



# Carpe Diem



F O R L I F E

September 2019  
Vol. 6 No. 3

## ORPHANS & THE CHURCH

by Johnston Moore

*Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world.*

--James 1:27

The words of James are clear. Pure and faultless religion, by God's definition, includes caring for vulnerable children – orphans – in their distress. As a denomination with a rich pro-life ethic, an ethic that values the sanctity of all of human life from conception to death, caring for orphans should certainly come naturally to us, right? After all, as Psalm 68 tells us, God is father to the fatherless. We are God's children. Therefore, orphan care is in our DNA. So, yes, it should come naturally to us.

But does it? Are our churches and families routinely welcoming orphans, inviting them in, sharing God's love with them, helping them find safety and permanency and a place to heal from whatever pain and loss they've experienced?

If yes, praise God for what He is doing through your church on behalf of orphans. Perhaps God wants you to share your passion and expertise with other churches, who might share your concern for orphans but are not yet serving them actively.

If your church is not actively engaged in caring for orphans, would you prayerfully consider how God might want you to get involved? God's love for orphans is abundantly clear in Scripture, as is His expectation of His people to provide for them, speak up for them, and seek justice for them.

Most often, we think of orphans as children who've lost both parents to death, but in today's world, death is not the only separator of children from their parents. Abandonment separates children from their parents. Addictions, abuse, and

neglect often separate children from their parents when the government intervenes in its protective role and removes them from unsafe situations. Those children removed from their parents by government agents are often placed into the foster care system. Many children in foster care will go back to their biological families. Many are legally freed from their biological families, though, and are in need of new, healthy, and permanent families.

There are currently more than 440,000 children in our nation's foster care system, and that number is growing each year. Of

those, more than 120,000 are currently waiting for adoptive families. That number is also on the rise. Though not necessarily seen as orphans in the traditional sense, those children in the foster care system who have been separated from their parents because of abandonment, addiction, abuse, and/or neglect are often left just as vulnerable as children who have lost their parents to death. Why is this?

God designed children to be raised in a certain way. In His perfect plan, a child is born to a mother and father, who are joined together in the covenant of marriage. The child is loved by Mom and Dad as an image bearer of God. She is comforted, nurtured, held, cared for, provided for, and loved by her parents. When she receives proper parental care, as God designed, her brain develops in a way that allows her to develop into a thriving adult, whose relationships are marked by mutual love and trust.

Sin, of course, has marred God's good design (temporarily!), and so many children have been deprived of the proper parental care they need to develop into thriving adults. When children are traumatized by neglect, abuse, or abandonment, their brains often fail to develop as God intended. Trauma

Are our  
churches and  
families routinely  
welcoming  
orphans?

Cont'd. on page 4

# Chapter News & Views

## Welcoming two new Anglicans for Life Chapters!

Since our last newsletter, two new chapters have been established. It is so amazing to see God at work and life-affirming people taking up the mission of serving and protecting Life. We ask that you be in prayer for these new chapters, that God would use them to bless the unborn, elderly, and vulnerable in their congregations and communities. If you are interested in learning more about establishing a life leader or life chapter at your church, please contact Georgette at [Georgette@Anglicansforlife.org](mailto:Georgette@Anglicansforlife.org) or at 412-749-0455.

Here are the steps to start a chapter:

1. Acknowledge a call for life ministry in your church
2. Discuss the goal, purpose, and vision with AFL President, Georgette Forney
3. Request a Chapter Handbook from Anglicans for Life
4. Obtain leadership approval from your rector
5. Meet with like-minded folks to determine God's purpose for the Chapter
6. Establish annual goals or activities of the Chapter
7. Begin life ministry!



**The Anglicans for Life Chapter at St. Clement's Anglican Church, El Paso, TX**, officially formed in July 2019 and is led by a dynamic duo of leaders, Linda Ward and Susie Schneider.



**St. Paul's Anglican Church, Summerville, SC**, established their chapter, named Zoe, in June 2019. Their chapter is headed up by Chapter Leader Shannon Reed.

**The Church of the Holy Spirit Chapter in Tulsa, OK** recently reported that they have started a nursing home ministry (inspired by an article in the *Carpe Diem* a while ago). They go twice a month to one of the neediest nursing homes and do a sing along of old hymns. The residents really love the music and enthusiastically join in! Then they show an appropriate visual Bible portion of the Gospel of John, finishing up with prayer, including the Lord's prayer. They also had a baby bottle fundraiser and collected enough to give to Hope Pregnancy Center many baby items, including: four high chairs, one pack & play, 24 crib sheets, 11 baby towel sets, diapers, bibs, and baby washcloths. Finally, they will be participating in the Tulsa 40 Days for Life vigil.

