us into the broken places, the bleeding edges of our world. He has always called us to follow him into the world's brokenness and pain, acting as his ambassadors and as healers, reconcilers and redeemers.

### **Poverty's Retreat**

To understand why the world's poverty and the spread of the gospel now compel us to go to these most challenging places, we need to look at the progress the world has made. Since 1990:

- **2 BILLION** people have gained access to clean water;
- **56 MILLION** people are no longer hungry;
- Malaria infection rates are down by a third in Africa, helping to prevent a million deaths;
- Tuberculosis deaths have fallen by **45 PERCENT**;
- Maternal mortality rates have fallen by half.



These are incredible gains. The proportion of people living in extreme poverty is now half of what it was 25 years ago. And the new Sustainable Development Goals have set a target of eliminating extreme poverty by 2030.

**But this progress is leaving many people behind. In about 50 countries—characterized by conflict, natural disasters, poor governance, and other chronic issues—there has been no progress defeating poverty.**

These marginal places—Somalia, Bangladesh, South Sudan, or Syria—will soon represent more than 50 percent of the world's poor, even though they have only 20 percent of the world's population. Already poverty in these fragile countries is deeper and more entrenched than elsewhere. They are the home countries to many of the world's 50 million refugees. These countries are also home to:

- **77 PERCENT** of the world's school-age children who are not in school;
- **70 PERCENT** of the world's infant deaths;
- **65 PERCENT** of the world's people without access to safe water;
- **60 PERCENT** of the world's undernourished people.

These are also countries that have been resistant to the gospel. Of the top ten fragile states, seven have non-Christian majorities. Across the 1.4 billion people living in fragile states, 69 percent of them are non-Christian. Of the world's 1.6 billion Muslims, half live in fragile states.

Winter says that we need to make priorities as we seek to transform our world, and we should go first where the darkness is deepest—where the gospel is absent and the human need the greatest.

### The World's Immune System

Pope Francis has likened the church to a field hospital for the world's sick and wounded. I like Pope Francis, but I prefer to think of churches as white blood cells. We don't sit back behind the front lines. Instead, like white blood cells, we scour the earth looking for the wounds and infections that threaten. Then we rush to the hurting places to heal and mend.



As I spoke to one pastor about the poverty retreating to fragile states, he told me it sounded like a job for US Secretary of State John Kerry, not for a pastor. But when I told him that's where the gospel is least established and also where the "least of these" lived, he said, "Count me and my church in!"

Unfortunately, too many of us have the same initial response as my pastor friend. It's someone else's job. The issues in fragile states are complex. They often involve fractious politics and religious tensions. They involve civil war and human rights abuses in places where it's hard to tell the "good guys" from the "bad guys." They are in places like Pakistan or Somalia where Americans may not be welcomed. They involve work in hard places like the Central African Republic and South Sudan, where civil wars have led to atrocities and horror.

The current conflicts in the Middle East are a case in point. Warring factions have beheaded Christians, broken international laws, violated human rights, and ruined cities. The violence has affected 12 million people, causing 4 million to flee Syria and Iraq as refugees. A quarter of a million people have died. The conflict is man-made, mind-numbing and largely Muslim, and our understanding of it is skewed by a media that focuses on the politics, not on the people.

As a result, for four years, most Americans turned away from the carnage, showing little compassion. And then a little boy washed up on a beach.

Everything changed when the photo of Aylan Kurdi, the three-year-old boy who drowned trying to escape to Europe, hit the international newswires.

Suddenly everyone cared about Syria. And while it hasn't ended the war, all that attention is making a difference. Children will be able to sleep in shelters and under blankets. Mothers will have enough food to cook for their families. Fathers will be able to find jobs because the organizations trying to make a difference have the resources to do so. In other words, good Samaritans responded.

What if while Christians are beheaded in the Middle East, American churches rushed to the assistance of Muslims fleeing Syria and Iraq? What if our churches partnered with churches in Lebanon struggling to care for Syrian refugees? What if we showed America and the world the power of the gospel to transform lives—physically and spiritually?

The church has always faced defining moments as the world changed around it. I believe we are at such a defining moment. It is my dream that the church would step up and respond with the love of Christ to the world's greatest needs. God so loved the world that he died for children like Aylan Kurdi, and I believe his heart is broken when any child suffers and dies needlessly.

If we are to love this same world as God does, we will have to see it through his eyes. We will have to put aside our many biases and look far beyond our churches and local communities. The Great Commission and the Great Commandment are calling us out of our comfort zones and into the world's brokenness. Jesus waits for us there.<sup>168</sup>

*Richard Stearns is president of World Vision US and author of The Hole in Our Gospel and Unfinished. □*

## WAYS TO BE A VOICE

There are many fine organizations that provide practical support to those in poverty, addressing the root causes of preventable death, in a holistic way that includes spiritual nourishment and sharing the good news of God's love. These are just a few organizations, to give examples of ways that you can help:

### Compassion International

The Child Survival Program (CSP) is a proven way to help babies and moms in poverty survive through life-giving relationships with trained specialists who provide both physical and spiritual care.

Each year, up to 1.5 million babies die within the first 24 hours of life, often because a mom gives birth alone. Last year, 6.9 million children under age 5 died, mostly from preventable causes like dehydration and malnutrition. The Child Survival Program offers much-needed immunizations, prenatal and medical care, food and water to meet critical physical needs, and provides emotional and spiritual support through trained specialists who make home visits. The Child Survival Program works through local Christian churches, and babies and moms are given both help for today and hope for the future. The program nurtures the whole person—physically, emotionally, socially, economically and spiritually. Each baby and mom is personally known, loved and protected, developed for the long term, rather than simply given short-term relief.

### World Vision

World Vision centers its health strategy on mothers and young children through a continuum of care and life cycle approach to promote health and nutrition practices and prevent major causes of disease. It uses the WHO and UNICEF integrated approach in its health programming for the well-being of children and management of childhood illnesses through immunizations, community case management of diarrhea and acute respiratory diseases, and promotion of bed nets for use against malaria.

The focus is on improving the availability and accessibility of seven proven and affordable interventions for pregnant women and 11 interventions (7-11 strategy) for children under 24 months of age, a critical time to establish healthy physical and developmental growth.

#### These interventions include:

- Basic medicines and products used to prevent and treat illnesses at the community level.
- Working with local health workers, in-country partners, and communities.
- Providing products, training, supervision, and financial support.
- Addressing under-nutrition, which contributes to **45 PERCENT** of deaths of children under 5

### Samaritan's Purse

Samaritan's Purse works to meet the physical and spiritual needs of people around the world through several hunger relief programs, including therapeutic feeding for malnourished children and nursing mothers, emergency food distributions



in crisis situations, hot meals for orphans and the elderly, and food parcels for families in poor neighborhoods.

An estimated 842,000 people die each year from diseases caused by unclean water, inadequate sanitation, and poor hygiene habits. The majority of these are children in developing countries. Providing clean water, coupled with health and hygiene education, is perhaps the most effective measure we can take in preventing infectious disease. Samaritan's Purse works around the world to provide clean water and promote safe hygiene practices.



## Convoy of Hope

Convoy of Hope is a faith-based, nonprofit organization with a driving passion to feed the world through children's feeding initiatives, community outreaches and disaster response.

As a faith-based, international, humanitarian-relief organization strategically based in Springfield, Missouri—the crossroads of America—our goal is to bring help and hope to those who are impoverished, hungry and hurting.

### We do this by:

- **ENGAGING.** Each year—in dozens of communities throughout the nation—guests of honor receive free groceries, health and dental screenings, haircuts, family portraits, hot meals, job-placement assistance and much more at our signature events.
- **CARING.** We partner, resource and empower rural churches through training, mentoring and coaching so they can enhance their presence in their communities.
- **NOURISHING.** Nearly 150,000 children in 10 nations are being fed nutritious meals by us. The food opens doors for education, clean water, a sense of hope and much more.
- **GROWING.** Impoverished farmers and families are equipped with the skills, tools and seeds to produce life-sustaining crops through the agricultural work we conduct throughout the world.
- **RESPONDING.** Among the first to respond to disasters throughout the world.
- **PARTNERING.** We empower like-minded organizations, who are doing good work among the poor and suffering in their communities. This is accomplished by providing such friends with food, water, supplies and much more.

[ConvoyofHope.org/about](http://ConvoyofHope.org/about)

## RESOURCES

**COMPASSION INTERNATIONAL** offers resources for church leaders to help your church fellowship develop a heart for the poor and grow in their relationship with Christ. Whether you're preparing a sermon, equipping a team or being intentional about keeping your own heart soft to global issues, these resources will be updated regularly to serve you as a leader. Visit [compassion.com/church-engagement/pastor-resources.htm](https://compassion.com/church-engagement/pastor-resources.htm).

**THE COMPASSION EXPERIENCE** is an eye-opening journey that lifts the curtain on the realities of extreme poverty. It allows people to walk a child's path from hardship to hope, giving poverty a face, a name and a story. It takes less than 20 minutes to walk through, and there is no charge for admission. This interactive, immersive display will bring your church as close to another country and culture as possible without a passport. It's an opportunity to unite your church staff, rally your youth group, energize small groups, and challenge every age group within your church family to consider how God could use them for the sake of a child in poverty. To find out when a Compassion Experience is coming to your community, visit [CompassionExperience.com](https://CompassionExperience.com).

**POVERTYCURE** exists to facilitate the global conversation on poverty and equip its participants with resources that promote lasting, enterprise-based solutions that affirm the role of individuals and families in turning around their situations. Every human bears the image of God—and we're committed to support our network partners as they

work to release that divine spark in communities around the world. Find resources like the ones below at [PovertyCure.org](https://PovertyCure.org).

- **HOST A CONVERSATION** within your church, business, organization, or community. As a host, you would bring in an experienced PovertyCure Conversationalist who would work with you to facilitate a dynamic discussion in your city.
- **SPONSOR A TRAINING** in your church, organization, business or community. Using our ReThink Missions resources and other PovertyCure media and training materials, an experienced PovertyCure trainer will work with you to host a tailored training event in your city to ensure maximum long-term impact through your missions, charitable, or community development efforts.
- **RETHINK MISSIONS TOOLKIT** is designed for use in church small groups, mission sending agencies and universities. The content greatly assists in helping to form the proper framework for how to best think about and help those living in poverty around the world.

### **SAMARITAN'S PURSE / OPERATION CHRISTMAS CHILD:**

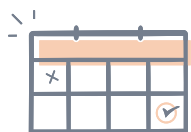
The world's largest Christmas project of its kind, Operation Christmas Child, a project of Samaritan's Purse, uses gift-filled shoeboxes to demonstrate God's love in a tangible way to children in need around the world. Individuals, families, churches and groups fill empty shoeboxes with a "wow" item—like a doll or soccer ball—and other fun toys, school supplies, hygiene items and notes of encouragement. During National Collection Week in mid-November, Samaritan's Purse collects the gift-filled shoeboxes at more than 4,000 drop-off sites in all 50 states and Puerto Rico. For more information visit [SamaritansPurse.org](https://SamaritansPurse.org)—Search "Operation Christmas child."

**WORLD VISION'S REFUGEE SUNDAY KIT** has tools for your church's weekend services to tell the stories of families fleeing violence, to understand God's heart for the most vulnerable, and tangible ways to make a difference. The Kit includes a four week study that explores the Biblical themes of compassion and love for our neighbor that will challenge them to put their faith into action, as well as a video to inspire your congregation, and talking points and sermon notes. Learn more at [WorldVision.org](http://WorldVision.org)—Search “Refugee Sunday Kit.”

### Focus on the Family Daily Broadcasts

To listen, purchase or download:  
[FocusontheFamily.com/Radio](http://FocusontheFamily.com/Radio)

- **CHANGING LIVES IN THE INNER CITY** I-II Panel
- **A VISION OF CHRIST AMONG THE WORLD'S POOR** Richard and Reneé Stearns
- **HAVING COMPASSION FOR THE WORLD'S CHILDREN** Dr. Wess Stafford



## DAYS TO REMEMBER

**OCTOBER 17:** International Day for the Eradication of Poverty











PRE-BORN CHILDREN & ABORTION

ADOPTION & ORPHAN CARE

SPECIAL NEEDS

HUMAN TRAFFICKING

RACISM

POVERTY & DEATH  
FROM PREVENTABLE DISEASE

PRISON MINISTRY

IMMIGRANTS & REFUGEES

END OF LIFE

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**PRO-LIFE**







HEBREWS 13:3

*Jesus spent much of His time seeking out and interacting with those who were deemed unworthy and unlovable.*

To remember those who are in prison, as though in prison with them. This is what it means to be pro-life.



## WHAT THE BIBLE SAYS ABOUT PRISON MINISTRY

By Prison Fellowship Ministry

*"I was in prison and you came to visit me ... I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me."*  
**(MATTHEW 25:36, 40)**

When Jesus was berated for eating with tax collectors and sinners, He answered that "it is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners"  
**(MARK 2:17).**

Back in the day, tax collectors had fallen into their own category of contempt—set apart, it seems from the rest of the sinners. They were loathed as corrupt, treacherous ... criminal. Yet Jesus went to them, spent time with them, shared a friendly meal with them. He did not overlook what they had done or what they had become. But in the moral "sickness" of their sin, He offered them the healing of His forgiveness, His salvation, and even His friendship.

One of those loathed tax collectors was Zacchaeus, a corrupt man who had grown rich by cheating others. When he climbed a tree to see what this Jesus was all about, the Lord invited Himself to dinner with Zacchaeus—again, to the irritation of the more "righteous" people in the crowd. But that loving invitation brought this corrupt tax collector to repentance and transformation—ready to make amends for his crimes. And then Jesus made an announcement to the crowd. "This man, too, is a son

of Abraham" **(LUKE 19:9)**. This man that the others had considered an outcast was to be restored as a brother.

### **If Jesus were on earth today, would we find Him in the prisons, talking and dining with the most loathed criminals and outcasts?**

Of course we would. He would be there "to seek and to save the lost" and to restore them to sonship, just as He did with Zacchaeus.

Here are some steps you can take to follow Jesus into the prisons and into the communities to minister to prisoners, ex-prisoners, and their families.

**FOLLOW JESUS' EXAMPLE:** "Be imitators of God, therefore, as dearly loved children and live a life of love, just as Christ loved us and gave himself up for us as a fragrant offering and sacrifice to God." **(EPHESIANS 5:1)**

- God does not despise the broken; nor should we. Rather, we are to imitate the One who came to seek and to save the lost—as we once were—no matter what type of bonds enslave and cripple them.
- Jesus identifies strongly with the weak, the helpless, and the outcast. He considers the way we treat them to be the way we treat Him. He wants us to identify with them as well, putting ourselves in their shoes and caring for them.
- Jesus admonishes us to show no partiality to others on the basis of their status in life. All are equally in need of Christ for forgiveness and salvation. All have equal potential to become mighty men and women of faith.

**SHARE FREEDOM BEHIND BARS:** "Jesus replied, 'I tell you the truth, everyone who sins is a slave



to sin. Now a slave has no permanent place in the family, but a son belongs to it forever. So if the Son sets you free, you will be free indeed.” (JOHN 8:34-36)

- God seeks to set prisoners free—not always from their physical prison, but certainly from their imprisonment by sin, ignorance, rebellion, and foolish choices. Jesus identified Himself as the source of this freedom. As this is an important part of God’s work, it is an important part of the Church’s work as well.
- Society may intend prison to be a place of punishment, but God can use it as a place of refinement and transformation. He does not give up on those in prison, but pursues them in love.
- We all know what it’s like to be in bondage to—imprisoned by—our sin and foolishness apart from Christ. This is why many who work in prison ministry say, “I am really no different from those in prison.”

#### INTRODUCE PRISONERS TO GOD’S MERCY:

“Listen to my cry, for I am in desperate need; rescue me from those who pursue me, for they are too strong for me. Set me free from my prison, that I may praise your name. Then the righteous will gather about me because of your goodness to me.” (PSALM 142:6-8)

- Most men and women in prison are there for a reason: They did the crime and are doing the time. Hitting rock bottom is what prods many offenders to take an honest look at their lives and cry out to God for mercy. And God is ready to give it.
- Transformed lives point everyone’s attention to God! This is the greatest motivation to get involved in prison ministry. No one else can take credit for the miraculous turnaround in criminals’ lives.

**WELCOME YOUR BROTHERS AND SISTERS IN CHRIST:** “What good is it, my brothers, if a man

claims to have faith but has no deeds? Can such faith save him? Suppose a brother or sister is without clothes and daily food. If one of you says to him, ‘Go, I wish you well; keep warm and well fed,’ but does nothing about his physical needs, what good is it? In the same way, faith by itself, if it is not accompanied by action, is dead.” (JAMES 2:14-17)

- Despite their past, offenders who come to Christ have a new identity and a new relationship to the Church! We are to receive them as family, our brothers and sisters in Christ.
- As brothers and sisters, we are to assist Christians coming out of prison as they struggle over many hurdles to rejoin their families and their communities.

## QUICK FACTS ABOUT PRISONERS<sup>172</sup>

According to the U.S Bureau of Justice Statistics, more than **2.2 million** are in prison in America. That’s greater than the population of Houston, America’s fourth largest city.

- America Is Home to **25 percent** of All of the Prisoners in the Entire World.
- **60 percent** of the Prison Population is Minorities,
- Sentencing policies are notoriously discriminatory toward racial and ethnic minorities.
- **4 percent** of Prisoners Reported Being Raped—That’s More than **90K** People—in a Single Year.
- Even Though Violent and Property Crimes Dropped by **45 percent** over **20** Years, the Incarceration Rate Has Increased.



### Remember No One Is Beyond God's Reach

A person's past does not have to dictate his future. Even a former criminal, if he has learned from his mistakes and renounced his sins, can become a great leader in God's hands.

Consider Moses, who was a murderer and a fugitive from justice when God called him to lead His people out of slavery. In the heat of passion, he had killed an Egyptian, hidden him in the desert sand, and fled the country because the head of the government was out to execute him (**EXODUS 2:11-15**). Yet this is the man God called to lead His people to the Promised Land, to receive the Ten Commandments—to be a pivotal figure in salvation history.

Or think about the apostle Paul, a former religious zealot who had burned in his hatred for Christians and conspired in putting them to death for their faith. Yet Jesus called Paul to Himself, directed him to write most of the New Testament, and turned him into the early Church's greatest missionary to the Gentiles.

Because the Church is now Jesus' representative on earth, prison is where we should be as well—calling the sick to the healing touch of our Lord and Savior; still recognizing in them the dignity of God's creation, no matter how far they have fallen; trusting that no one—NO ONE—is beyond Christ's love and power to redeem. □ <sup>170</sup>



## National Fatherhood Initiative®

### THE FATHER FACTOR IN INCARCERATION

*From The National  
Fatherhood Initiative*

*There is a “father factor” in nearly all of the societal issues facing America today. We must realize there is a father absence crisis in America and begin to raise more involved, responsible, and committed fathers.*

- There are **2.7 MILLION** children with a parent in prison or jail.
- The number of children with an incarcerated father grew **79 PERCENT** between 1991 and 2007.<sup>173</sup>
- Even after controlling for income, youths in father-absent households still had significantly higher odds of incarceration than those in mother-father families. Youths who never had a father in the household experienced the highest odds.<sup>174</sup>
- Fathers in prison are, overwhelmingly, fatherless themselves.
- Youths in father-absent households have significantly higher odds of incarceration.
- More than **650,000** ex-offenders are released from prison every year.
- Fathers are returning to their families without the skills they need to be involved, responsible, and committed fathers.
- Two-thirds of released prisoners, or **429,000**, are likely to be rearrested within three years. □

## SCRIPTURE

**MATTHEW 25:39-40** *“When did we see you sick or in prison and visit you?” And the King will answer them, “Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.”*

**HEBREWS 13:3** *Keep on remembering those in prison. Do this as if you were together with them in prison. And remember those who are treated badly as if you yourselves were suffering.*<sup>171</sup>

**ROMANS 10:13-15** *For “everyone who calls on the name of the Lord will be saved.” How then will they call on Him in whom they have not believed? And how are they to believe in Him of whom they have never heard? And how are they to hear without someone preaching? And how are they to preach unless they are sent? As it is written, “How beautiful are the feet of those who preach the good news!”*

**ISAIAH 42:6-7** *“I am the LORD; I have called you in righteousness; I will take you by the hand and keep you; I will give you as a covenant for the people, a light for the nations, to open the eyes that are blind, to bring out the prisoners from the dungeon, from the prison those who sit in darkness.”*

**PSALM 146:7** *The LORD sets the prisoners free.*





## FROM PASTORS AND AUTHORS

### FEW PROTESTANT PASTORS, CHURCHES PRIORITIZE PRISON MINISTRIES

*By Bob Smietana*

Most Protestant pastors go to jail, at least for a visit, and want to help prisoners and their families. But their churches often lack the training or finances to run an effective prison ministry.