**The Church of the Resurrection Chapter, Wheaton, IL** reports that they have been doing some neat things around the movie *Unplanned*. They had someone gift 40 tickets to a showing of the movie, and their youth group, some parents, and others all went to see it and then had dinner after to discuss. From that, two others in their church organized other showings by getting people to sponsor a block of seats and offering free tickets. Even though the movie was done showing, they were able to get a theatre with 125 seats in Oak Park (Chicago) and offered free tickets to some African American churches, with whom they are affiliated. Those were all reserved pretty quickly, so another showing happened right after the first. One pastor friend said that he lost two girls to suicide this past year who were pregnant, so, even though he hadn't seen the movie, he'd promote it in his congregation.



Since our last issue of *Carpe Diem*, a lot of exciting things have happened here at Anglicans for Life!

First, Sammie Franks, AFL's Coordinator of Ministry Outreach and author of Abundant Life Youth Curriculum, has become Mrs. Juan Gallo! In a beautiful ceremony on May 25<sup>th</sup>, Sammie married her best friend, Juan, and everyone from the staff got to be there to celebrate with them.

Anglicans for Life also had the special privilege of working with Amy Nardoizzi, as our summer intern from Grove City College. We couldn't find a task that Amy wouldn't embrace and conquer. She wrote some excellent blogs, updated our databases, helped with social media, and almost single-handedly packed up our offices!

Yes, you read that right - she packed Anglicans for Life's offices into moving boxes, because we moved into new office space! After being on the second floor of the Christy House, an old Victorian house belonging to St Stephen's Anglican Church in Sewickley, PA, for 13 years, we moved into our new space the first week of July.

We went from 600 square feet for six employees to 1600 square feet in an industrial park in the small town of Leetsdale, which is located between Sewickley and Ambridge.

On August 16th, AFL Board Member Bp. Derek Jones helped us dedicate this new space, as we recognize these offices are God's to be used to do His work in protecting His gift of life.

Getting used to the new location, new space, and new energy has inspired the staff afresh for the work and preparation leading up to all the January events that are the pinnacle of our year.



Please join us in giving thanks to the Lord for His provision, for all the exciting things that have already happened in 2019! We also invite you to participate in one of the many events AFL will host in January. Please see the back page for more information.

For His glory,

*Deacon Georgetown*

# ORPHANS & THE CHURCH cont'd.

can manifest itself in many ways, but it often wreaks havoc on children, as it prevents them from being able to trust or to give or receive love. Their relationships are often marked by dysfunction, even into adulthood and parenthood, where the trauma then touches and harms the next generation, and so the cycle continues.

This is where the church comes in. Though government is charged with protecting children from further harm, it is woefully inadequate in its ability to help children heal from trauma. Churches have what these children need. We have families who can take them into our homes, and we have the Gospel of Jesus Christ, who alone can heal them. Moreover, we have a calling from God to be His hands and feet to hurting children.

In spite of the Church's call and capacity to make a difference, however, we have more than 120,000 languishing in foster care without an adoptive family. We have nearly 20,000 youth aging out of foster care each year with no permanent family. These emancipated youth often live lives after foster care marked by homelessness, incarceration, lack of education, unwed pregnancies, addiction, trafficking, and more.

Why does this happen? In a nation of more than 300,000 Christian churches, how do so many children continue to wait for a family to love them? How do so many enter adulthood without a family to love and support them? Perhaps the answer is found in the second half of James 1:27, which tells us that included in the practice of pure and faultless religion is the necessity of keeping oneself from being polluted by the world. Is it possible that we, even in the Church, have become so polluted by the world that practicing pure and faultless religion by caring for orphans in their distress is pushed to the back burner, even forgotten?

Our culture presents certain narratives to us. Many (most?) of us allow these narratives to shape our lives to a degree, whether we readily admit it or not. Some of our culture's messages include the idea that we are autonomous beings who deserve the best life has to offer. We're free to define who we see ourselves to be, and we are free to pursue whatever we believe will make us happy. We deserve a stress-free life. We deserve to meet our own perceived needs before we even think about the needs of others. We deserve to create a world for ourselves where we sit on the throne and make ourselves and our lives as comfortable as possible.

The Gospel, however, presents us with a different narrative altogether. The Gospel narrative tells us we are not autonomous beings who deserve the best life has to offer. Rather, we are sinners who have turned from God and

therefore deserve death but have been rescued from death, because this same God whom we rejected is a loving, merciful, and gracious God. We are created by Him and for Him. He alone sits on the throne. He defines who we are. We respond by receiving what He freely gives us, and we respond by daily taking up our crosses and following Him in obedience to what He calls us to do, which includes loving our neighbor as ourselves.

A life shaped and even polluted by our cultural narratives will rarely lead us to orphans and other vulnerable people, and if it does our motives may be suspect at best. A life shaped by the Gospel narrative, however, will not only lead us to orphans and other vulnerable people but will allow us to partner with our Father in His redemptive work in the world.

There are millions of orphans in the world, and there are many ways we can love and serve them. As mentioned before, there are more than 440,000 children in the United States foster care system. If you believe God is calling your family and church to better love and care for orphans and vulnerable children in your community, there are steps you can take.