Those are among the findings of a new phone survey of 1,000 Protestant senior pastors from Nashville-based LifeWay Research.

#### Researchers found widespread support among pastors for the idea of prison ministry:

- **83 PERCENT** of pastors have visited a correctional facility.
- **97 PERCENT** believe churches should help families of those incarcerated.
- **95 PERCENT** believe churches should provide care for those getting out of jail.

Overall, few pastors have contact with many inmates or former inmates as a normal part of their ministry, said Scott McConnell, vice president of LifeWay Research. So prison ministry isn't a priority.

"When half the pastors haven't had someone from their church sent to jail, then prison ministry isn't on their ministry radar," McConnell said.

The report comes at a time when incarceration rates in the United States remain at record levels.

More than 2.2 million Americans are held in state and federal prisons or local jails, according to the Institute for Criminal Policy Research. That's more than in any other nation in the world.

More than a third (36 percent) of inmates in state and federal prisons are African-American, according to the Department of Justice. Those statistics have led to concerns about the high number of inmates and charges of racial disparity. LifeWay Research found pastors are split on those two questions.

#### Faithful volunteers are key

Karen Swanson, director of the Institute for Prison Ministries at Wheaton College, said pastors often don't know how to start ministering to inmates.

*Among Protestant Pastors*

#### Five top barriers churches face in expanding prison ministry:



Note: Respondents could select multiple choices

Other ministries, like distributing school supplies to kids or volunteering at a food pantry, are relatively easy to start.

**Ministering to inmates and their families is more difficult, she said, requiring special training and often a long-term commitment from volunteers.**

When churches do have a prison ministry, it is often run on an informal basis.

Swanson hopes more pastors will consider getting their churches involved in prison ministry. They may be surprised to find the ministry hits close to home. ***“The mission field is in your backyard,”*** she said. “Almost every county has a jail. And almost all prisoners are going to return home.”

McConnell said churches will face an uphill challenge to grow their prison ministries.

*“These are messy, long-term ministries,” he says. “You really have to demonstrate biblical faithfulness to be involved with them. It’s a lot easier to pick a ministry where there are quick rewards, but you would miss out on the opportunity to impact families and communities.”*<sup>175</sup>

Bob Smietana is a senior writer for Facts & Trends magazine, published by LifeWay Christian Resources. □



## THE IMAGE OF GOD AND PRISON REFORM

*By Elise Daniel*

In January 2015, faith leaders gathered in Washington D.C. to discuss restorative justice as a Christian approach to the criminal justice system. The event was hosted at the Family Research Council and organized by Justice Fellowship, an outgrowth of Prison Fellowship, Chuck Colson’s ministry to prisoners. Justice Fellowship was started to transform the injustices within our criminal justice system.

Heather Rice-Minus, senior policy advisor at Justice Fellowship, described restorative justice as an approach to the criminal justice system that recognizes and advances the dignity of human life. It prioritizes harmed party participation, promotes accountability of the responsible party, and cultivates community engagement.

Two current legislative areas of focus for Justice Fellowship includes limiting debt penalties for responsible parties and improving the victim compensation system by increasing program efficiency, minimizing financial waste, and getting more money into the hands of victims.

Rice-Minus calls the church to step up and act on the issue of criminal justice. She uses Dietrich Bonhoeffer’s explanation of the three ways the church can act towards the state (Taken from Bonhoeffer’s *The Church and the Jewish Question*):

- Ask the state whether its actions are legitimate and in accordance with its character as state, i.e. it can throw the state back on its responsibilities.
- Aid the victims of state action. The church has an unconditional obligation to the victims of any ordering of society, even if they do not belong to the Christian community.
- Not just to bandage the victims under the wheel, but to put a spoke in the wheel itself. Such action would be direct political action, and is only possible and desirable when the church sees the state fail in its function of creating law and order.

According to Bonhoeffer, the church is required to act if the law of the state is unjust. Whether it's "putting a spoke in the wheel itself" through legislative action or "bandaging the victims under the wheel" the church can be a powerful force in restoring justice and helping responsible parties rediscover their Imago Dei. There is one thing all Christians can agree on: criminals are redeemable, and justice means treating them as such.<sup>176</sup>

*Elise Daniel is a contributing writer for the Institute for Faith, Work & Economics. She has previously worked with the Values & Capitalism project at A.E.I. and the Acton Institute.* □



## HOW TO HELP THE 5 MILLION CHILDREN WHO HAVE HAD AN INCARCERATED PARENT

*By Christopher A. Brown*

More than 5 million of today's children have had an incarcerated parent with the vast majority of those parents being fathers. The role of father absence in the lives of prisoners and their children is sobering and well documented.

Fathers in prison, and many who end up in jail, are overwhelmingly fatherless themselves, and many of their children will follow in their fathers' footsteps without successful intervention. Research has shown that children with incarcerated parents are far more likely to commit crimes than are the children of non-incarcerated parents.

In light of this depressing statistic, a recent report from the Annie E. Casey Foundation provides recommendations for policies and practices that "put the needs of children and incarcerated parents first." These recommendations are sorely needed because of the devastating effects of incarceration on families and communities. These effects (quoted directly from the report) include:

- An added financial burden. Incarceration is a destabilizer, pushing families teetering on the edge into financial disaster. Losing a parent who is the breadwinner, often for a prolonged period, leaves families scrambling to cover basic needs along with legal and other court fees. When fathers are incarcerated, family income can drop by an average of **22 PERCENT**.
- A blow to child and family health and well-being. Having a parent incarcerated is a stressful, traumatic experience of the same magnitude as abuse, domestic violence and divorce, with a potentially lasting negative impact on a child's well-being. These young children lose a parent's support during their critical early years, a time when their families and communities should be laying the foundation for healthy development and success.
- New obstacles for families when parents return. Time behind bars limits parents' options for steady employment that pays well enough to support their kids. Returning parents struggle to find or maintain safe, stable housing for their families or, if they live apart, just for themselves.



- A drain on community resources and opportunity. The communities where children live don't go unscathed. Many are mired in poverty and contend with crime, poor quality housing, low-performing schools, and a dearth of resources that further prevent families from creating a safe and nurturing home environment.

**The report includes the following recommendations for policies and practices (again, quoted directly from the report):**

- Ensure children are supported while parents are incarcerated and after they return. Children need permanent family connections and stability to do well, and their families need the financial and emotional wherewithal to support their well-being. Providing mental health and counseling programs to family members who step up as caregivers during incarceration can help children withstand the repercussions of this disruption in their lives.
- Connect parents who have returned to the community with pathways to employment. Without education, training, and work experience, parents who have been incarcerated can't compete for today's family-supporting jobs. Providing sector-specific education and training—starting in prison—for jobs in high-demand industries such as information technology can help parents develop the skills necessary to resume their role as providers, while reducing their likelihood of returning to prison.
- Strengthen communities, particularly those disproportionately affected by incarceration and reentry, to promote family stability and opportunity. The communities where children reside can make or break a family's stability. Increasing communities' access to opportunity and strengthening community-based organizations and programs can help entire neighborhoods—and, therefore, the families living in them—minimize the economic and social effects of incarceration.

**We can all agree it is ideal for men to get out of prison or jail, become successful, contributing members of society, and stay out. Giving incarcerated fathers a vision that they have a unique and irreplaceable role in the life of their child along with increased confidence and changes in attitude and skills is a powerful motivator for successful reentry. Fathers who are involved with, and connected with their children and families prior to release are less likely to return to jail or prison.**

*Christopher A. Brown is President of National Fatherhood Initiative.*

*Download a PDF copy of A SHARED SENTENCE: The Devastating Toll of Parental Incarceration on Kids, Families and Communities: [aecf.org/m/resourcedoc/aecf-asharedsentence-2016.pdf](http://aecf.org/m/resourcedoc/aecf-asharedsentence-2016.pdf). □*



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## REDEPTIVE ACTION IN PRISONS

*By Jesse Carey*

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Jesus repeatedly taught that we are to minister to and care for those in prison, because the heart of his message is redemption. And, part of the calling of the church is to recognize injustice and to seek solutions that bring restoration to brokenness. America's prison problem is a scandal—that Christians especially should become informed about. Changing policies and reforming a broken system is essential, but so is our call to minister to those behind bars, pray for those in leadership, foster true rehabilitation and to create a culture not built on mass-punishment, but on grace, healing and redemption.<sup>177</sup>

*This is an excerpt from an article Jesse Carey wrote for Relevant Magazine. □*



## WAYS TO BE A VOICE



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### HOW YOUR CHURCH CAN BE INVOLVED IN PRISON MINISTRY<sup>178</sup>

*By Prison Fellowship Ministry*

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Join with other volunteers in your area to help bring restoration to people and communities.

- **EVANGELISM:** Special events at local correctional facilities.
- **MENTORING:** In-prison relational supporter & accountability.
- **BIBLE STUDIES & LIFE SKILLS:** Help prisoners apply God's Word to their daily lives.
- **MINISTRY DELIVERY:** Worship services, seminars, parenting classes, and other events.
- **ANGEL TREE:** Deliver a gift and the Gospel to a prisoner's child this Christmas.
- **MENTOR A RETURNING CITIZEN:** Provide encouragement, advice, and accountability to a returning citizen.
- **REENTRY TEAM:** Connect ex-prisoners with the resources they need to succeed.
- **PRAYER TEAM:** Join in prayer for prisoners, families, and communities.
- **ADVOCACY:** Raise your voice to advocate for restorative justice.

## RESOURCES

- **ANGEL TREE CHRISTMAS OUTREACH:** Every child has a story. For 2.7 million American children, that story is filled with the abandonment, loneliness, and shame that come from having a mom or dad in prison. For many, it may also include following their parents down the same destructive road to incarceration. Angel Tree, a program of Prison Fellowship, reaches out to the children of inmates and their families with the love of Christ. This unique program gives your church an opportunity to share Christ's love by helping to meet the physical, emotional, and spiritual needs of the families of prisoners. Learn more at [prisonfellowship.org/resources/angel-tree/](http://prisonfellowship.org/resources/angel-tree/).
- **NATIONAL FATHERHOOD INITIATIVE'S INSIDEOUT DAD®** program connects inmate fathers to their families, helping to improve behavior while still incarcerated and to break the cycle of recidivism by developing pro-fathering attitudes, knowledge, and skills, along with strategies to prepare fathers for release. Incarcerated fathers get the tools they need to become more involved, responsible, and committed in the lives of their children—providing increased motivation for them to get out and stay out. An evaluation conducted by Rutgers University found that fathers who went through InsideOut Dad® while in prison showed statistically significant increases in fathering knowledge and confidence/self-esteem compared to a control group. Training for those wishing to implement the program in their local community is available through NFI. Learn more at [fatherhood.org](http://fatherhood.org).
- **PRISON FELLOWSHIP:** For 40 years, Prison Fellowship has been working alongside churches and individuals, taking the Good News of Jesus Christ to men and women behind bars and serving their families while they are incarcerated. Prison Fellowship provides resources to those interested in prison ministry, as well as opportunities to get involved in in-prison evangelism, mentoring and training, and family ministry. To learn more about how

you or your church can get involved, visit [prisonfellowship.org/action](http://prisonfellowship.org/action).

- **A SHARED SENTENCE:** the devastating toll of parental incarceration on kids, families and communities. This policy report by the Annie E. Casey Foundation offers commonsense proposals to address the increased poverty and stress that children of incarcerated parents experience. Download the free PDF of this report at [aecf.org](http://aecf.org) —Search “A Shared Sentence.”











PRE-BORN CHILDREN & ABORTION

ADOPTION & ORPHAN CARE

SPECIAL NEEDS

HUMAN TRAFFICKING

RACISM

POVERTY & DEATH  
FROM PREVENTABLE DISEASE

PRISON MINISTRY

IMMIGRANTS & REFUGEES

END OF LIFE

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**PRO-LIFE**









RESOURCE GUIDE

THE DIGNITY AND SANCTITY  
OF EVERY HUMAN

life

Speak up for those who can't speak for themselves.

PROVERBS 31:8



## IMMIGRATION AND THE GOSPEL

*By Russell Moore*

The Christian response to immigrant communities in the United States cannot be “You kids get off of my lawn” in Spanish. While evangelicals, like other Americans, might disagree on the political specifics of achieving a just and compassionate immigration policy, our rhetoric must be informed by more than politics, but instead by gospel and mission.

I’m amazed when I hear evangelical Christians speak of undocumented immigrants in this country with disdain as “those people” who are “draining our health care and welfare resources.” It’s horrifying to hear those identified with the gospel speak, whatever their position on the issues, with mean-spirited disdain for the immigrants themselves.

### **This is a gospel issue**

First of all, our Lord Jesus himself was a so-called “illegal immigrant.” Fleeing, like many of those in our country right now, a brutal political situation, our Lord’s parents sojourned with him in Egypt. Jesus, who lived out his life for us, spent his childhood years in a foreign land away from his relatives among people speaking a different language with strange customs.

In so doing, our Lord Jesus was re-living the life of Israel, our ancestors in the faith, who were also immigrants and sojourners in Egypt. It is this

reality, the Bible tells us, that is to ground our response to those who sojourn among us. God, the Bible says, “executes justice for the fatherless and the widow, and loves the sojourner, giving him food and clothing. Love the sojourner, therefore, for you were sojourners in the land of Egypt”.

This is much more than a “political” issue, abstracted from our salvation.

**Jesus tells us that our response to the most vulnerable among us is a response to Jesus Himself. God will judge those who exploit workers and mistreat the poor. No matter how invisible they seem to us now, God hears.**

### **An issue of mission**

There are upwards of 12 million undocumented immigrants in this country right now, and many more in the Latino community who came here legally. If our response to them is to absorb the nativism and bigotry of some elements of society around us, we are showing them a vision of what the Bible calls “the flesh” rather than the Spirit. If our churches ignore the nations around us who are living in our own communities, we will reflect 1970s Bible Belt America rather than the kingdom of God which is made up of those from every tribe, tongue, nation, and language.

### **Undocumented Immigrants**

It is easy to lash out at undocumented immigrants as “law-breakers,” and to cite Romans 13 as reason to simply call for deportation and retribution. But



this issue is far more complicated than that. Yes, undocumented immigrants are violating the law, but, first of all, most of them are doing so in order to provide a future for their families in flight from awful situations back home. Many of them are children (as our Lord Jesus was at the time of his immigration).

And, even given our nation's Romans 13 responsibility to maintain secure borders, the message our nation sends to those across our borders isn't clear and univocal. As Southern Baptist leader Richard Land puts it, there are two metaphorical signs on our border: "Keep out" and "Help wanted."

### Real political challenges

I agree that the border should be secured. I support holding businesses accountable for hiring, especially since some of them use the threat of deportation as a way of exploiting these vulnerable workers. I support a realistic means of providing a way to legal status for the millions of immigrants already here. But there are many who disagree with me, and for valid reasons.

### The Image of God

The larger issue is in how we talk about this issue, recognizing that this is not about "issues" or "culture wars" but about persons made in the image of God. Our churches must be the presence of Christ to all persons, regardless of country of origin or legal status. We need to stand against bigotry and harassment and exploitation, even when it's politically profitable for those who stand with us on other issues.

And, most importantly, we must love our brothers and sisters in the immigrant communities. We must be the presence of Christ to and among them, even as we receive ministry from them. Our commitment to a multinational kingdom of God's reconciliation in Christ must be evident in the verbal witness of our gospel and in the visible makeup of our congregations.

### The Bigger Picture

Immigration isn't just an issue. It's an opportunity to see that, as important as the United States of America is, there will be a day when the United States of America will no longer exist. And on that day, the sons and daughters of God will stand before the throne of a former undocumented immigrant. Some of them are migrant workers and hotel maids now. They will be kings and queens then. They are our brothers and sisters forever.

We might be natural-born Americans, but we're all immigrants to the kingdom of God. Whatever our disagreements on immigration as policy, we must not disagree on immigrants as persons. Our message to them, in every language and to every person, must be "Whosoever will may come."<sup>179</sup>

*Russell Moore is the President of the Ethics & Religious Liberty Commission of the Southern Baptist Convention. □*





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## LOVING THE ALIEN

*By Don Morgan*

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The current debate over US immigration policy, particularly as it relates to refugees, is incredibly important. It's a question we must answer. But our fervor to arrive at a political consensus often obscures the reality of the tens of thousands of refugees who arrive in the United States every year. We can—and undoubtedly will—argue about how they got here. But the fact remains that scores of refugees already are here. We hear a lot about the terrible and tragic situation in Syria, and rightly so. But there are also refugees in the US right now who have fled mass murder and torture in Burundi, forced recruitment and rape in South Sudan, or religious persecution in Bhutan. The ongoing debate over policy does not absolve us of the responsibility to “treat the stranger who sojourns with you as the native among you and... love him as yourself, for you were strangers in the land of Egypt” (**LEVITICUS 19:34**).

According to the United Nations, a refugee is a person who has fled his or her country due to a well-founded fear of persecution on the basis of race, religion, nationality, or membership in a particular social or political group. Can you imagine facing that kind of oppression? We like to think that when refugees arrive in the United States, their problems are over. Welcome to the land of the free and the home of the brave!

But put yourself in their shoes for a moment. Imagine you are spirited away to a foreign city, say Baghdad or Kigali. Even in an alternate reality where those cities are places of relative peace and stability, the challenges you'd face would be daunting. You wouldn't know the language or the culture. You wouldn't know how to go about finding gainful employment. The government assistance you receive would be limited and wholly insufficient to help you adapt, let alone integrate. You and your family would stick out like a sore thumb until someone came along to help you navigate your new reality.

“Treat the stranger who sojourns with you as the native among you ...” This is an important charge and a divine opportunity for the Church in the 21st century! Loving our neighbor includes loving the refugees in our midst, whether they live across the street or across town. It means helping our own children understand that while those new kids at school may dress differently and speak a foreign language, they are eager for love and acceptance. Their families have endured untold hardships and made incredible sacrifices in order to find a new life in the United States. They don't need our pity. They need our welcoming embrace. They need friends and advocates—just like we would if we were to find ourselves in a completely foreign culture.

Interestingly, our government seems to understand the unique role that faith communities can play in helping refugee families find their footing. After a refugee has been accepted for resettlement in the United States, the Refugee Processing Center (RPC)

works with private voluntary agencies (VOLAGs) to determine where the refugee will live. There are currently nine VOLAGs working with the State Department to provide placement services for refugees: Church World Service, Episcopal Migration Ministries, Ethiopian Community Development Council, Hebrew Immigrant Aid Society, International Rescue Committee, Lutheran Immigration and Refugee Service, US Committee for Refugees and Immigrants, US Conference of Catholic Bishops, and World Relief.

Do you notice anything about this list? That's right—the majority of VOLAGS are faith-based organizations. These agencies are responsible for providing critical assistance to refugees during their first 90 days in the United States, including food, housing, clothing, employment counseling, medical care, and other necessities.

But even these voluntary agencies need help. In Colorado, where I have worked for many years with refugee families through a church-based ESL program, Lutheran Immigration and Refugee Service is the regional VOLAG for refugee resettlement. LIRS actively seeks out individuals, community organizations, and local churches from various denominations and affiliations to assist with resettling not only refugees, but asylees and victims of trafficking. LIRS staff will train and equip volunteer church groups to “adopt” a refugee family during the critical first 90 days and beyond.

One of the primary functions of these church-based groups is “cultural mentoring.” A cultural

mentoring team is comprised of 4-10 volunteers who come together in order to befriend and help a new refugee family. They are a personal guide to a culture that is new and often strange. A cultural mentoring team will work with a refugee family for longer than the first 90 days, typically six months, with each team devoting 16-35 hours each month. During that time, they will focus on community orientation, financial literacy, English language skills, and obtaining and retaining employment. They may also provide furnishings and basic clothing and necessities, offer transportation to initial health screenings, and help register kids in school.

Most importantly, however, mentor teams are trustworthy and loving friends. Many immigrants, refugees or otherwise, tend to cluster in their own ethnic groups for years after arriving in the United States because no one from the surrounding community ever took the time to welcome them, put an arm around them, or help them feel truly integrated and safe.

### **A cultural mentoring team is just one way to help bridge this divide.**

It is likely that a VOLAG in or near your community is looking for volunteers to embrace refugee families. With a little research, it should be easy to find an opportunity to put feet to your faith and get involved in the challenging but rewarding work of helping refugees find a new start in the warm embrace of something that we so often take for granted: community.

It's not hard to see the biblical mandate wrapped up in this type of missional, life-giving work. In the faces of children who have known only refugee camps as home or who bear the scars of war, we see the face of the One who was "despised and rejected by men; a man of sorrows, and acquainted with grief" (ISAIAH 53:3). In the voices of men and women who have fled genocide, war, rape, famine, and persecution, we hear the voice of the One who said, "For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me"

(MATTHEW 25:35-36). □



## SCRIPTURE

**EXODUS 12:49** *There shall be one law for the native and for the stranger who sojourns among you.*

**EXODUS 23:9** *You shall not oppress a sojourner. You know the heart of a sojourner, for you were sojourners in the land of Egypt.*

**LEVITICUS 19:33-34** *When a stranger sojourns with you in your land, you shall not do him wrong. You shall treat the stranger who sojourns with you as the native among you, and you shall love him as yourself, for you were strangers in the land of Egypt: I am the LORD your God.*

**DEUTERONOMY 10:18-19** *He executes justice for the fatherless and the widow, and loves the sojourner, giving him food and clothing. Love the sojourner, therefore, for you were sojourners in the land of Egypt.*

**DEUTERONOMY 24:19-21** *When you reap your harvest in your field and forget a sheaf in the field, you shall not go back to get it. It shall be for the sojourner, the fatherless, and the widow, that the LORD your God may bless you in all the work of your hands. When you beat your olive trees, you shall not go over them again. It shall be for the sojourner, the fatherless, and the widow. When you gather the grapes of your vineyard, you shall not strip it afterward. It shall be for the sojourner, the fatherless, and the widow.*

**DEUTERONOMY 26:12-13** *When you have finished paying all the tithe of your produce in the third year, which is the year of tithing, giving it to the Levite, the sojourner, the fatherless, and the widow, so that they may eat within your towns and be filled, then you shall say before the LORD your God, "I have removed the sacred portion out of my house, and moreover, I have given it to the Levite, the sojourner, the fatherless, and the widow, according to all your commandment that you have commanded me. I have not transgressed any of your commandments, nor have I forgotten them."*



**PSALM 146:9** *The LORD watches over the sojourners; He upholds the widow and the fatherless, but the way of the wicked he brings to ruin.*

**MALACHI 3:5** *Then I will draw near to you for judgment. I will be a swift witness against the sorcerers, against the adulterers, against those who swear falsely, against those who oppress the hired worker in his wages, the widow and the fatherless, against those who thrust aside the sojourner, and do not fear me, says the LORD of hosts.*

**LUKE 10:30,33-37** *“Jesus replied, ‘A man went down from Jerusalem to Jericho. He encountered thieves, who stripped him naked, beat him up, and left him near death .... A Samaritan, who was on a journey, came to where the man was. But when he saw him, he was moved with compassion. The Samaritan went to him and bandaged his wounds, tending them with oil and wine. Then he placed the wounded man on his own donkey, took him to an inn, and took care of him. The next day, he took two full days’ worth of wages and gave them to the innkeeper. He said, ‘Take care of him, and when I return, I will pay you back for any additional costs.’ What do you think? Which one of these three was a neighbor to the man who encountered thieves?’ Then the legal expert said, ‘The one who demonstrated mercy toward him.’ Jesus told him, ‘Go and do likewise.’”*

**MATTHEW 25:34-40** *“Then the King will say to those on his right, ‘Come, you who are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world. For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me.’ Then the righteous will answer him, saying, ‘Lord, when did we see you hungry and feed you, or thirsty and give you drink? And when did we see you a stranger and welcome you, or naked and clothe you? And when did we see you sick or in prison and visit you?’ And the King will answer them, ‘Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.’”*

## FROM PASTORS AND AUTHORS



### SYRIAN REFUGEES AND THE URGENCY OF THE GOSPEL

*from Radical.net*

Today as we go about our normal routines, the future of thousands of Syrian refugees hangs in the balance. In the aftermath of the Paris attacks last week, some U.S. governors and politicians have spoken out against the plan to bring in 10,000 Syrian refugees to America, while others are in favor of it. Even among Evangelicals opinions are divided. The situation is both complex and urgent.

We may disagree on what policies are best for refugees and for America, but as followers of Christ we cannot let the culture shape the way we think about the world or our mission. So what do we do in the meantime? What should drive our thoughts and actions when we read news stories and talk about the terrorist attacks and the fate of refugees?

In a sermon titled, “The Gospel and September 11,” David Platt spoke to how the gospel transforms the way we look at the world:

*Our mission is urgent. If this gospel is true, and there are billions of people in the world who don’t know it ... if there are over a billion and half people who have never even heard this gospel in the world, most of whom are Muslim people groups, if these things are true, then we don’t have time to waste.*

While the government considers the safety of refugees and the safety of its citizens, we as followers of Christ must not fall into the trap of thinking that safety and comfort are the end goal for our lives:

*Resist the temptation at every turn to shrink back into Christian materialism and church consumerism where everything revolves around your priorities and your preferences and your comforts and what you would most like for you and your family to be safe. We are surrendered to something much, much greater than that.*

### **What, then, should be our response?**

*... we want to love sacrificially. Key word: love ... We act zealously not because we hate but because we love ... we are not opposed to Muslims, or anybody else for that matter ... we desire their salvation and we are willing to give our lives so they know His love.*

**As followers of Christ we must be gospel-driven in all of our actions toward the lost—whether they are our Muslim neighbors down the street or refugees trying to enter our country.**

While the current refugee crisis may not have a quick and simple solution, one thing we do know is that we are called to love our neighbor—both in word and deed. This means showing compassion through acts of kindness, but more importantly it means telling them about Jesus who died to save them from their sins.

In recent years, people from all over the world, including Syria, have come to the United States as immigrants, refugees, or asylum seekers. ***It is likely that you live near people who have never heard of the name of Jesus before.***

**Maybe God is bringing the nations to our doorstep so that they can hear the gospel.**

As issues like the refugee crisis unfold, we encourage you to keep the gospel as your focus. Instead of allowing fear to keep you isolated from the world, engage in relationships with people from other nations—with Muslims and others who are different from you.<sup>180</sup> □



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### **9 THINGS YOU SHOULD KNOW ABOUT REFUGEES IN AMERICA**

*By Joe Carter*

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Because of wars, conflicts, and persecution, there are more people around the world than at any other time since records began that have been forced to flee their homes and seek refuge and safety elsewhere, reports the UN refugee agency. Currently, across the globe there about 19.5 million people are refugees, and about half are children.

Here are 9 things you should know about how the laws, policies, and numbers regarding refugees in America:

1. The U.S. government defines “refugee” as any person who is outside any country of such

person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

2. Refugee status is also available to any persons who have been forced to abort a pregnancy or to undergo involuntary sterilization, or who has been persecuted for failure or refusal to undergo such a procedure or for other resistance to a coercive population control program.
3. The first refugee legislation in the United States was the Displaced Persons Act of 1948, which brought 400,000 Eastern Europeans to the U.S. Other refugee-related legislation included the Refugee Relief Act of 1953 (which brought in 214,000 refugees fleeing communism) and the Fair Share Refugee Act of 1960 (which mostly brought those still living in displaced persons camps after World War II). The U.S. government also used the Attorney General's humanitarian parole authority to bring refugees into the country, beginning in 1956 with Hungarian nationals and ending with hundreds of thousands of Indochinese refugees in the 1970s.
4. The number of refugees admitted into the U.S. each year is decided by the President. Before the beginning of each fiscal year, the President,

in consultation with Congress, establishes an overall refugee admissions ceiling as well as regional allocations. The total number of refugees authorized for admission in 2013 was 70,000. The largest regional allocation was to the Near East/South Asia region, which accounted for 46 percent of the authorized admissions number to continue accommodating refugee arrivals from Iraq, Iran, and Bhutan.





5. Since 1975, the U.S. has resettled more than 3 million refugees, with nearly 77 percent being either Indochinese or citizens of the former Soviet Union. Since the enactment of the Refugee Act of 1980, annual admissions figures have ranged from a high of 207,116 in 1980, to a low of 27,100 in 2002.
6. In 2013, the leading countries of nationality for refugee admissions were Iraq (28 percent), Burma (23 percent), Bhutan (13 percent), and Somalia (11 percent). Seventy-five percent



of refugee admissions in 2013 were from these four countries. Other leading countries included Cuba (6.0 percent), Iran (3.7 percent), Democratic Republic of Congo (3.7 percent), and Sudan (3.1 percent).

7. Thirty-four percent of refugees admitted to the U.S in 2013 were under 18 years of age. Refugees are, on average, younger than the U.S. native-born population. In 2013, the median age of refugees arriving in the United States was 25 years; in contrast, the median age of the native-born population in 2013 was 35 years. A slight majority of refugees were male (54 percent), and 38 percent were married.
8. The leading states of residence of refugees admitted to the U.S. in 2013 were Texas (11 percent), California (9.1 percent), and Michigan (6.7 percent). Texas remained the most common destination of refugees, with arrivals increasing 26 percent from 5,905 in 2012 to 7,466 in 2013. Pennsylvania was the only state among the 10 most common destinations for refugees that experienced a decline from 2012 to 2013.
9. The Office of Refugee Resettlement (ORR) is the federal government agency charged with providing benefits and services to assist the resettlement and local integration of refugee populations. Some of the ORR programs include Refugee Cash Assistance and Refugee Medical Assistance (for up to 8 months); Refugee Social Services, such as job and language training (for up to 5 years); and temporary custody and care to unaccompanied refugee children.

## PERSONAL PERSPECTIVES

### An Excerpt from ‘God Answered Our Prayer’: Three Refugees Share Their Stories

*by Andrew Kragie/Faith & Leadership*

When Moise Mukanya wants to relax, he pulls out his CD player and turns on Congolese music. He remembers the tall mountains of his childhood in the province of South Kivu. He thinks of his hometown, Mulenge. He misses home, but he thanks God that he is in America, where his family is safe.

**“Since we came here,” he said,  
“we’ve never been in a war.”**

Mukanya, 53, fled the Democratic Republic of Congo in 2004 to escape the ethnic conflict between Tutsis and Hutus that continues to this day. He and his oldest children sheltered at a U.N. refugee camp near Gatumba, just across the border in Burundi. But their “safe haven” was not safe.

Late one night in August, Congolese rebels streamed across the dry marsh that marks the border between Congo and Burundi. Refugees in the camp heard them before they saw them: the rebels played drums, bells and whistles, according to Human Rights Watch interviews. They sang choruses of “Amen” and “Alleluia.” “We are the army of God,” they shouted. “God will show us how to get you and where to find you.”

The hundreds of refugees in the camp—mostly ethnic Tutsis like Mukanya who had fled ethnic

persecution in eastern Congo—next heard gunfire. One of the rebels’ weapons was “so loud that it made its own echo,” a survivor said.

Some refugees saw the militiamen—though “men” is not a wholly accurate term. The attackers included child soldiers, a witness told Human Rights Watch, “so small that the butts of the weapons they were carrying dragged on the ground.”

The militia knew where the Congolese Tutsis lived within the camp. They moved methodically from tent to tent, survivors said; they sprayed the interiors with bullets and followed up with grenades to kill those the bullets had missed. The air was filled with the smell of burned flesh.

After an hour, more than 150 refugees were dead, and another 100 were wounded. The rebels had killed precisely: almost every victim was a Congolese Tutsi.

Though Mukanya was shot during the massacre, he managed to flee on foot with his sons—Jeune, then 10, and Vianney, 9. His pregnant wife and his other children were elsewhere at the time, staying with relatives.

After the attack, Mukanya’s family was moved to another refugee camp in Burundi’s interior. There, they waited. They waited as other Gatumba survivors were resettled abroad. They waited because someone, at some point, misplaced their identity documents, which are crucial for refugee resettlement applications. They waited nine years.



They had little in the way of food or clothing, Mukanya said. It was difficult to get medical care.



*“But God was still with us,” he said through an interpreter. “If you don’t have enough food but you eat ... that’s God’s miracle.”*

He prayed every day for God to change their situation, and he kept worshipping amid the hardship. Mukanya’s family attended an Anglican church in the refugee camp.

*“Every Sunday,” Mukanya said, “we would gather together in the church to praise God. We would sing, hear the gospel and get encouraged.”*

In 2013, almost nine years after the attack at Gatumba, “God answered our prayer.” Mukanya’s family was approved for permanent resettlement in the United States.

That June, they stepped off the plane in Houston not knowing what they would find. Federal funds covered their rent and expenses for a few months, and their resettlement organization offered guidance, but they quickly had to pay their own way in an unfamiliar country immersed in an unfamiliar language.

The U.S. refugee resettlement program emphasizes rapid employment and financial self-sufficiency—which in practice means menial jobs and long hours. Mukanya’s wife, Grace, quickly started work as a hotel housekeeper.

His son Jeune works 12-hour shifts stacking boxes on pallets; the other children are still in school. Because Mukanya never regained full mobility after being shot in the Gatumba attack he receives disability payments from the government.



Their family found community among other African refugees in Houston. They were settled in the same apartment complex as Nusura Mtendamema, who attended Westbury United Methodist Church. She told Grace about the church and assured her that the Mukanya family would be welcome there. Grace came first with one or two of the children, getting a ride from church members. Soon, she brought her husband as well.

They have come back ever since, Mukanya said, because the church shows them love - through handshakes and smiles and hugs, and through Westbury associate pastor Hannah Terry's visits to their apartment.

On Sunday mornings, they join a Sunday school class at Westbury held partly in their native language, Kinyarwanda. On Sunday evenings, their sons play Frisbee and volleyball with the young adult group at a nearby park.

On the last Sunday before Christmas, the class studied Luke 1, in which a visitor is joyfully welcomed—the story of Mary's visit with Elizabeth. In Kinyarwanda, the word for “visit” is “gusura,” calling to mind in a serendipitous rhyme Nusura, the friend who first welcomed the family to the congregation.

After church that Sunday, in a small Sunday school room on the church's second floor, Mukanya offered a Christmas prayer. His voice was deep and strong, and his words flowed easily—the words of a man who is used to praying out loud.<sup>183</sup>

## WAYS TO BE A VOICE



### WAYS TO WELCOME THE REFUGEE: AN INTERVIEW WITH MATTHEW SOERENS OF WORLD RELIEF

*by Suzanne See/The Gospel Coalition*

Over the past several months we've witnessed the heartbreaking struggle for millions of Syrian refugees to reach a safe place to raise their families. Recently, the Obama administration has announced plans to include about 10,000 Syrian refugees among the 75,000 refugees slots allowed for the 2016 fiscal year. Some citizens may feel fear at the idea of allowing thousands of Muslims to settle among us. Others feel relief that we have done something as a nation. But what does this opportunity mean for the church?

I reached out to Matthew Soerens, the U.S. Church Training Specialist for World Relief, to give us insight and guidance about refugee ministry opportunities in our communities. He and Daniel Darling have written for TGC about the biblical and theological impetus for Christians to reach out to refugees. Today we talk about practical ways to do that.

### **How do refugees get here? How are they screened and chosen? Who decides which American cities they will live in?**

In recent years the U.S. has resettled approximately 70,000 refugees from a variety of

nations. To qualify as a refugee, under both U.S. and international law, one must demonstrate that they've fled their country because of a credible fear of persecution on account of their race, religion, political opinion, national origin, or social group. The U.S. Departments of State, Homeland Security, and Defense along with the FBI are involved in a thorough screening process to ensure that one both meets this legal definition and is in no way a public safety or health threat to the U.S.

**With an estimated 19.5 million refugees in the world today (and an addition 38.5 million who are internally displaced, having fled their homes but still within their national boundaries), only a tiny fraction each year are selected for resettlement to the U.S. The State Department determines which individuals will be selected for resettlement, based on their own criteria, with referrals taken in many cases from the United Nations High Commissioner for Refugees.** For example, the U.S. has admitted about 125,000 refugees from Iraq since 2007. Individuals who were persecuted particularly because they had assisted the U.S. military were given high priority for resettlement. Christians (whether Orthodox, Catholic, Protestant, or some other Christian tradition) were also uniquely persecuted in many cases, and more than a third of Iraqis admitted for resettlement since 2007 were Christians, even though Christians made up only five percent of the Iraqi population prior to 2003.

From a larger perspective, though, I believe God is ultimately in control over who arrives in the States, whether as a refugee or any other category

of immigrant. “From one man, he made every nation of men, that they should inhabit the whole earth; and he determined the times set for them and the exact places where they should live. God did this so that men would seek him and perhaps reach out for him and find him” (**ACTS 17:26-27**).

In his sovereignty God might move one of his image-bearers halfway around the world so he or she can hear the hope of the gospel. He invites his church to join in that mission. Regrettably, according to LifeWay Research, less than half of U.S. Protestant churches are engaged in reaching and serving refugees or other immigrants, so the opportunity is much greater than is being realized. World Relief president Stephan Bauman has challenged every local church to welcome at least one refugee family, which I think would have remarkable gospel impact.

**Paint a picture for us of what it would look like to see the church working together with World Relief to minister effectively to refugees.**

World Relief's mission is “to empower the local church to serve the most vulnerable,” so local congregations are at the center of our strategy for holistically serving refugees at various points throughout this crisis. The vast majority of refugees from Syria are living in Turkey and Jordan; World Relief is on the ground in both locations, equipping churches to care for refugees, with a particular focus on children, who make up about half the refugees in the region.

In Germany, World Relief has been partnering with local churches to provide discipleship materials. Just as in the States, not every evangelical Christian in Germany has considered this situation from a biblical perspective, so we see providing that biblical foundation as a vital first step. We're also exploring how we can mobilize churches to respond to the gaps in government-provided services for the incredible number of refugees arriving and expected to arrive in the coming months.

Finally, World Relief is one of nine organizations contracted by the federal government to help resettle refugees within the States. Our offices (in about 25 locations nationwide) receive word from the State Department that a refugee is arriving, and then we're there to meet them at the airport—whenever possible, with a small group from a local church who, supported by World Relief staff, have committed to walking with them through at least the first several months after arrival. Together, we help refugees settle into an apartment, find jobs, learn English, understand American culture, enroll their kids in school, and integrate into our country. Eventually most are financially self-sufficient and don't need much additional help, but we hope those church-based volunteers continue as friends indefinitely.

### How can I get involved? What can I personally do?

- **GIVE:** World Relief relies on financial support from churches and individuals to live out our mission, both internationally and in the States. Our U.S. programs also rely on donations of furniture and household items to set up apartments for refugees when they first arrive.

- **GO BACK TO SCRIPTURE:** The Evangelical Immigration Table has a bookmark with 40 Scripture passages related to immigration called the “I Was a Stranger” Challenge, available for free download or purchase in printed form.
- **RAISE AWARENESS:** We've helped launch a website ([WeWelcomeRefugees.com](http://WeWelcomeRefugees.com)) with a number of resources, including a resource kit for churches and short video on this crisis.
- **SERVE LOCALLY:** Find out if there's a World Relief office in your community, and visit their website for church partnership and volunteer opportunities. If there's not a World Relief office near you, another resettlement organization might be, and may have volunteer opportunities.
- **ADVOCATE:** Our ability to empower churches to serve refugees in the U.S. is limited by the number of refugees the government decides to admit. In 1980, that figure was above 200,000. We're calling on the President and Congress to return to that level in light of the worst global refugee crisis since World War II. This tool will allow you to send a message to your elected officials.





- **PRAY:** We've developed a list of prayer points in partnership with others at [#WeWelcomeRefugees](#).

## RESOURCES

- **WORLD VISION'S REFUGEE SUNDAY KIT** has tools for your church's weekend services to tell the stories of families fleeing violence, to understand God's heart for the most vulnerable, and tangible ways to make a difference. The Kit includes a four week study that explores the Biblical themes of compassion and love for our neighbor that will challenge them to put their faith into action, as well as a video to inspire your congregation, as well as talking points and sermon notes. Learn more at [WorldVision.org](#) —Search "Refugee Sunday Kit."



## DAYS TO REMEMBER

### World Refugee Day

Every year on **JUNE 20<sup>TH</sup>** events are held in cities nationwide to highlight the plight of modern day refugees.













PRE-BORN CHILDREN & ABORTION

ADOPTION & ORPHAN CARE

SPECIAL NEEDS

HUMAN TRAFFICKING

RACISM

POVERTY & DEATH  
FROM PREVENTABLE DISEASE

PRISON MINISTRY

IMMIGRANTS & REFUGEES

*end of life*

**PRO-LIFE**







LEVITICUS 19:32

*An astonishing number of elderly Americans lives in complete isolation from even close family, let alone friends or casual acquaintances. For all intents and purposes, they are alone.*

To “stand up before the gray head and honor the face of an old man.” This is what it means to be pro-life.



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## THE FORGOTTEN GENERATION

By Kay Owen-Larson

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**85% of the residents of skilled-care centers never have visitors, not from family, friends, clergy or anyone from a church.**

I'd like to tell you about one of the largest forgotten people groups in America. You might be surprised and even shocked to learn that this group includes the precious people who reside in our communities' care centers. Research of 16,000 care facilities shows that approximately 85 percent of the residents of skilled-care centers never have visitors, not from family, friends, clergy or anyone from a church.

This generation was known as "The Greatest Generation," but now they are termed the "Forgotten Generation." The primary reasons are because of the breakdown of the family and the geographical relocation of family members throughout the country.

### Loneliness and Depression

Most of the residents are lonely. Many are depressed and discouraged. Some are angry. ***Most feel they are of no value to their families or to society.*** Many, in an effort to make sense of why they have been forgotten, excuse their family members' absence by saying they are "just too busy to visit," that "they have their own lives and careers" or that it is "just too depressing" to visit

the care center where their elderly mother or father resides.

The residents rarely get to share their personal stories with anyone. A gentleman who is 100 recently told me that he has many stories he would like to tell but that no one takes time to listen. Someone has said, "When we lose an elderly person, we lose a library." How true! It is very important for us to record their legacy before they're gone.

Let me backtrack for a moment and tell you how and why I became a missionary to these "precious jewels." My parents lived in an acute-care facility in Jacksonville, Florida. My father had cancer, and my mother had a massive stroke that left her unable to talk, walk or eat. My two brothers and I spent many hours, sometimes entire days, in the facility with our parents. I began to see how lonely the residents were—day in and day out.

### No Visitors

The residents rarely had regular visits from anyone. And when one of them passed away, they were quietly taken out of the care facility and no mention was made of them again.

For the most part, I observed that the staff members of the care facilities were taking care of the physical needs of the residents, but their spiritual and emotional needs were not being met.

The Lord began to work in my heart, but for several reasons, I was very resistant to start this ministry. I was working a full-time job, my husband had many health issues and I felt I was just too old! After my

dad and mom passed away, I began having terrible dreams about my mom. I was very close to her and in the dreams I saw her in disturbing situations that I would not have allowed her to be in. I would wake up crying and very upset.

One day, out of frustration, I said to the Lord, “My mom is not here, she is not involved in these situations, so I can’t help her.” His reply to me was, “Yes, but what about all those you can help?”

After struggling for several months, I finally said yes to the Lord. I began doing research for the purpose of founding a ministry to serve the elderly residents in care centers. What I found was astounding and heartbreaking. Very little was being done to meet the spiritual and emotional needs of elders anywhere in the country.

My husband, Jerry, and I began to ask the Lord what He wanted us to do to meet these needs, and He said: “Our care facilities must be filled with chaplains, counselors, pastors and lay people to meet the spiritual and emotional needs of this forgotten generation.”

### **Determined**

My research included reading many books, hours spent on the Internet and interviews with chaplains, faculty members of several universities and organizations that work with the elderly. The facts I discovered were astounding and I was even more determined to do something to reach these residents.

In addition to the approximately 85 percent of the residents who have been “abandoned” by their

families mentioned earlier, only about five percent of those same facilities had chaplains.

**Another survey revealed that, per capita, those over age 65 have the largest suicide rate of any other age group in America.**

My heart was broken for their plight. I decided to become a missionary to this “special” group of people and get as many others as possible to help me reach out to them with the love of Christ. You, too, can use your gifts and talents to reach out to those who reside in our communities’ care centers. The Lord is looking for people who will share His love and to give of themselves without reservation.

There are many ways you can get involved. Pastors, you can get your people involved in regular visitation to the residents of a nearby care center. They are worth the time it takes to spend with them! Anything that touches the Lord’s heart should touch ours. The elderly are very close to His heart. He has given us very specific commands in His word to take care of them.

During a visit to a nursing home in the United States, Mother Teresa said the following, ***“There is a pain, far worse than hunger or poverty; it is the pain of being rejected.”***

Families, Sunday school classes, home churches, cell groups and individuals as well as local churches can get involved. Together, we can reach this generation for the Lord. The fields are indeed “white unto harvest.” Crossroads Ministries USA is available to bring training to local churches and other groups who are interested.

## Make a Difference

The residents of our care centers are at a Crossroads in their life, and many of them are ready to make a decision for the Lord. We can make an eternal difference in their lives as well as the lives of their families and the staff of the care centers.

Bill Daniels, founder of the Daniels Fund, a philanthropic organization, said:

*“Imagine a world where people give of themselves simply because they want to. Not out of a sense of debt or because they want something in return. No ulterior motives. No guilt feelings. Just the desire to give for the sake of giving. Now, instead of imagining this kind of world, do your part in making it happen. Make a charitable donation. Volunteer your time to improve your community. Give back to the world that gives so much to you. And if it happens to make you feel good to give, that’s all right. Feeling good is the one ulterior motive that’s acceptable.”*

Yes, God has given us much, spiritually, physically and financially. Let us in return give back to those who have given us so very much.

Kay Owen-Larson, Founder and President of Crossroads Ministry USA. She is an ordained minister and has over 50 years of experience in Christian ministry. Find out more at [www.crossroadsusa.org](http://www.crossroadsusa.org). □

## SCRIPTURE

### *What the Bible Says About the End of Life*

#### **Is there an example of assisted suicide in the Bible?**

*There is an account of reported voluntary euthanasia (in which one person asks another to kill them, ostensibly in order to alleviate the first person’s suffering) involving King Saul and an Amalekite (2 SAMUEL 1:1-16).*

*The unnamed Amalekite tells King David that he killed Saul at Saul’s request, as Saul was wounded in battle. David’s response is to kill the Amalekite for touching God’s anointed. If euthanasia were a beneficial practice, David would have rewarded the Amalekite, not sentenced him to death.*

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### *How should Christians respond to the fear (or reality) of pain and suffering?*

**DEUTERONOMY 31:6,8** *“Be strong and courageous, do not be afraid or tremble...for the Lord your God is the one who goes with you. He will not fail you or forsake you...And the Lord is the one who goes ahead of you...Do not fear, or be dismayed.”*

**ROMANS 8:32,35,37** *“He who did not spare His own son, but delivered Him up for us all, how will He not also with Him freely give us all things? ... Who shall separate us from the love of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or peril, or sword?...But in all these things we overwhelmingly conquer through Him who loved us.”*

**PSALM 23:4, NASB** *“Even though I walk through the valley of the shadow of death, I fear no evil; for you are with me.”*



## *How should Christians respond to personal challenges, disabilities and infirmities?*

**LUKE 1:38, NASB** "...Behold the bondservant of the Lord; be it done to me according to your word."

**2 CORINTHIANS 12:9** "And He said to me, 'My grace is sufficient for you, for my power is perfected in weakness.'"

**PHILIPPIANS 4:11,13,19** "For I have learned to be content in whatever circumstances I am...I can do all things through Him who strengthens me...And my God shall supply all your needs according to His riches in glory in Christ Jesus."

## *In the midst of Job's physical, spiritual and psychological suffering, how did he respond?*

**JOB 1:20-21, 2:10, NASB** "Then Job arose and tore his robe and shaved his head, and he fell to the ground and worshipped. And he said, 'Naked I came from my mother's womb, and naked I shall return there. The LORD gave, the LORD has taken away. Blessed be the name of the LORD.' Through all this Job did not sin nor did he blame God...[And Job said] 'Shall we indeed accept good from God and not accept adversity?'"

## *Does suffering have spiritual value? Can God be glorified in how we respond to suffering?*

**PHILIPPIANS 3:10** "That I may know Him, and the power of His resurrection and the fellowship of His sufferings, being conformed to His death; in order that I may attain to the resurrection from the dead."

**2 CORINTHIANS 4:7** "But we have this treasure in earthen vessels, that the surpassing greatness of the power may be of God and not from ourselves."

**2 CORINTHIANS 4:16-18** "Therefore we do not lose heart, but though our outer man is decaying, yet our inner man is being renewed day by day. For momentary, light affliction is producing for us an eternal weight of glory far beyond all comparison, while we look not at the things which are seen, but at the things which are not seen; for the things which are seen are temporal, but the things which are not seen are eternal."

## *But it's my body. Don't I have a right to choose when I die?*

**1 CORINTHIANS 3:16-17** "Do you not know that you are a temple of God, and that the Spirit of God dwells in you? If any man destroys the temple of God, God will destroy him, for the temple of God is holy and that is what you are."

**1 CORINTHIANS 6:19-20** "Or do you not know that your body is a temple of the Holy Spirit who is in you, whom you have from God and that you are not your own? For you have been bought with a price: therefore glorify God in your body."

## *Is it acceptable for a Christian who is terminally ill to refuse available technology in order to let nature take its course and bring about a natural death?*

**ECCLESIASTES 3:1-2** "There is an appointed time for everything. And there is a time for every event under heaven—a time to give birth, and a time to die."

**PSALM 116:15** "Precious in the sight of the LORD is the death of His godly ones."

**PSALM 139:16** "And in your book were all written the days that were ordained for me."

## *Do the acts of assisted suicide and euthanasia deny God the opportunity to demonstrate His healing power?*

**MATTHEW 8:16, NKJV** *“And when evening had come, they brought to Him (Jesus) many who were demon-possessed; and he cast out the spirits with a word, and healed all who were ill.”*

**JAMES 5:16, NASB** *“Therefore, confess your sins to one another, and pray for one another, so that you may be healed. The effective prayer of a righteous man can accomplish much.”*

**PSALM 116:15, NASB** *“Precious in the sight of the LORD is the death of His godly ones.”*

**PSALM 139:16, NASB** *“And in your book were all written the days that were ordained for me.”*

## FROM PASTORS AND AUTHORS



### HOW TO HONOR AN AGING PARENT: 4 LESSONS LEARNED

*By Jennifer Case Cortez*

It was a sunny Sunday morning when I shifted dad’s car into reverse and slowly backed out of the driveway of my childhood home. My father, freshly showered and shaved, sat in the passenger’s seat; his clothes, photos, and boxes of Bibles and files filled every inch of cargo space. With the help of some neighbors, we had managed to get his TV into the backseat, too. A 10-hour drive stretched out ahead of us. My stomach churned and hands

trembled, but I put on a brave face and a smile. “Here we go, dad. Isn’t this going to be great?”

Everything had been just fine in theory. I had been touring retirement communities for months, gathering information, talking with my dad about how nice life would be near the grandkids. I’d been crunching numbers and exploring senior care options. A Realtor and I were working to get his house on the market. The rest of the family had been giving much needed help with the house and good advice along the way.

This was the best thing for everyone. This was the right decision. This was me being a good daughter. The problem was, sitting there in that idling car, I didn’t feel like a good daughter. I felt like I was about to drive off a cliff with my father in tow.

How in all of heaven and earth was I going to do this? Me? The one who can barely keep her own four children fed and clothed some days? The one who does some of her best dancing right along sanity’s edge? I knew good and well I didn’t have the capacity for this job, and yet here I was called to do it.

As I walk with Jesus and follow him into these places of personal inadequacy, I discover again and again the ever surprising truth that these are the moments of God’s great mercy to us—these moments when we fly past the limits of our own strength and find that the everlasting arms have been underneath us all along, sustaining us when we didn’t realize it, when we thought we were making the whole earth turn on its axis all by ourselves.

I wonder if you can relate to my story. Maybe you've been facing some of the same fears I have. If so, I'd like to offer you four insights the Lord has given me as I've been caring for my dear father.

## 1 TRUST GOD ENOUGH TO SAY "YES."

God calls us to walk along paths we could never walk without him. What a beautiful thing it is when we open our arms and receive what he brings, trusting that he will care for us as we yield to him in humble obedience. "Honor your father and your mother, that your days may be long in the land that the LORD your God is giving you" (**EXODUS 20:12**). For me, the call to honor my father meant moving him to be near me. For you it may mean something different. This clear direction from God's Word gives me the strength that I need to trust God and say "yes" to him.

## 2 REMEMBER WHERE YOU'VE SET YOUR HOPE.

The day my father signed the lease for his new home and the finality of this decision set in, I started losing sleep. Three nights into my insomnia, I got up in the dark of the night and went into the living room. With my forehead on the floor—the posture of my best praying—I began pouring out all of my fear to God, calling each one by name. After that, I named all the things I knew about God from the Bible and my own experience. I called out in whispered tones the stories of God's faithfulness to me. I remembered how he had carried me through troubled waters many times before. I thanked him for his steadfast love for

me. As I turned my inward gaze on my sovereign God, my spirit remembered how very little of my father's well-being actually depended on me. Peace welled up from somewhere deep inside as the Holy Spirit ministered to me in those dark hours of the night. My hope was not in myself; it was fixed and firm in the God who made the universe (**PSALM 78:6-7**).

## 3 PRAY CONTINUALLY.

"Rejoice in hope, be patient in tribulation, be constant in prayer" (**ROMANS 12:12**). As I am caring for my father, I am asking God for every single thing we need: a buyer for his house, compassionate and competent new doctors who will accept his insurance, help with his veteran's benefits, wisdom to navigate the various government agencies who administer his retirement pay and on and on and on. Every answered prayer is a wonder of God, an opportunity to tell of his wonderful works in my family's story.

## QUICK FACTS ON THE ELDERLY<sup>184</sup>

- Research of **16,000** care facilities shows that approximately **85 percent** of the residents of skilled-care centers never have visitors, not from family, friends, clergy or anyone from a church.
- Only about **5 percent** of those same facilities had chaplains.
- Per capita, those over age **65** have the largest suicide rate of any other age group in America.



## 4 FOLLOW THE EXAMPLE OF YOUR GENTLE AND HUMBLE SAVIOR.

“Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy and my burden is light” (MATTHEW 11:28-30). Think of the beauty of Jesus’s words in the context of caring for a parent. Jesus sets the example of humble service and invites us to join him. As we are serving our parents, giving rest to them in the humble ways we can, our kind and humble Savior promises us rest for our very souls. What a sweet invitation he offers.

I have lived the last 20 years many miles from my father; now I live less than 10 minutes from him. God has given our family a sweet opportunity to enjoy my father in these years—to hear his stories, to learn from his experience, and to help bring him much needed joy and community. The way we honor our parents now matters tremendously, both to the generation that came before us and the ones that are following after. May the Lord Jesus be exalted and glorified through us as we honor him in this beautiful and vital way.<sup>185</sup>

*Jennifer Case Cortez is a writer, editor and mother of four. Her writing has been featured in blogs, books, and Bibles, but she’s most excited about her working partnership with Set Beautiful Free and the powerful stories of hope that are rising up right now out of the brothels of Mumbai. In her free time, you’ll find her blogging at Surprising Joy. □*

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## AND DEATH SHALL BE NO MORE: CONFRONTING THE FALSE GOSPEL OF DEATH WITH DIGNITY

*By Casey B. Hough*

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On more than one occasion, I have found myself leading a family in prayer while holding the hand of a dying man in hospice care. At this point, the family simply wanted the relief of knowing that the suffering had ended and that the man was finally at rest with Christ. On other occasions, I have found myself making frequent visits to an assisted living facility in order to minister to church members who were plagued with dementia. With each month that passed, I grew less and less recognizable to my members, spending the majority of my time simply reintroducing myself to them.

At this point, the pastoral care was palliative. Apart from miraculous intervention, the people that I was visiting were not going to recover. Death was certain. In fact, funeral plans occasionally occurred at the behest of the family in the very presence of their dying family member. There was no denying the impending “covering of death that is cast over all people” (ISAIAH 25:7). It is in situations like these that a pastor’s theological mettle really gets tested.

**Pastoral care beside the death bed is holy ground. For, it is here, in the face of certain death, that all of our white ivory tower theorizing about eschatology looks us in the eyes and asks, “Are the dead really raised?”**

As pastors attempt to shepherd their terminally-ill sheep to “the river’s edge,” a growing number of people in the world are suggesting a solution to death that they claim is “peaceful, humane, and dignified.” Instead of suffering for months on end with an incurable disease, Death with Dignity (DWD, hereafter) advocates appeal to humanity’s rather natural desire to avoid pain and suffering. The proposed solution is straightforward enough. As an “end-of-life” option, advocates seek to allow “certain terminally ill people to voluntarily and legally request and receive a prescription medication from their physician to hasten their death.”

Such advocacy efforts have already resulted in Oregon, Washington, and Vermont passing legislation that allows “physician-assisted dying,” while California’s law took effect on June 9, 2016. These states alongside DWD advocates promise those with a terminal illness a “dignified” death. A “dignified death,” according to advocates, is one that affords those with a terminal illness the opportunity to die with a sense of self-respect, self-determination, self-control, and self-awareness. In other words, instead of passively and slowly being subdued by death, “certain” patients actively and willingly enter into it. The solution is often proposed as a merciful and compassionate solution that alleviates a loved one’s suffering. So how should Christians respond to such DWD solutions? How can pastors shepherd their sick sheep well through the valley of the shadow of death?

Admittedly, it is hard to know where to start with answers to such questions. One could begin by pleading for Christians to stop trivializing death. Death first appears in the Bible as a consequence of mankind’s rebellion against God and according to Paul, “spread to all mankind.” It is a universal reality. Funeral jokes and awkward colloquial phrases about how “God just needed another angel” are not real solutions for combatting the ubiquity of death. They are mere distractions from the finality and impending judgment that follows death (**HEBREWS 9:27**).

Of course, such a move away from the trivialization of death would require the embrace of a robust theology of death. With the vast majority of DWD advocates addressing death from an anthropocentric perspective, Christians must recognize that death is ultimately theocentric. The apostle Paul wrote, “For if we live, we live to the Lord, and if we die, we die to the Lord” (**ROMANS 14:8**). As Christians, we do not have the authority to make death about ourselves. Yes, we will die; but our death is unto the Lord. Medical expediency, scientific ability, and twisted distortion of mercy and compassion must not be allowed to shape the conscience on these matters. Our perspective about death must be shaped by the eschatological trajectory of death itself.

Ultimately, though, while taking death seriously and developing a theology of death are vital aspects of one’s response to DWD arguments, there is an even more urgent problem that Christians must face directly. DWD proposals attempt to undermine the continuing significance

of the work of Christ. Most people are rightly and understandably fearful of death. Even I will admit that I have left my share of assisted living facilities and thought to myself, ***“Lord, please don’t let me suffer when I die.”***

It is in such a moment that the false gospel of DWD promises a “peaceful, humane, and dignified death.” No need to worry about someone feeding you, bathing you, or cleaning up after you. No concerns about being a “burden” to others in your family. No fear of forgetting the names of your spouse, your children, or your grandchildren. No financial burden on your surviving family. No unbearable pain or sleepless nights. No loss of control. Just a prescription, a seat in your favorite spot at home, and then you’re gone. What a compelling offer for the one that is fearful of death and all of its accompanying uncertainty! What a gospel for the terminally-ill, right? While DWD advocates certainly propose this scenario as good news for the dying, the sad reality is that in all these promises of peace, compassion, and dignity, the perpetual comfort of Christ in death is lost.

When Christians speak about the death of Christ, they tend to focus on the forgiveness and freedom from guilt that it provides for those who have trusted in Him. And rightly so! Yet, to relegate the significance of Christ’s death to the believer’s past is to neglect its continuing power in their present life. Christ died to set believers free not only from the condemning power of sin, but also from the enslaving power of the fear of death **(HEBREWS 2:14-18)**. If a barbiturate cocktail could bring peace

in death, then Christ died in vain **(GALATIANS 2:21)**. He Himself is the believer’s peace **(EPHESIANS 2:14)**, promising all who believe in Him that “though they die, yet shall they live” **(JOHN 11:25)**.

DWD advocates promise peace, compassion, and dignity in death, yet dignity speaks of a state or quality of being that is worthy of honor and respect. For the Christian, such dignity is found in dying in the hope of Jesus’ fear-destroying death and resurrection. The hope for all people who face a debilitating terminal illness is found in Christ alone, who has disarmed the sting of death and conquered the grave **(1 CORINTHIANS 15:50-58)**. We do not lose heart in our suffering. Though our outer self is wasting away with terminal illnesses, our inner self is being renewed day by day. The light momentary affliction of things like dementia and cancer, while intended by our enemy to break us, are sovereignly allowed by God to prepare for us an eternal weight of glory that is beyond comparison. Therefore, we do not look to the things that are seen, but to the things that are unseen. For the things that are seen are transient, but the things that unseen are eternal **(2 CORINTHIANS 4:16-18)**.

Christians must discern the deadly poison in DWD’s promise-wrapped pill. Humanity’s search for peace and compassion in death is a deeply theological quest, which ultimately ends with finding the One who will wipe away our tears, end our pain, and destroy death forever.<sup>186</sup>

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## CONNECTING WITH THOSE AT THE END OF LIFE

*By Jim Daly*

One of the guiding philosophies at Focus on the Family that's woven into the very fabric of our organization is the sanctity of human life. In part, our statement of faith in this area reads:

**“We believe that human life is created by God in His image. It is of inestimable worth and significance in all its dimensions ... from the single cell stage of development to natural death.”**

By and large, Christians do well in recognizing the value of the preborn. But I believe we too easily forget about the precious souls who live at the other end of life's spectrum. One reason I think society ignores the elderly is to avoid confronting its own mortality.

Look at the message we're fed every day by media, advertisers, and the entertainment industry: **“Be young and stay young.”** The goal is to journey as far as we can without looking like we've actually travelled all those miles.

Another problem is our self-centered culture devotes time to people who we feel can offer us something in return. And the elderly have nothing to contribute. Or so many think. The truth is there's a richness to their lives that isn't always apparent on the surface.

We can't know the stories behind those faces—what kind of life they've led for 70, 80, 90 years, or what pain or regrets they have—unless we talk to them. They need someone to see past the feebleness in their bodies and their minds and to connect with the person they are inside.

It's an opportunity for ministry that is often overlooked. When you visit a nursing home or a skilled-care facility, you're seeing people who are at their very last stop in life. They're not going home. They're going to pass into the next world from the confines of a tiny room in which they live surrounded by the meager remnants of a lifetime of belongings and memories. They've lost their homes, their friends, their health, and, in many cases, their families.

Statistics show that roughly 85 percent of the residents in skilled-care or nursing homes have no regular visitors, and about 50 percent of those in skilled-care homes have no family members left. The need for people who are willing to reach out is great.

Maybe it's something God is asking you to do. Travelling halfway across the world for a mission trip can be meaningful, but so can a drive across town to a nursing home. It's a field that's ripe for harvest. These precious people may be days, weeks, or certainly just a few years away from stepping across the threshold into eternity. And they need to hear the Gospel. So many of the elderly recognize they are in their final days, so the message and hope of the Gospel resonates in their hearts.

Besides that, it's a ministry that families can do together. You don't have to be an expert in theology. You just have to be able to show love to someone in need. <sup>187</sup> □

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## FIVE WAYS TO CARE FOR THE AGING IN YOUR CHURCH FAMILY

*By Kenneth Gosnell*

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A developing trend in recent years has been the aging of our society. In 2007 the first of the baby boomers began to retire. This shift in the landscape of America will change the face of the congregation of the 21st Century. We must become more aware of the needs of the aging population and how to better care for the aging in our church families.

In fact, the U.S. Census Bureau, in a March 13, 2001 press release, projected the doubling of the nation's population by 2100. In the release, it stated that in 1900 there were 3.1 million older Americans living. In 1999 that number grew to 34.6 million and by 2050 the number is estimated to reach 85 million people.

These numbers are quite alarming and remind all us to reach out to those who are aging in our congregations. **JAMES 1:27** says, *“Pure and undefiled religion before our God and Father is this: to look after orphans and widows in their distress and to keep oneself unstained by the world”* (HCSB).

## How can we care for the aging in our church families?

### 1 DEVELOP PROGRAMS THAT ADDRESS THE NEEDS OF THE AGING.

Create programs targeted for retirees and the older population of your congregation. Most programs today in churches are targeted towards the young. Consider the aging trends in society by focusing more on connecting older people and their friends. Events such as lunches and special trips appeal to this age group and allow them the opportunity to share in the fellowship of the local church.

### 2 GET YOUNGER MEMBERS INVOLVED.

You may find that older congregants need help driving to the doctor or to the grocery store. Arrange partnerships with other members of the church who are willing to help the seniors with these weekly tasks. You will help solve a major problem for the aged, but in so doing will help create lasting friendships, while bridging the gap between varying age groups.

### 3 ENCOURAGE SERMONS ON TOPICS THAT ARE IMPORTANT TO THE OLDER MEMBERS.

A sermon that I gave on the topic of worry received more comments from the aged in my church than any other. The older members in your church have specific spiritual challenges as they face the sunset of their life. Ask your pastor to help them to navigate these challenges by preaching some sermons that speak directly to them.

## 4 PAY ATTENTION TO THEIR LIFE'S STORY.

Those who care about the aged will spend time visiting and listening to them. Specifically, those who care about the aging will need to carve out time each week to visit members and just listen and learn from their lives' wisdom. The truths and wisdom that can be learned from the lives that these older Christians have lived can provide wonderful stories to guide the younger members in your church from making the same mistakes that have caused grief and guilt in the aged lives. Learn to listen to their story and make use of what you learn.

## 5 PLAN FOR SPECIFIC EVENTS IN THEIR LIFE.

While this may sound morbid or morose, there are many issues that you can expect and plan for which happen to the aged in your congregation. Issues such as sickness and death, grief over a lost loved one or rejection from children are events that can be planned for ahead of time. Help your pastor to be aware of these issues and offer your help to plan ahead for how your church body might minister to a family during those times.

I keep a folder of some of my oldest members and I ask specific questions to them while they are living that I know I can use in a funeral sermon or in a conversation with the family. I ask about family members, or their favorite passage of Scripture or even a favorite song. I have found that these conversations bring joy to the aged while they are living and comfort to the family in a time of sorrow.

Many times the aged in our congregations feel neglected and forgotten. Taking the initiative to move forward on focusing on the aged in our congregation will make a difference not only in their life, but also the life of your church.

*Ken Gosnell is CEO and President of the C12 Group in Washington, D.C. □*

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## CARING FOR LOVED ONES

*By Kenneth L. Connor*

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### Living With Alzheimer's

As people live longer, and as more progress is made in preventing the leading causes of death—such as cancer and heart disease—the chronic conditions of older adulthood make a more profound impact on families and society. Of these, Alzheimer's Disease may be one of the most devastating because of its progressive nature and associated disability.

The typical progression of Alzheimer's is familiar: a person, usually an elder, begins to forget details. Errors in thinking become more frequent and serious until they interfere with the patient's and their family's activities of daily life. Eventually, the victim may fail to recognize familiar people and places, and lose the ability to care for themselves. Death usually occurs due to other illnesses or as a result of complications of the disability.

Although the underlying cause is not fully known, the changes in brain tissue that bring on the



symptoms of Alzheimer's are readily recognized. The support structures between neurons progressively become more and more damaged. At least two proteins that are most likely responsible for this damage have been identified. Then, the neurons themselves die. Although a definitive diagnosis can be made only by examining brain tissue under a microscope—usually at autopsy—Alzheimer's can be identified with reasonable certainty from a computerized tomography (CT) scan and laboratory tests, provided other common causes of dementia have been excluded.

In the early to middle stages of Alzheimer's, family members are usually responsible for most of the care. A familiar, quiet and well-structured environment with a simple, regular routine works best for most people with Alzheimer's. Family caregivers need support from friends, neighbors and employers in maintaining this kind of environment; they also need support and encouragement for themselves. For example, respite care that enables caregivers to get away for a break can be helpful.

Formal support groups across the nation exist for patients and families coping with Alzheimer's. Many organizations have published literature about every aspect of Alzheimer's, available both in hard copy and online. Also, a national bracelet-identification program has now been established to reunite caregivers with Alzheimer's patients who may have wandered away.

Search by location for Alzheimer's support at [Alz.org/findchapter](http://Alz.org/findchapter).

In the later stages needs are often too intense for family members to handle in their homes. Placement in a residential facility may become necessary. When choosing an environment for a loved one, make sure the facility is clean, has a positive track record with the state licensing agency and specializes in the care of persons with Alzheimer's. When making your choice, it may be helpful to talk with several families of other residents to hear their opinions on the service and level of care. It's important for you and your loved one that you continue to be active in their circle of care.

### Is Assisted Living the Best Option?

Are you considering moving an aging loved one into a care facility? Here are four tips if you're considering assisted living.

- Pray about every move, take as much time as you can and pour out your fears, hurts and frustrations to the Lord (**PHILIPPIANS 4:6-7**). Your own strength cannot sustain you when emotionally charged issues overtake you, but God's can.
- Ask God to make correct moves obvious and to close doors tightly to any wrong moves.
- Ask God to bring a trustworthy friend to help you and to listen to you (**HEBREWS 10:24-25**).
- Seek godly counsel from people and agencies with experience who can help you in concrete ways. Talk with people in your church who have gone through this with their parents or aging loved ones. Maybe you can start a support group at church for other caregivers.

To determine if your elder is a good match for assisted living, consider your loved one's personality and health needs. If your aging loved

one is losing some function but is a sociable person, it may be the ideal choice. If your elder is not fond of congregate living, a better option may be to arrange for help through adult day-care programs and/or home care. Following a hospital stay, extended care/sub-care hospital rooms are offered by some hospitals on a temporary basis for those who cannot go home but do not want to move into an assisted-living or continuing-care facility.

Consider your elder's financial stability, too. Will your elder's income and assets be enough to cover assisted-living expenses for the next few years, including possible increases in monthly charges and additional fees if more services are needed?

**A continuing problem with assisted-living facilities is what happens to the elder when she needs care beyond the levels provided by assisted living.**

She may end up transferring to a nursing home if the assisted-living facility is not licensed or equipped to handle her increasing medical needs. After spending much of her savings on the assisted-living facility, the elder may be asked to leave with no guarantee of where to go. Many seniors have been left "high and dry" by the assisted-living industry when they needed more care. That is why the continuum of care offered by continuing care retirement communities appeals to many.

If assisted living seems to be the most appropriate and welcomed kind of care for your aging loved

one, the best time to talk about it is before it is needed. Try to anticipate the day when in-home care combined with community services and family help is no longer viable.

*This article first appeared in December 2004 on the Focus Over Fifty Website from "Caring for Aging Loved Ones," Focus on the Family Publishing. □*

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## CARING FOR ILL OR AGING PARENTS

*By Carol Heffernan*

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Caring for an aging parent is a responsibility few people ever expect or envision. We avoid thinking about our parents falling ill or growing weak. We don't feel equipped to handle the welfare of those who raised us. Confusion, sadness, helplessness jar us during this unsettling transition.

As baby boomers live longer, healthier lives, any assistance that is required typically becomes the children's responsibility. For many families, the discussion about who will take care of Mom and Dad comes on the heels of a crisis. As a result, most families find themselves unprepared to handle their parents' increased dependency.

Still, with the increase in number of older adults comes the increase of adult children caring for their parents. More than 20 million in the U.S. alone provide care for an aging parent or in-law. What's more, families rather than institutions provide 80 percent of long-term care.

## So how can adult children, siblings and parents deal with the inevitable challenges that accompany this life transition?

Begin by openly discussing each person's role and responsibilities within the family structure. While caregiving can be extremely stressful, sharing duties is a guaranteed way to ease the tension. Whatever distance family members live from one another, devise a care plan so everyone can be involved.

Addressing the sensitive topic of finances is also a must, as is compiling important personal and financial documents. Finally, take the time to evaluate how to build unity among siblings—in spite of the high potential for tension.

There's no question that many caregivers only find frustration and exhaustion. But with solid support and communication, caring for an aging parent can bring a renewed sense of love, compassion and tenderness into any family.

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## MANAGING STRESS WHEN CAREGIVING

*By Carol Heffernan*

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### Consider these suggestions to help ease the emotional and physical strain when you've become the caregiver.

Joan Johnson remembers when her parents started becoming dependent on their children. She remembers her brothers and sisters talking at length about their care options. A nursing home, an assisted-living facility, hiring in-home care.

Ultimately, family members chose to care for their parents themselves.

*"We thought it would be easier than it was," says Joan. "My mother and father ended up needing 24-hour assistance, and while we were happy to do this, we should have been taking better care of ourselves. It was difficult, emotionally, to see them deteriorate, and the mounting responsibilities really took a toll."*

Providing day-to-day and even minute-to-minute care for an aging parent can be tremendously stressful. Caregivers suffer symptoms so severe that they themselves become known as "hidden patients"; they fail to notice the signs of stress in their own lives.

When the attention is so focused on their parent, numerous and potentially harmful symptoms go unnoticed in the lives of the adult children. What's more, the warning signs of stress can attack so



subtly that they're difficult to detect—and this can create a real danger.

Studies show that more than half of all caregivers suffer from depression, while the majority experience what's commonly referred to as “caregiver stress.”

It's no wonder, considering many who care for a parent also juggle a multitude of responsibilities. Full-time jobs, parenting their own children and household duties all add to already high levels of stress. In the process, it's common for caregivers to put their own health, feelings and well-being aside. The results can be damaging: anxiety, sadness, guilt, and a whole host of physical ailments.

If you are caring for aging parents, recognize the warning signs, then deal with the stress immediately.

- Unusual sadness, moodiness or anger
- Social withdrawal from activities and friends
- Fatigue, exhaustion and difficulty sleeping, either too much or too little
- Change in eating habits, and weight loss or weight gain
- Recurrent headaches, stomachaches and colds
- Difficult concentrating on other areas of your life, possibly resulting in a decline in work performance
- Unexplained irritability
- Feelings of dread, hopelessness and depression

If you care for others, it is also imperative to make your own health a priority. Consider these suggestions:

- **CREATE LISTS AND ESTABLISH A DAILY ROUTINE.** Keep track of tasks, then balance, prioritize and delegate responsibilities. Most importantly, modify your schedule to avoid anxiety and exhaustion.
- **ASK FOR HELP WHEN YOU NEED IT.** Enlisting the support of friends and loved ones does not make you appear weak. It is of utmost importance that you care for yourself in order to provide good care for your parent. Looking beyond immediate loved ones, many cities provide adult care and other services for the elderly, and many churches offer programs for seniors. With safe, friendly environments and plenty of activities, use outside care to give yourself and your parent a break.
- **TAKE CARE OF YOUR BODY AND MIND.** Besides fitting exercise into your schedule and maintaining a balanced diet, it's crucial to find time to relax, pursue a hobby and connect with friends. While leaving a parent in someone else's hands is difficult, getting away at least a few hours a week is critical. Neglecting your own physical and emotional health leaves you vulnerable to disease and exhaustion.
- **IF YOU FEEL DEPRESSED, GET HELP.** Caregivers are at tremendous risk for depression, yet many do not realize that they are depressed. These feelings can develop over time and will become progressively worse if not treated. Instead of hoping this condition will just go away, seek medical help; it'll make all the difference.
- **REGULARLY TALK WITH A COUNSELOR, SUPPORT GROUP OR CLOSE FRIEND.** Even though you may not want to discuss your feelings and frustrations, it's beneficial to find an outlet. A parent may have behavioral issues—yelling, hitting, wandering from home—that stir up unfamiliar and very painful emotions. A sympathetic listener could provide the support, comfort and perspective you need to get through the day.

It's worth noting that caring for an aging parent—while challenging—can have many positive effects on the whole family. There's an

added sense of purpose, the ability to nurture an intergenerational bond and the knowledge that you're making a difference in the life of your parent.

Giving proper care and attention to yourself and your loved ones will create a healthier, happier environment sure to improve everybody's quality of life.

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## PERSONAL PERSPECTIVES

### Be an Advocate for Your Loved One

*by Annie*

When Vince's 69-year-old wife, Annie, had a heart attack and went into a coma, it was just the beginning of a tug-of-war to save her life. She came out of the coma but had to have kidney dialysis, a feeding tube, and a tracheotomy. After being in intensive care for nearly a month, her heart stopped but was revived.

Vince knew Annie needed a pacemaker and requested it in a meeting with about 25 people who were involved in her care—doctors, cardiologists, pulmonologists, as well as her pastor and deacons. Considering her medical condition, the professionals recommended withdrawing Annie's life support, but Vince wanted to give her more time. When he remained firm about wanting the pacemaker put in, the chairman of the deacons stood up and said, *"Are you trying to force God?"*

Vince replied, *"What are doctors and hospitals for?"*

Annie got the pacemaker and began to improve, but some of the doctors and nurses were reluctant to do more to promote her recovery. When two nurses suggested hastening her death by no longer feeding her, Vince refused. "I told them that if she just lies in bed and smiles at me until we're both gone, that's enough for me."

Soon, Annie was transferred to a long-term-care hospital where she was weaned off the dialysis within a month and also started breathing on her own again. She had to learn to swallow and talk again, but after eight months she returned home and received therapy from there. After several months, she also got off the feeding tube. Two years later, she hardly uses her walker and has the doctors mystified.

Vince concludes that in today's health-care environment, it is important to be your loved one's advocate. He's grateful for the support he received from a few of the doctors as well as many people in his church—including meals delivered to the hospital waiting room and countless prayers. "There was a chapel in the hospital, and I was in it every day, praying," Vince says. "My wife had so many visitors from our church. The waiting room was often full of friends and family members who cared for her." Today their church calls Annie their "miracle girl."

**Please note:** Annie's story is unusual. Each case is individual—what is best in one situation may not be best in another. Utilizing all available life-sustaining

interventions is not always appropriate or loving. As your loved one's advocate, your role is to make the best decision you can with the information you have been given. Also, this anecdote is not meant to disparage all medical professionals. It is simply meant to point out that they are not always correct; there are times when we must speak up in defense of our relatives and friends.

### **Paying Attention**

*by Diana*

My mom had hospice care for the last seven weeks of her life. She had a hospital bed set up in her bedroom. The hospice workers were wonderful, not only to my mother but also to me. In fact, they paid as much attention to me as they did to my mom! That's not typical. Most people pay attention to the patient, which is good, but the caregiver also needs support.

My siblings would come over to the house occasionally and say, "How's Mom?" I'd answer, "Well, go in and see." In contrast, the hospice personnel would sit down with me and genuinely ask how I was doing. They assumed I would be tired and overloaded. And they followed up. "How are you now?" They even helped me cope with my sister, who differed with me on my care-giving decisions. She was suspicious of hospice care and wanted my mom fed even when she didn't want to eat anymore. My sister would bring over nourishing food to help Mom put on weight, but who cared about that when Mom was dying?

One morning I walked into the bedroom and saw my mother lying on the bed after she'd just been

bathed. The workers were talking in whispers, and everything seemed so light and bright. I knew Mom was going to die soon and she was so ready to go to heaven. It was such a tender, special moment. The hospice workers were right there with me. They held me and let me cry.

### **We Can Do It Together**

*by Betty*

When Mom had lymphoma 25 years ago and a bowel obstruction 20 years ago, I saw her suffer so much from being jabbed, stabbed, and poked. Tiny veins that roll and break make I.V.s sheer torture for her. It didn't make sense to put her through that again after she'd suffered a major stroke at age 92, so I called in a hospice group connected to a local Catholic hospital.

The hospice staff put to rest all the fears I had. They told me they would keep Mom comfortable, providing liquid medication or suppositories for pain and anxiety. They would not give I.V.s; doing so would simply force fluids into her tissues as her kidneys began to shut down. They would give me sponge swabs to keep Mom's mouth moist. I would continue to pay Josephine, our live-in Polish caregiver, but all other expenses would be taken care of by hospice. A nurse would visit three times every week, then every day as Mom's pilgrimage on this earth began leading her to her permanent home in heaven.

Within a few days a chaplain came out to read Scripture to Mom. Then a social worker came to see how she could help meet my emotional needs, advise me regarding finances, and arrange



for volunteer relief for Josephine and me. Every person I've met from hospice, whether paid staff or volunteer worker, has a vibrant, joyful, we-can-do-it-together attitude. They help me have the confidence and peace I need to know that Mom is getting the best care on her final journey.

## **Dying Naturally**

*by Linda*

About six months after Mom, who had cancer, moved in with me, she started talking about her death, saying she didn't want any heroic measures, but she wanted to make sure her needs were met. She was concerned about euthanasia and didn't want someone to say, "Well, it's your time," and come and finish her off.

After looking for information at the library, I said, "Why don't we call a lawyer?" So I called someone who had been recommended to me, and he came to our house and sat down and talked to Mom. He said, "Well, tell me what you're thinking." She said, "I want to die a natural death. But I don't want anyone hastening my death." He seemed a little surprised by her forthrightness and candor.

He talked about who should have power of attorney, and she said, "I trust all my kids, but since Linda's here, I'd like to give her that authority." So we arranged an Advance Medical Directive and Durable Power of Attorney.

Mom did die at home with minimal intervention. The day after her death, I went to see her lawyer to settle her estate. I said, "I don't know if you remember me, but you came to our house one day

to talk to me and my mom." The lawyer said, "I sure do remember you and your mom. I have never spoken to an elderly woman so clear on her wishes and so well informed and able to articulate her ideas about death and dying. I always tell others about your mom."

**Death isn't an easy passage,  
but I'm glad my mom got her  
wish to die at home.**

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## **THE CHALLENGES AND REWARDS OF PROVIDING DAY-TO-DAY CARE FOR AN ELDERLY PARENT**

*By Carol Heffernan*

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Much that is written about aging parents describes the stresses, the challenges and the headaches that come with providing care. My story shows a different side—a more positive side—of sharing those last years together.

My husband Norman and I were both raised with the model of bringing elderly family into the home. My mother cared for her parents, and Norman's grandmother lived with his family for ten years. Naturally, I figured, our parents would some day move in with us.

After my father died, my mother lived on her own for a decade, keeping up her house and yard, and trying to stay on top of her burgeoning health problems. Her decline was a slow one, but I could see subtle changes.

She would call one of us in a panic, saying she was having trouble eating, when she was really having trouble remembering directions to the grocery store. She couldn't remember which medication to take. Her vision also deteriorated, and her back problems worsened.

We lived several hours away from one another at that point and kept in touch through daily phone calls and frequent visits. During one stay, my mother noticed that the home behind ours was for sale. Her decision to purchase it was a good one; she lived there for five years. Nearly every night, Norman would bring her over for dinner, and we regularly helped with her household chores. But as her daily care became more and more difficult, she knew it was time for a change.

### **When Mom moved in**

While we were remodeling our kitchen, my mother asked if she could come live with us. So we added to the remodel, enlarging a bedroom and bathroom to fit her needs. Since her parents had lived into their 90s, we expected the same—and we wanted her comfortable.

What a blessing it was to have her with us! That's not to say there wasn't work. She needed help with everything from bathing to dressing to going to the bathroom. For some reason, instead of helping herself to food, my mother preferred that Norman or I did this for her, quickly earning her the adoring nickname "The Queen."

Looking back, I know Norman and I could have gotten short with her, succumbed to anger or

worried about the future. But we made an effort to laugh as much as possible, see the humor in things and always communicate openly.

I certainly wasn't raised with this kind of honest communication, but I knew it was necessary to sustain a healthy environment. I used to say, "Everybody do the best they can, and we'll forgive the rest." Together, we learned about setting boundaries, not holding grudges and being up front with one another.

Yes, it was difficult to watch her health decline. And yes, it was sometimes a trying experience. My mother, for example, would often ask the same questions over and over again. But I quickly learned that getting irritated and scolding her didn't do any good. When she complimented me on the "new" dress I wore every Sunday to church, I would simply respond, "I'm so glad you like it!"

**I knew she wasn't choosing to forget, and I knew aging was a part of life. So I accepted her absentmindedness and made every effort to treat her gently—even when I didn't feel like it.**

### **Living without regrets**

My mother's insurance enabled us to get help with her routine care on weekdays. This allowed my husband and me to carve out time for each other. We realized that our relationship had to be the priority.

Speaking of Norman, he was the biggest help, and I couldn't have done it without him. When we married, we agreed we would love each other's parents as our own—and that agreement stuck.





RESOURCE GUIDE

THE DIGNITY AND SANCTITY  
OF EVERY HUMAN

life

Speak up for those who can't speak for themselves.

PROVERBS 31:8

FOCUS ON THE FAMILY®

| FOCUS ON LIFE™



With a little forethought and work, Mike's family could have avoided the enormous stress of figuring out his specific desires in the horror of the moment. Emergency medical care is complicated, and sometimes murky, often requiring quick decisions on matters of life and death.

**No one enjoys discussing such matters, but having some plan based on your pro-life values and beliefs is better than no plan at all.**

Fortunately, there's a lot of help out there today. Hospice<sup>188</sup> cares for those stricken with a life-threatening illness or injury, and deals with families in shock as they try to navigate the complexities of emergency medical care.

Advanced care planning includes legal directives that enable people like Mike—those who can no longer communicate—to make sure their decisions about medical treatment are known to family, friends and physicians. These decisions often include questions about life-sustaining treatment such as CPR, feeding tubes, breathing machines (such as a ventilator), pain management and organ donation. You and your loved ones can draft a document specifying your wishes, or you can designate someone to serve as your health care proxy. A proxy speaks on your behalf and is allowed to receive updates on your care.

These documents can be found online<sup>189</sup> (U.S. state specific forms), through medical offices and hospitals, or drafted by an attorney. Dr. John Dunlop, a geriatric physician, bioethics professor

and author of *Finishing Well to the Glory of God: Strategies from a Christian Physician*, says, "An advanced directive is not threatening. It's something that everyone should do."

Concerning the online forms, Dunlop cautions: "A lot of states will have boxes regarding different technologies.... For example, in Illinois, the form has a check box for a ventilator, for feeding tubes and for antibiotics. And those are just way too context-dependent to make a decision early about them.

*"So people come into the office with an advanced directive that says no ventilator, and I would say, 'Let's think about that.'"*

Dunlop uses the example of a patient who enters the hospital with a serious case of pneumonia. What happens, he asks, when an advance directive is presented to the family and it says no ventilator?

"You're probably going to die," he explains. "But if you don't have that [on the form] and they use an antibiotic and a ventilator? It's likely you'll be just as good as you are now. What those people really mean is, 'I just don't want to be kept on this machine forever!'"

Advance directives emerged over concern about patients receiving unwanted medical treatments and procedures in an effort to preserve life at any cost. While doctors certainly provide guidance, the patient's wishes are the ultimate authority when it comes to receiving or discontinuing life-sustaining treatment.

Most importantly, be sure to verbally and clearly communicate your desires to family members, revisiting these desires as you age. Life can change in a moment, and it's important that you're not ceding control of your deeply held values to others in a moment of crisis and profound stress. It's difficult enough to understand and make complex medical decisions on a good day!

Beginning the conversation is a start. We recommend reading the article below, "A Patient's Guide: Discussing Your Medical Wishes." We also suggest Aging with Dignity's "Five Wishes" worksheet, which helps families sort through the medical jargon while tackling important decisions about medical care options. You can order this resource online for a small fee at **AgingWithDignity.org** or by calling 888-594-7437.

Navigating the emotional and spiritual landscape that accompanies end-of-life care can take its toll on you and your loved ones. If you need further guidance and encouragement, Focus on the Family has a staff of family helps specialists—including licensed, professional Christian counselors—who are available to speak with you at no charge. Just call **1-800-A-FAMILY (232-6459)**.

*Amy Tracy is a freelance writer in Colorado Springs where she's involved in hospice ministry in the Pikes Peak region. She is especially passionate about helping Christians reclaim a theology of death, of living well and glorifying God at the end of their lives. Amy is a student at Fuller Seminary pursuing a Masters of Divinity with an emphasis in chaplaincy and global missions. □*

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## THE PROBLEM WITH ENDING IT ALL: A RESPONSE TO PHYSICIAN-ASSISTED SUICIDE

*By Amy Tracy*

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In JoJo Moyes' 2012 bestselling book, *Me Before You*, one of the main characters, a young man named Will, intends to take his life by suicide. A motorcycle accident two years prior rendered him a quadriplegic, and now Will also suffers from crippling infections and depression. He mourns the loss of a life filled with success and adventure. Will agrees to put off his planned death for six more months, but only if his mother honors his wish to die.

The book centers on Louisa, Will's new caretaker, as she and Will's family make heroic efforts to spend that six months changing his mind about suicide and his life's worth.

**SPOILER ALERT:** Louisa professes her love for Will, but he decides that it is not enough for him to live. His loved ones are not enough. He goes through with the suicide, leaving behind a devastated family.

In the book, and in the 2016 film adaptation, Will ends his life through physician-assisted suicide (PAS). Currently four states—Oregon, California, Washington and Vermont—have legalized this practice. (PAS is not technically legal in Montana; however, the state operates under a court ruling that allows a doctor who is charged with assisting

a suicide to use the patient's request as a defense.) According to *The Economist*, between these five states, nearly 50 million Americans, almost one-sixth of the total U.S. population, can now end their lives via a lethal dose prescribed by their doctors.

Americans support the practice in rapidly increasing numbers. A 2015 Gallup poll noted that 68 percent of Americans now favor PAS (up 10 points from the previous year). The poll mentioned that this increase comes mostly from 18- to 34-year-olds, whose support for doctor-assisted suicide climbed nearly 20 points in the previous year, to 81 percent. Right-to-die bills are currently under consideration in at least 19 states and the District of Columbia.

Physician-assisted suicide is a dangerous sign of the times, as doctors move from their longstanding oath of doing patients no harm to actually facilitating their death.

“Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks,” states the American Medical Association’s code of ethics. The AMA exhorts doctors: “Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life.”

With near constant advances in technology, decisions surrounding care at the end of life can be murky and require education on our part. A biblical worldview holds that no matter how broken our bodies, God created us in His image (**GENESIS**

**1:27**). Moreover, God looked at all He had made, and decided that it was “very good” (**GENESIS 1:31**). Scripture tells us that God holds all of our days in His hands, from conception to a natural death (**PSALM 139**), and that He is sovereign over the end of our lives (**JOB 30:23**).

Dr. John Dunlop, a geriatric physician and adjunct professor of bioethics at Trinity International University, is the author of *Finishing Well to the Glory of God: Strategies from a Christian Physician*. Dunlop is convinced that PAS will continue to spread across the country in the next 10 years. “Part of what we as the church need to do is equip Christians to respond to that option,” he said. “They need to realize that doing something positively to end life is wrong.”

“For me, the major issue in physician-assisted suicide is our surrender and control to the Lord,” Dunlop said. “I believe that when we first become Christians, we want God to control our lives and then we engage in a tug of war with Him for the rest of our lives. Every issue that comes up we tend to want to be in control, and hopefully we smarten up and say, ‘Oh Lord, I can’t control this—You take over.’

**“But when it comes to the end of life and assisted suicide, we’re very much putting ourselves in the driver’s seat. And I think that’s devastating.”**

Dunlop is deeply concerned about the effect of PAS on both medical care and the culture.

“We never rave about our uncle who committed suicide or talk about how strong he was,” Dunlop



said. “We talk about our uncle who battled cancer and showed his strength. As a culture, we value people who go through tough things. We rave about people who climb Mount Everest. We congratulate people who run marathons. We exalt in people’s demonstration of strength, but we don’t brag about the person who quit halfway through the race.”

While extolling modern advances in end-of-life care, Dunlop mentioned his concern that doctors will lose interest in the ability to effectively control symptoms as assisted suicide becomes a widely available option.

“Killing them [people] is not the only way to prevent suffering,” said Rob Moll, a journalist, hospice volunteer and author of *The Art of Dying*. “We have technologies to alleviate suffering. And there are huge and unexplored areas to talk about how beneficial it is to be caring for someone at the end of their lives.”

“There is a distinction between family members who are hands-on caregivers and those family members who live in another state and can’t participate,” Moll said. “The grieving process is totally different for those people. And I think it would be the same for those people whose loved one died through assisted suicide. Without the gift of hands-on caregiving, it will be harder to process the grief.”

Navigating end-of-life care can take its toll on loved ones. If you need further guidance and encouragement, Focus on the Family has licensed, professional Christian counselors available to speak with you. □

## PERSPECTIVES FROM MEDICAL PROFESSIONALS WHO CARE FOR THE DYING

Supporters often use emotional stories of terminally ill patients who suffer in the final days of life to justify legalization of doctor-prescribed suicide. These stories communicate that an early, premeditated death is the best, and perhaps the only, option for the patient. However, a growing number of medical professionals who work with dying patients are speaking out to dispute this perception. Consider the following statements:

*“I simply have never seen a case nor heard of a colleague’s case where it (physician-assisted suicide) was necessary. If there is such a request, it is always dropped when quality care is rendered.”*<sup>194</sup> —**Linda Emanuel, M.D., Ph.D., Director, The American Medical Association’s Institute on Ethics**

*“If we treat their depression and we treat their pain, I’ve never had a patient who wanted to die.”*<sup>194</sup> —**William Wood, M.D., Clinical Director, Winship Cancer Center**

*“In my clinical practice, I have been asked by suffering patients to aid them in death because of severe pain. I have had the opportunity to see these requests for aid in death fade with adequate pain control, psychological support, provision of family support and with the promise that their symptoms would be controlled throughout the dying process.”*<sup>195</sup> —**Kathleen Foley, M.D., Chief of Pain Service, Memorial Sloan-Kettering Cancer Center, New York City**

## PERSPECTIVE OF A TERMINALLY-ILL WOMAN

Kara Tippetts, a young mother of four who recently died at home in hospice care from breast cancer, wrote an open letter to a young brain cancer patient, Brittany Maynard, who publicly declared her intent to die via physician-assisted suicide. Wrote Tippetts:

*In choosing your own death you are robbing those that love you with such tenderness, the opportunity of meeting you in your last moments and extending you love in your last breaths. ... That last kiss, that last warm touch, that last breath, matters—but it was never intended for us to decide when that last breath is breathed.*

*Knowing Jesus, knowing that He understands my hard goodbye, He walks with me in my dying. My heart longs for you to know Him in your dying. Because in His dying, He protected my living. My living beyond this place.*

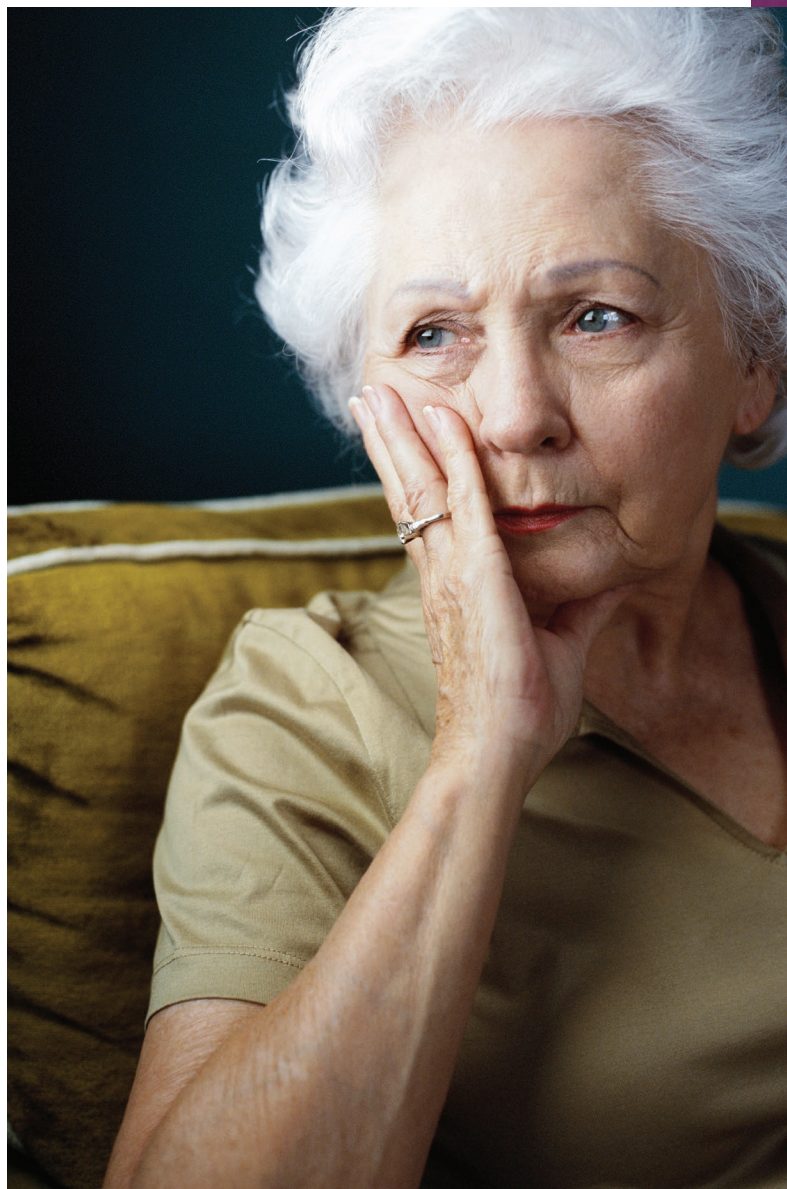
*Brittany, when we trust Jesus to be the carrier, protector, redeemer of our hearts, death is no longer dying. My heart longs for you to know this truth, this love, this forever living.*

In speaking of others who decide to take their lives, Tippetts concluded:

*My heart hurts that they have decided to swim from the shores of grace that it protected in our living and dying. I get to partner with my doctor in my dying, and it's going to be a beautiful and painful journey for us all. But,*

*hear me—it is not a mistake—beauty will meet us in that last breath.*

Read the touching letter Kara penned to Brittany at [AHolyExperience.com](http://AHolyExperience.com) (Search “Brittany”).



## WAYS TO BE A VOICE

### A PATIENT'S GUIDE: DISCUSSING YOUR MEDICAL WISHES

Talking with a loved one about your medical preferences in the event that you cannot decide for yourself is an important but rarely easy task. An accident or illness could render any one of us unable to communicate our medical wishes, so planning ahead for such a situation will prove helpful to you, your family and loved ones.

“Advance medical directive” is an umbrella term that refers to written and/or oral directives you make about future medical care if you are unable to make your own decisions. This term includes a variety of documents; the two most frequently discussed are a “Living Will” declaration and a Durable Power of Attorney for Health Care.

The “Living Will” declaration is discouraged as it is a signed statement that attempts to predict your preferences in often-complex future medical situations that you cannot foresee. The statement offers a narrow list of options that may be used to prohibit treatment you may want in certain circumstances—even for a short period of time.

A Durable Power of Attorney for Health Care is encouraged as it allows you to name a trusted family member or friend to make medical decisions for you if you are unable to do so. It also permits you to name a secondary health care agent if your primary agent is unable to serve.

Signing a Durable Power of Attorney for Health Care is only part of the equation. You also need to discuss your general views, preferences and overall philosophy of medical decision-making with your health care agent.

The following “discussion categories” may be useful to help you formulate a personal medical decision-making philosophy. It may also be used to facilitate conversation with the individual(s) named as your health care agent(s). Remember that your health care agent can only make decisions for you if you are incapacitated and unable to do so for yourself.

Note: This information sheet is not intended as a legal document such as a “living will” or to be legally attached to a Durable Power of Attorney for Health Care. Your health care agent may want to write notes on this page or a separate piece of paper during and after your conversation(s) for his or her personal reference.

### DISCUSSION CATEGORIES

**This document includes the following discussion categories:**

- A Life-Affirming Perspective
- Patient's Prognosis
- Possible Interventions
- Considering Various Scenarios
- Additional Topics

### A LIFE-AFFIRMING PERSPECTIVE

The writer of Ecclesiastes reminds us that there is a time for everything, including “a time to die”



**(ECCLESIASTES 3:1-2).** Today's life-sustaining interventions may appear to create a fine line between postponing death and sustaining life. When uncertainty exists, God invites us to ask Him for wisdom when we are in need of understanding and discernment in decision-making, including medical ones **(JAMES 1:5).**

A pro-life philosophy on medical decision making presumes intervention will be attempted to preserve a patient's life as long as the intervention is determined to:

- Be physiologically possible for the patient;
- Offer an expected benefit without excessive risk or burden to the patient; or
- Provide reasonable hope of sustaining or improving the patient's life.

### Patient's Prognosis

Your preferences regarding medical interventions and the use of technologies may vary depending on your age, physical condition and the diagnosis and prognosis of your condition. Therefore, it may help to distinguish between the following categories when discussing your wishes with your health care agent:

- **ACUTE**—short-term, reversible medical condition with expected patient recovery.
- **DISABILITY**—physical and/or mental loss or impairment, including neurological (brain) injury.
- **CHRONIC**—slow, progressive illness, disease or condition over an extended period of time.
- **TERMINAL**—irreversible and fatal illness, disease or condition.

- **ACTIVELY DYING**—imminently, in the process of dying due to a terminal illness, disease or condition.

### Possible Interventions

You may have different views and preferences regarding possible life-sustaining medical interventions. Here are a few to consider:

- **ANTIBIOTIC**—a drug given to treat infection.
- **CARDIOPULMONARY RESUSCITATION (CPR)**—an emergency procedure to restore normal breathing and circulation after cardiac or respiratory arrest using mouth-to-mouth or mechanical assistance for breathing and external heart massage. Other medical methods commonly utilized during CPR include giving IV fluids and oxygen, infusions of antiarrhythmic or other cardiac drugs, electric shock delivered through a defibrillator (paddles placed on the chest), and intubation (placing tubes down the throat into the patient's airway).
- **DIALYSIS**—the process of using a machine to cleanse the body of impurities and waste when the patient's kidneys fail to do so. It can be a short-term or long-term intervention.
- **MEDICALLY ASSISTED NUTRITION AND HYDRATION**—the provision of nutrition (food) and hydration (water) to patients who are unable to swallow or digest normally. This can be provided by a flexible rubber or plastic gastric tube inserted into the stomach under local anesthetic at the bedside; it can also be provided intravenously or through a tube inserted through the nose. It can be a short-term or long-term intervention.
- **SURGERY**—an invasive operation or procedure to correct disease or injury.
- **VENTILATION**—the process of using a handheld device for a short period of time or a machine called a ventilator or respirator for a longer period of time to help the patient to breathe.

## CONSIDERING VARIOUS SCENARIOS

Section II offers a list of possible prognoses and Section III provides a list of possible interventions. Cross-referencing lists may be helpful in considering and discussing your personal views and preferences with your health care agent:

**How do you generally view the following possible interventions if you are in an acute medical situation where recovery is expected?**

- Antibiotic
- Cardiopulmonary Resuscitation (CPR)
- Dialysis
- Medically Assisted Nutrition and Hydration
- Surgery
- Ventilation

**How do you generally view the following possible interventions if you are physically and/or mentally disabled, including neurological (brain) injury?**

- Antibiotic
- Cardiopulmonary Resuscitation (CPR)
- Dialysis
- Medically Assisted Nutrition and Hydration
- Surgery
- Ventilation

**How do you generally view the following possible interventions if you are chronically ill?**

- Antibiotic
- Cardiopulmonary Resuscitation (CPR)
- Dialysis
- Medically Assisted Nutrition and Hydration
- Surgery
- Ventilation

**How do you generally view the following possible interventions if you are terminally ill?**

- Antibiotic
- Cardiopulmonary Resuscitation (CPR)
- Dialysis
- Medically Assisted Nutrition and Hydration
- Surgery
- Ventilation

**How do you generally view the following possible interventions if you are actively dying?**

- Antibiotic
- Cardiopulmonary Resuscitation (CPR)
- Dialysis
- Medically Assisted Nutrition and Hydration
- Surgery
- Ventilation

Bear in mind that patients' preferences for intervention can change over time and with life experience. For instance, many disabled patients convey that an initial desire to refuse treatment disappeared after interactions with family and friends confirmed the value of their lives, even in light of disability.

## Additional Topics

**Related topics you may want to discuss include:**

- Being cared for at home, if possible, rather than in a hospital or long-term care facility.
- Your views on the use of pain- and symptom-control measures including narcotics and sedatives.
- Your views on the inclusion of palliative and comfort care offered through a hospice program.

- Whether you want your age, physical condition, finances or other circumstances to play a role in medical decision-making.

## A CAREGIVER'S GUIDE: MAKING MEDICAL DECISIONS FOR A LOVED ONE

Today's advances in medical technology can sustain the lives of patients in otherwise dire circumstances. Some people want every possible treatment medical science can offer in every situation; others do not. Competent adults have a legal right to refuse or have withdrawn any medical treatment. But, what do you do if a loved one cannot make his or her own medical decisions due to an injury or terminal illness? How can you make the right choices for them?

The following may be helpful in making medical decisions for a family member or loved one:

### Questions to Consider

- Did your loved one sign an advance medical directive (a "Living Will" declaration and/or a Durable Power of Attorney for Health Care) in which the patient indicates treatment preferences and/or names a health care agent to make decisions?
- What is the patient's prognosis? What is the likelihood of recovery or improvement? Is the condition irreversible? Can the patient be stabilized and regain lost capacity? What is the likelihood of death within six months, even if intervention is continued?
- What is the likely effect of the intervention? Will the intervention be a benefit to the patient, even in an irreversible condition? Or will it be burdensome, causing distress?
- Based on what you know of the patient's preferences, would he or she want this intervention utilized? If the likely effect of the intervention will be burdensome to the patient and/or the patient would not want the intervention, have you considered alternatives such as palliative comfort care rather than more aggressive treatment?
- Is the decision to withhold or withdraw the intervention intended to cause the patient's death or to allow a natural death when the dying process cannot be reversed? Will the intervention increase patient suffering while only providing a minimal improvement in an irreversible condition?
- What is the faith/religious tradition of the patient and what would he or she want in light of these beliefs?
- Is the decision to withhold or withdraw treatment from the patient influenced by someone's view that the patient's life is burdensome and not worth living?
- What are the attending physicians' ethical views regarding these types of medical decisions? What are the policies and procedures of the health care facility regarding the intervention that is being considered?
- What are the financial constraints that may have an impact on medical decisions (e.g., limited access to medical care or Medicare/Medicaid coverage)? Is the decision based upon or influenced by someone who does not want to spend money on the patient's treatment and care?

### Relevant Terms

In any discussions with family members or medical professionals, it is important to define the terms used to ensure that all parties interpret the words in the same way.

- **ACUTE CARE:** short-term medical care for reversible disease or trauma with the expectation of cure and patient recovery.
- **INTENSIVE CARE:** the care and treatment of critically ill patients, often in an intensive care unit. This involves the use of life-sustaining interventions to stabilize the patient, hopefully leading to recovery.



- **PALLIATIVE COMFORT CARE:** the care (including pain and symptom control) of patients who are in the dying process due to an irreversible and fatal illness, disease or condition. The goal of palliative comfort care is to make the patient comfortable and meet his or her physical, spiritual and psychological needs during the final days of life.
- **TERMINAL:** an irreversible and fatal disease, illness or condition. Although a patient may be diagnosed with a terminal condition and live for some time, this term generally refers to cases where the underlying cause of death cannot be reversed by medical technology and death is likely within six months, regardless of treatment or intervention.
- **HEALTH CARE AGENT (ALSO REFERRED TO AS SURROGATE DECISION MAKER):** an individual designated by a patient to make medical decisions on the patient's behalf if he or she is unable to do so. Ideally, the health care agent named by the patient should discuss general medical decision-making philosophy with the patient in advance of any medical situation resulting in the patient's incapacitation.
- **BENEFIT:** when an intervention has (or is expected to have) a positive effect to sustain or improve the patient's health or life.
- **BURDEN:** when an intervention has (or is expected to have) a negative effect on the patient's health or life.
- **CARDIOPULMONARY RESUSCITATION (CPR):** an emergency procedure to restore normal breathing and circulation after cardiac or respiratory arrest using mouth-to-mouth or mechanical assistance for breathing and external heart massage. Other medical methods commonly utilized during CPR include giving IV fluids and oxygen, infusions of antiarrhythmic or other cardiac drugs, electric shock delivered through a defibrillator (paddles placed on the chest) and intubation (placing tubes down the throat into the patient's airway).
- **DO NOT RESUSCITATE (DNR) ORDER:** a patient or a health care agent may request a DNR order. It prevents cardiopulmonary resuscitation (CPR) should the patient

stop breathing or suffer a cardiac arrest. Patients who are in compromised conditions may be less likely to recover after CPR. The intense physical nature of CPR can cause broken bones or collapsed lungs, especially among frail or elderly patients. DNR orders can vary in interpretation, so you should define the term with the health care facility before considering one for your loved one.

- **MEDICALLY ASSISTED NUTRITION AND HYDRATION:** the provision of nutrition (food) and hydration (water) to patients who are unable to swallow or digest normally. This can be provided by a flexible rubber or plastic gastric tube inserted into the stomach under local anesthetic at the bedside; it can also be provided intravenously or through a tube inserted through the nose. It can be a short-term or long-term intervention.
- **VENTILATION:** the process of using a handheld device for a short period of time or a machine called a ventilator or respirator for a longer period of time to help the patient to breathe.
- **"PULLING THE PLUG":** a term used to include everything from turning off a ventilator to withdrawing medically assisted nutrition and hydration. It is better to avoid this term and specifically state what treatment and procedures you do or do not want.
- **"QUALITY OF LIFE":** a subjective, non-medical assessment made by others regarding the patient's satisfaction with his or her present circumstances. Too often this phrase is used with the conclusion that a patient's life is not worth living or preserving.
- **PASSIVE EUTHANASIA:** an act or the absence of an act that by intent or result causes the death of a patient.
- **DOCTOR-ASSISTED SUICIDE:** when a medical doctor provides patients with the means to kill themselves.
- **EUTHANASIA:** the intentional killing of a patient (usually by lethal injection) by the direct intervention of a physician or another party, ostensibly for the good of the patient or others.

## Preventative Measures

- Talk to your family members about your medical decision-making philosophy before a medical crisis puts loved ones in a position to make decisions for you if you are incapacitated.
- Consider signing a Durable Power of Attorney for Health Care, a specific advance medical directive document that names a health care agent to make your medical decisions if you are unable to do so. This document is recommended over a “Living Will” declaration.

## What Is God’s Will?

When making decisions about the appropriateness of initiating or withdrawing life support or other medical interventions, the Christian caregiver asks, What is God’s will regarding the treatment of my loved one? No two situations are identical. There are always circumstances to weigh and consider in every person’s illness and death. But we can also consider the Creator’s point of view. Imagine how God would treat your aging loved one in a given situation. The way we treat ourselves and our elders actually reflects the way we treat God.

In our Maker’s eyes, human life is sacred, created in His image, and of inestimable value—at every stage, from conception/fertilization to natural death. He knew the number of our days before one of them had come to be (**PSALM 139:16**), and He has appointed the time to die (**HEBREWS 9:27**). He has not given Christians a spirit of fear, but of power and of love and of a sound mind (**2 TIMOTHY 1:7**).

Medical technology can be a marvelous tool God uses to bring healing. But it is not a cure-all. When a treatment is invasive but ineffective, causes

extended suffering, and creates an excessive burden in terms of physical function and pain, it may be time to allow treatment to be stopped and/or withheld. There is no requirement to continue treatment that has no benefit or which may cause a burden to a terminally ill patient. Ultimately, whatever questions you face, such as when to use or withdraw life-prolonging procedures, should be answered in light of God’s perspective and with the wisdom He supplies (**JAMES 1:5**). It is also vital to seek wise counsel and support from others—family members, friends, pastors with experience in these matters, hospital chaplains, and support groups.

## END-OF-LIFE ISSUES: ADVANCE MEDICAL DIRECTIVES

Advance medical directives are documents intended to provide guidance to medical professionals and your loved ones if you are incapacitated and cannot make your own medical decisions. The two most frequently discussed documents are a “Living Will” declaration and a Durable Power of Attorney for Health Care (sometimes offered as a combination document).

**THE “LIVING WILL” DECLARATION** is discouraged and the Durable Power of Attorney for Health Care is encouraged for the following reasons:

### “Living Will” Declaration

- A vague statement generally stating that a physician may withhold or withdraw treatment if you are terminally ill or unconscious.
- A piece of paper that medical professionals may ignore or misinterpret.

- Gives blanket authority to a doctor you may or may not know, a serious concern in these days of managed care.
- Attempts to predict your preferences in often complex medical situations that you cannot foresee by offering a narrow list of options that may be used to prohibit treatment you would want in a certain circumstance.
- Allows “treatment” to be defined by state law; in many states, medically assisted nutrition and hydration is considered medical treatment.
- May be used to justify the removal of life-sustaining interventions (ventilators, feeding tubes, etc.) for patients who are disabled but not dying.
- Generally supersedes the directions of a health care agent named by the patient through a Durable Power of Attorney for Health Care.

### **Durable Power of Attorney for Health Care**

- Names a person who will be your health care agent to make your medical decisions in any crisis, regardless of prognosis.
- Gives decision-making authority to a loved one who knows your wishes and has discussed such decisions with you.
- Legally clarifies your health care agent (as well as secondary agent if primary is unable to serve) instead of leaving such determination up to state law.
- Generally exempts doctors from liability if following directions from your health care agent.
- Defers all decisions to your health care agent.

### **Other Information to Consider**

The first “living will” was devised in 1967 by members of the Euthanasia Society of America, now known as Choice in Dying. The Patient Self Determination Act of 1990 requires health care facilities receiving federal funds to ask patients upon admission if they have or want to sign an advance medical directive. However, the best time

to consider and sign such a document is before you are ill, injured or hospitalized.

The existence of a medical treatment or technology does not obligate you to utilize it in every circumstance. There is a “time to die” and let nature take its course when medicine and medical technology cannot reverse the dying process.

### **Making the Most of a Durable Power of Attorney for Health Care**

A Durable Power of Attorney for Health Care document allows you to name a trusted health care agent to make decisions for your medical treatment and care if you are unable to do so. So, how does your health care agent know your wishes and preferences? For the reasons stated above, a traditional “living will” declaration is not the best vehicle for communicating with your health care agent. It is better to discuss your views with your agent outside of a formal, legal document.

### **How to Obtain a Durable Power of Attorney for Health Care**

All states have statutes allowing advance medical directives, including a Durable Power of Attorney for Health Care (or equivalent). Copies of the document approved in your state may be obtained through an attorney, your state legislature or Probate Court. You do not have to hire an attorney in order to sign this legal document.

However, not everyone is comfortable with the standard language provided in a state statute. For individuals who want to ensure their advance directive reflects a pro-life/anti-euthanasia





RESOURCE GUIDE

THE DIGNITY AND SANCTITY  
OF EVERY HUMAN

life

Speak up for those who can't speak for themselves.

PROVERBS 31:8





RESOURCE GUIDE

THE DIGNITY AND SANCTITY  
OF EVERY HUMAN

life

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PROVERBS 31:8

FOCUS ON THE FAMILY®

| FOCUS ON LIFE™

To receive hospice services, the patient, family, and doctors must agree that the patient probably has six months or less to live. Families often feel it is “too soon” to begin hospice care and wait until death is very near. A better approach is to begin some level of professional care before a crisis exists. Arrange introductory home meetings or hospice visits before you need services so that a support network is in place.

### Paying for Hospice Care

Medicare coverage of hospice care is available under Medicare Part A hospital insurance. (States may also offer hospice services under Medicaid for eligible seniors.) Medicare helps pay for:

- physicians’ services
- nursing care
- medical appliances and supplies related to the terminal illness (such as wheelchairs, bandages, and catheters)
- drugs for symptom control and pain relief
- short-term acute inpatient care, including respite care
- home health aide and homemaker services
- physical and occupational therapy
- speech therapy
- social-worker services
- counseling, including dietary and spiritual counseling

To receive Medicare payment, the agency must be approved by Medicare to provide hospice services. Be sure to ask your doctor or the organization if they are approved by Medicare for hospice services.

The patient will be responsible for paying a

copayment for outpatient drugs and part of the Medicare-approved payment for inpatient respite care.

A Medicare beneficiary may elect to receive hospice care for two 90-day periods, followed by an unlimited number of 60-day periods. These may be used consecutively or at intervals. In some cases, a terminally ill patient’s health improves or his illness goes into remission, and hospice care is no longer needed. Either way, the patient must be certified as terminally ill at the beginning of each period.

For more information, contact Medicare (request the booklet *Medicare Hospice Benefits*), or contact the National Hospice & Palliative Care Organization.

### Hospice Checklist

When checking out hospice programs, competency in making patients comfortable should be the top priority. A hospice’s values and beliefs regarding life, death, and the afterlife are also important. To help determine if you are comfortable with the hospice’s principles, you might ask them to send you their “mission statement” or “statement of faith” for consideration. In *The Aging Parent Handbook* (HarperCollins, 1997), Virginia Schomp recommends you ask the following questions when looking for an agency:

- What area does the hospice serve? Many programs accept only patients from within a specific geographic area.
- Does the hospice specialize in dealing with certain types of illness? Some hospices, for example, provide care only for people with AIDS.
- Will the hospice develop a professional plan of care?



You and your loved one are entitled to a written copy of the care plan, which should spell out the hospice's duties and work schedule.

- Who will be on the hospice-care team? Will the team include your elder's current physician? If not, who will provide medical direction?
- What are the qualifications of the staff and volunteers? Ask if nurses, social workers, clergy, and volunteers have any special training in working with the dying.
- What are the responsibilities of the family caregiver? What duties will you be expected to perform?
- What resources are available to assist you?
- Does the hospice provide bereavement counseling and support for the family?
- What happens if there is an emergency in the middle of the night? You will want to know if after-hours calls are answered by a hospice staff member or an answering service, and how quickly help is available.
- Is the hospice Medicare-certified? Medicare covers only care provided by an approved hospice program. Find out what out-of-pocket expenses Medicare patients are expected to pay.
- What are the fees and how are they applied—per day, per visit, or some other rate? If your aging loved one has private insurance, ask whether the hospice will accept whatever the insurance company pays as payment in full.
- Will the hospice handle the billing with Medicare or private insurance carriers? If not, find out if someone from the hospice can help you with insurance forms.
- Does the hospice meet state licensing requirements? Your state department of health will provide information on applicable regulations. Also ask if the program has any kind of outside review or accreditation.
- Will the hospice provide references from professionals such as hospital staff or a social worker with a community agency?

- Also check with the local Better Business Bureau for the hospice's complaint record.

## DOCTOR-ASSISTED SUICIDE AND EUTHANASIA

Should physicians be granted the power to intentionally end the lives of their patients? Recent proposals to legalize doctor-assisted suicide have raised this question and triggered intense legal, medical and social debate.

For some individuals, the debate is fueled by their fear that medical technology may someday keep them alive past the time of natural death. However, this concern is unfounded for mentally competent adults who have a legal right to refuse or stop any medical treatment. It is also important to recognize that today's health care climate lends itself more to under-treatment than over-treatment.

However, the present debate is not about refusing treatment or taking extraordinary measures. The issue is whether physicians should be allowed to intentionally kill their patients, either by providing the means of death or ending the patient's life by the doctor's hands. There is a tremendous distinction between allowing someone to die naturally when medical technology cannot stop the dying process and causing someone to die through assisted suicide or euthanasia. The question is one of intent: Is the intention to cause the death of the patient?

The terms "doctor-assisted suicide" and "euthanasia" are often used interchangeably. However, the

distinctions are significant. The act of doctor-prescribed suicide involves a medical doctor who provides a patient the means to kill him or herself, usually by an overdose of prescription medication.

Meanwhile, euthanasia involves the intention to kill a patient by the direct intervention of a physician or another party, ostensibly for the good of the patient or others. The most common form of euthanasia is lethal injection. Euthanasia can be voluntary (at the patient's request), nonvoluntary (without the knowledge or consent of the patient) or involuntary (against his or her wishes).

### Legal Status

Euthanasia is illegal in the United States. Doctor-assisted suicide is illegal by statute or common law in most states. It's legal in Oregon, Washington State, Vermont and California; a Montana court ruling provides a legal defense for a doctor who prescribes lethal drugs at the request of a terminally ill patient.

Many state legislatures have tackled this issue in recent years, with more than 25 states rejecting bills to legalize doctor-assisted suicide and nearly a dozen adopting new laws to ban it.

**RESOURCE:** Watch a short video that's a good discussion-starter when considering the dangers posed by physician-assisted suicide, and why this doesn't address the real needs of someone who is terminally ill: [FocusOnTheFamily.com/media/social-issues/physician-assisted-suicide](http://FocusOnTheFamily.com/media/social-issues/physician-assisted-suicide).

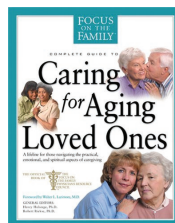
### Reasons to Oppose Doctor-Assisted Suicide

There are many reasons to oppose attempts to legalize such actions. Here are a few:

- **ACCEPTANCE OF DOCTOR-PRESCRIBED DEATH SENDS THE MESSAGE THAT SOME LIVES ARE NOT WORTH LIVING.** Social acceptance of doctor-assisted suicide tells elderly, disabled and dependent citizens that their lives are not valuable. Doctors who list death by assisted suicide among the medical options for a terminally or chronically ill patient communicate hopelessness, not compassion.
- **THE PRACTICE OF DOCTOR-ASSISTED SUICIDE CREATES A DUTY TO DIE.** Escalating health care costs, coupled with a growing elderly population, set the stage for an American culture eager to embrace alternatives to expensive, long-term medical care.
- **THE SO-CALLED "RIGHT TO DIE" MAY SOON BECOME THE "DUTY TO DIE"** as our senior, disabled and depressed family members are pressured or coerced into ending their lives. Death may become a reasonable substitute to treatment and care as medical costs continue to rise.
- **THERE ARE BETTER MEDICAL ALTERNATIVES.** Terminally ill patients do not need to suffer a painful death. Today's pain-management techniques can provide relief for up to **95 PERCENT** of patients, thus offering true death with dignity.<sup>190</sup> In addition, these same techniques can lessen pain and other symptoms for all patients. Another alternative is palliative care through hospice, which addresses the physical, emotional and spiritual needs of dying patients and their families.
- **DOCTOR-PRESCRIBED DEATH IGNORES WHAT MAY BE A LEGITIMATE CRY FOR HELP.** Suicidal thoughts often indicate the presence of severe depression. A study of terminally ill hospice patients found only those diagnosed with depression considered suicide or wished death would come early. Patients who were not depressed did not want to die.<sup>191</sup> Depression can and should be treated.

- **DOCTOR-ASSISTED SUICIDE GIVES TOO MUCH POWER TO DOCTORS.** Assisted suicide does not give the patient autonomy; it gives power to the doctor. In states where this is legal, the doctor decides if a patient qualifies for assisted suicide.
- **DOCTORS CAN MAKE MISTAKES.** Consider a survey of Oregon physicians published in the February 1, 1996, issue of the *New England Journal of Medicine*. Researchers found one-half of the physicians responding were not confident they could predict that a patient had less than six months to live. One-third were not certain they could recognize depression in a patient asking for a lethal dose of medication. Yet, these are the same doctors who, under Oregon's law legalizing doctor-assisted suicide, are allowed to assist in a patient's death if they can recognize depression and predict patient death within six months.
- **THE PRACTICE OF DOCTOR-ASSISTED SUICIDE THREATENS TO DESTROY THE DELICATE TRUST RELATIONSHIP BETWEEN DOCTOR AND PATIENT.** Every day, patients demonstrate their faith in the medical profession by taking medications and agreeing to treatment on the advice of their physicians. Patients trust that the physicians' actions are in their best interest with the goal of protecting life. Doctor-prescribed death endangers this trust relationship.
- **DOCTOR-ASSISTED SUICIDE OPENS THE DOOR TO EUTHANASIA ABUSES.** Physicians who cross the line from curing to killing do not necessarily stop with willing patients who request it. A case in point is in the Netherlands, where doctors have practiced doctor-assisted suicide and euthanasia for more than a decade. Two Dutch government studies conducted in 1990 and 1995 found that, on average, **26 PERCENT** of euthanasia deaths in Holland were "without the explicit consent of the patient." In the second study, **21 PERCENT** of the patients who were killed without consent were competent.<sup>192</sup>

## RESOURCES



### Complete Guide to Caring for Aging Loved Ones

Whether you're preparing for the responsibility or are in the midst of caring for an elderly loved one, this complete guide from Focus on the Family provides the practical information you need and a spiritual and emotional lifeline. Topics include burnout; physical, emotional, and mental changes in aging; medical, financial, and legal help; elder abuse; choosing a care facility; and end-of-life decisions. Caregivers will also learn what the Bible says about caregiving and the keys to effectively fulfilling that role. True stories throughout the guide share common concerns and a sense of support from those who have been there.



### The Caregiving Season by Jane Daly

Caring for elderly parents is challenging. It's a season of life that requires grace and strength that can only come from God. In "The Caregiving Season," Jane Daly shares personal caregiving stories, offering practical advice to help you honor your aging parents well and deepen your personal relationship with Christ along the journey.



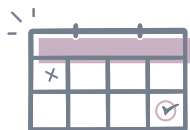
## Death is Not Dying: Video

On March 4, 2009, Rachel Barkey had an opportunity to share about her hope in the midst of terminal cancer. What began as a small talk to her church women's group became an event attended by over 600 women and was an experience that left many with a desire to discover more about Rachel's journey and faith. You can watch the full video online at [deathisnotdying.com/fullvideo/](http://deathisnotdying.com/fullvideo/).

## Focus on the Family Daily Broadcasts

To listen, purchase or download:  
[FocusontheFamily.com/Radio](http://FocusontheFamily.com/Radio)

- **LIVING FAITHFULLY WITH CANCER I-II**  
 Jason and Kara Tippetts
- **NAVIGATING END-OF-LIFE DECISIONS I-II**  
 Panel (Dr. Margaret Cottle, Jason and Kara Tippetts)
- **CARING FOR YOUR AGING LOVED ONES I-II**  
 Panel (Dr. Margaret Cottle, Dr. Bill and Marlene Toffler)
- **FINDING STRENGTH FOR THE TERMINAL BATTLE I-II** – Bo Stern
- **REACHING OUT TO THE ELDERLY**  
 Diane Doering and Kay Owen-Larson
- **LOVE IN THE MIDST OF ALZHEIMER'S**  
 Dr. Robertson McQuilkin



## DAYS TO REMEMBER

**MAY 8-14:** National Nursing Home Week

**SEPTEMBER:** Suicide Prevention Awareness

**NOVEMBER:** National Hospice Awareness, National Family Caregivers, Alzheimer's Disease Awareness



## IN CLOSING



### WHO ARE WE?

*By Kelly Rosati, Vice President,  
Community Outreach*

For more than 35 years, Focus on the Family has upheld the sanctity of human life, in word and in deed. Each life matters because each one is created in the image of God. This core principle is foundational in all we do:

**“We believe that human life is created by God in His image. It is of inestimable worth and significance in all its dimensions, including the preborn, the aged, those deemed unattractive, the physically or mentally challenged, and every other condition in which humanness is expressed from the single-cell stage of development to natural death. Christians are therefore called to defend, protect, and value all human life.”**

The sanctity of human life perspective impacts our marriages, how we parent our children, and how we relate to our fellow human beings—and it’s at the very core of justice and compassion. It applies to preborn life, at the end of life and all points in between. *The Dignity & Sanctity of Every Human Life Resource Guide* is just one

example of how we seek to help people apply this core principle to their everyday lives.

Focus on the Family is dedicated to nurturing and defending human life. We do so by increasing awareness of life issues through events, radio programs, publications, resources, media campaigns, web sites, community efforts and national initiatives. It’s our hope that by planting seeds of change, we can elevate respect for life and motivate Christians to be a voice for life right where they are. Here are some of the programs through which we specifically provide support to “the least of these”:

### PRE-BORN CHILDREN

#### Option Ultrasound™ Program

Focus on the Family regularly hears from women who, years later, still regret and grieve their abortions. In order to better serve abortion-minded women, and the babies they carry, we initiated the Option Ultrasound Program in 2004.

This innovative program provides grants for ultrasound machines and professional sonography training to life-affirming Pregnancy Medical Clinics (PMCs) in high abortion communities across the nation. These clinics provide confidential, compassionate counseling, ultrasound services and community referrals that help women take the first steps toward a healthy pregnancy and a healthy baby.



As of September 2016, **PMCs in all 50 states have received grants for ultrasound machines or sonography training—more than 700 grants in all—as well as one PMC in Romania.**

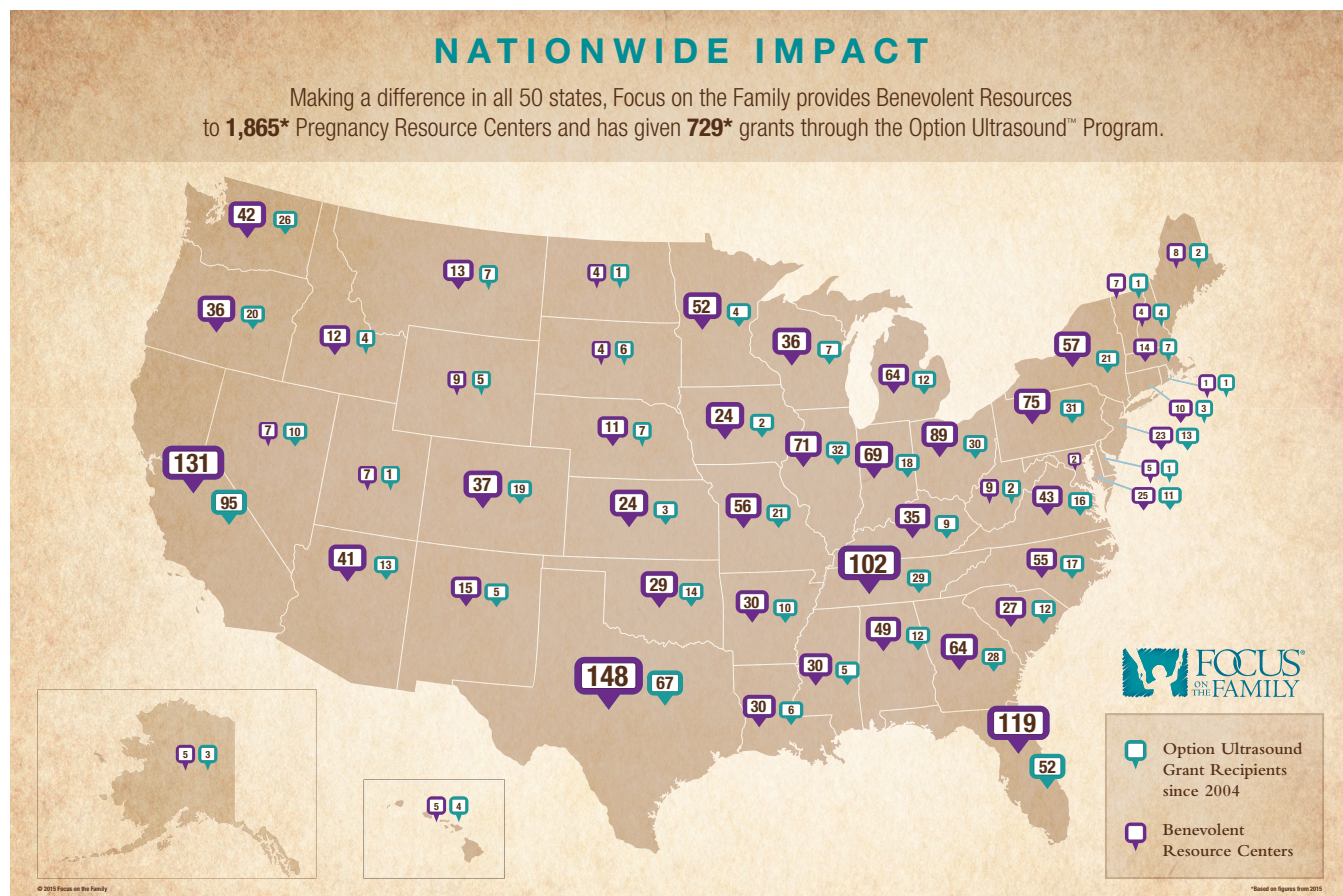
The results confirm that when a woman considering abortion can see her baby and hear its tiny heartbeat, the majority choose life for their babies. As of December 2016, PMCs in the Option Ultrasound Program reported that **more than 382,000 women have changed their minds about having an abortion!** When these women

were empowered with critical information that they would not have been given at the abortion clinic, along with non-judgmental support, they freely chose life for their babies.

### THE BENEFITS FOR WOMEN

Option Ultrasound Program's life impact is both pro-woman and pro-child:

- **PROMOTES EDUCATED AND INFORMED DECISIONS:** Ultrasound services help a woman understand her body, her pregnancy and her baby's development, supporting an informed decision consistent with her values and priorities.





- **SUPPORTS HEALTH:** Ultrasound gives a woman an important bonding opportunity with her baby that encourages her to seek early prenatal care, protecting her own health and the health of her baby.
- **GIVES HOPE:** Many women initially come to a PMC considering abortion because they see no other option. When a woman is given the opportunity to see for herself the baby developing in her womb and is provided with compassionate counseling and support, it gives her hope and perspective that she did not have before.

For more information visit: **[FocusontheFamily.com/OUP](http://FocusontheFamily.com/OUP)**.

### **Benevolent Resources Program**

Focus on the Family provides free educational booklets to qualified organizations (pregnancy centers and medical clinics and maternity homes) that counsel and educate pregnant women who are at-risk for abortion. These resources are provided in English and Spanish and are medically accurate, life-affirming and compassionate in tone .... To ensure the excellence and accuracy of the content, each booklet is reviewed, updated and approved by Focus on the Family's Physicians Resource Council, an advisory group of physicians from various disciplines.

**Over 600,000 of these booklets are distributed annually to pregnancy centers worldwide.**

For more information visit: **[FocusontheFamily.com/BRP](http://FocusontheFamily.com/BRP)**.

## **ADOPTION & ORPHAN CARE**

### **Wait No More® Events:**

#### **Recruiting Adoptive Families**

Currently, in the United States there are more than 100,000 legal orphans waiting in foster care for adoptive families to call their own. Most people simply do not realize America has orphans because we don't have orphanages. These children live in temporary foster homes, move frequently from home to home, and have no permanency in their lives. Unless they are adopted, they will exit or "age-out" of the system at age 18 and become adults who belong nowhere and have no personal connection with anyone.

Believing that all children deserve to grow up in a family, Focus on the Family launched the Adoption & Orphan Care Initiative in the fall of 2006, working collaboratively with state, county, church, ministry and adoption agency leaders in order to raise awareness of and recruit adoptive families for waiting children and youth in foster care. **As of December 2016, more than 3,400 families have initiated the process of adoption from foster care!**

We know that there are more than 300,000 churches throughout the United States, filled with believers who are called by Scripture to care for orphans. That means that every waiting child could have a family if less than one family per church opened their home and hearts.

## **Support for Adoptive Families:**

### **Resources & Trained Counselors**

As Focus on the Family strives to recruit adoptive families for waiting children and youth, we also want to help prepare families for waiting children and youth, and support families in their new journey (post adoption) by providing:

- Relevant and helpful resources
- Advanced training for licensed counselors in conjunction with the TCU Institute on Child Development in order to increase access to the type of counseling adoptive families need.
- Scholarships for families to attend various adoption support conferences like the *Refresh Conference* and *Empowered to Connect*.

Our relationship services is also a readily-available resource for families. For more information visit: **[iCareAboutOrphans.org](http://iCareAboutOrphans.org)**.

## **PRO-LIFE RESOURCES & CONTENT**

### **Social Media: Facebook**

#### **I Am Pro-Life**

We believe there is an untapped reservoir of powerful personal stories in the pro-life community that fuels our commitment to speak up for those who cannot speak for themselves. With more than one MILLION fans, we welcome people from different perspectives and belief systems, Christian or non-Christian, to join in respectful dialog about life issues. Won't you tell us why you're pro-life? What's YOUR story? Follow us @ **[facebook.com/FocusOnLife](https://www.facebook.com/FocusOnLife)**.

## **I Care About Orphans**

Currently, the United States has more than 100,000 legal orphans waiting in foster care for adoptive families to call their own. These children live in temporary foster homes, move frequently from home to home, and have no permanency in their lives. Unless they are adopted, they will exit or “age-out” of the system at age 18 and become adults who belong nowhere and have no personal connection with anyone.

Because of this, we are endeavoring to raise awareness of and recruit adoptive families for waiting children and youth in foster care. Follow us @ **[Facebook.com/ICareAboutOrphans](https://www.facebook.com/ICareAboutOrphans)**.

## **Web Articles & Free Downloads**

Bookmark the following pages and stay in touch to find updated comprehensive content, videos, resources and event information to help equip you to be a voice for ALL life.

A FREE downloadable version of this Dignity and Sanctity of Every Human Life Resource Guide is available online:

**[FocusontheFamily.com/ProLife](http://FocusontheFamily.com/ProLife)**

### **Online Store**

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RESOURCE GUIDE

THE DIGNITY AND SANCTITY  
OF EVERY HUMAN

life

Speak up for those who can't speak for themselves.

PROVERBS 31:8

FOCUS ON THE FAMILY®

| FOCUS ON LIFE™



I HAVE A DREAM.

*I have a dream that this generation will recognize the image of God in every human being, in and out of the womb, without exception.*

I HAVE A DREAM.

*I have a dream that Christ followers will stop hiding at the bottom of the threshing floor and emerge as mighty heroes of righteousness and justice.*

I HAVE A DREAM.

*I have a dream that as Christians we will be known not by what we oppose or attempt to impose but rather by what we propose; eternal life through a personal relationship with Jesus Christ.*

I HAVE A DREAM.

*I have a dream that the children of the cross realize that today's complacency is tomorrow's captivity, that moral stagnation leads to spiritual atrophy and that there is no such animal as comfortable Christianity.*

I HAVE A DREAM.

*I have a dream that children will not be aborted, marriages will thrive and religious liberty will prevail for generations to come.*

I HAVE A DREAM.

*I have a dream that truth will never be sacrificed on the altar of expediency, that love will overcome hate, and the prophetic will silence the pathetic.*

I HAVE A DREAM.

*I have a dream that this generation will reconcile Billy Graham's message with Dr. King's march, sanctification with service and conviction with compassion.*

I HAVE A DREAM

*I have a dream that one day we primarily see ourselves not as black, white, brown or yellow, Hispanic, charismatic or automatic but first and foremost as children of the living God.*

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**THE DREAM LIVES!<sup>196</sup>**

*Samuel Rodriguez*

*Samuel Rodriguez serves as President of the National Hispanic Christian Leadership Conference.*

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OF EVERY HUMAN

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