First, pray. Pray that God will reveal His heart for these children and pray that He will give you that same heart. Pray that He will help you to see these children with His eyes and to show you how He wants you to love and serve them. Ask God to show you, through His Word, and through the wise counsel of others who've walked the road before you, how your church can become an orphan-friendly church that embraces foster care, adoption, and family preservation.

**Churches have what these children need. We have a calling from God to be His hands and feet to hurting children.**

Second, become educated and equipped. Children who have experienced trauma often bring that trauma into their relationships. If you engage these children (and their families), you will likely experience behaviors that confuse and confound you. Learn as much as you can about trauma and its effects, as well as how you might respond to that trauma in such a way that helps a child heal. Encourage your childcare workers to become trauma-informed as well. One of the best ways to become a orphan-friendly church is to have a children's ministry that responds well to children who have experienced trauma. Stories abound of foster/adoptive families who've left churches, because their churches were not equipped to respond to the needs of their children in ways that brought healing.

Third, connect. There are organizations all over the United States that serve to bridge the gap between churches and social services. If there is a bridge ministry in your community, connect with it. Connect with others in your area to learn what God is doing through other churches and how your church might join this work in a way that is collaborative



and not unintentionally competitive. Connect with local child welfare agencies to find out about specific needs that your church might be able to meet. Connect with churches, advocates, and ministries from other places through the Christian Alliance for Orphans ([www.cafo.org](http://www.cafo.org)) to learn how God is using churches all over the world to meet the needs of kids and families.

Fourth, share with your church God's heart for these children and how He expects His people to meet their needs. Children are waiting, and they cannot be met with ignorance or apathy from the Church. There are many ways to bring awareness to your church. Plan an Orphan (<https://cafo.org/orphansunday/>) or Stand Sunday (<https://cafo.org/orphansunday/resources/foster-care-resources/>) event. Preach a sermon series. Do a small group study on a book related to this issue. The goal is to educate people on what God's Word says and then connect Scripture to the needs of children in your community. As you raise awareness, continually pray that the Holy Spirit will open people's hearts to these children.

Fifth, recognize that not everyone needs to foster or adopt children, but everyone can do something. Give your church family tangible ways to get involved in addressing the needs of orphans and vulnerable children in your community. Yes, children need families, but they also need mentors. They need tutors. They need Court-Appointed Special Advocates (CASA), if CASA is active in your community. Their foster and adoptive families need others to wrap around them and support them with meals, respite care, babysitting, and more. Their biological families need support as well, as they attempt to reunify with their children, and they need help to heal, so they can better care for their children moving forward.

Sixth, be prepared. As your church steps up and answers God's call to love and care for orphans and vulnerable children, recognize that you are engaging in spiritual warfare and can therefore expect attacks. Satan does not want God's people to bring His healing love into the lives of these children. He will oppose you, and he will use any means possible. Remain prayerful and vigilant. As you do, expect God to work miracles – in the lives of children and families, and in the lives of your church family as well.

Lastly, give God the glory. Without Him, we will have little impact on these children's lives. With Him, children's lives will be transformed by the Gospel, as will the lives of generations to come. Our city will be transformed as children grow up whole, instead of aging out to homelessness, incarceration,

addiction, and more. And our churches will be transformed, as we are able, by God's grace, to shed the polluting narratives of our culture and instead live lives shaped by the Gospel.

**Editor's Note:** *Anglicans for Life recognizes the Lord's call to care for the orphans, both for the children's sake and as an alternative to abortion. As members of the Anglican Church, we are pleased to partner with Johnston, so that we can offer his expertise in developing orphan, adoption, and foster care ministry support to all the churches AFL serves. You can seek his counsel by emailing him at [Adoption@AnglicansForLife.org](mailto:Adoption@AnglicansForLife.org)*

*Johnston's Bio: Johnston and Terri Moore are the proud and happy parents of seven children that the Lord brought to them through adoption from the Los Angeles County Foster Care system: Ashley (27), Chris (24), Anthony (23), Brandy (21), Aruna (19), Hallie (13) and Emme (10). John and Terri were very active in the L.A. County foster care/adoption community for 16 years, before relocating their family in 2016 to the Richmond, Virginia area, where they are members of Redeemer Anglican Church.*

*After a career in film and tv production and screenwriting in Hollywood, John is now a nationally-recognized advocate, writer, and speaker on issues related to foster care and adoption in the Church. He emceeds the Focus on the Family Wait No More Foster Care/Adoption conferences and has appeared on the Dr. Phil Show, CBS's A Home for the Holidays, and the Oprah Network's Raising Whitley. He has written for such organizations and publications as the Christian Film and Television Commission, Fostering Families Today magazine, Focus on the Family, FamilyLife, Flannel, CCM magazine, the One Campaign, and Seattle's Union Gospel Mission, as well as for such leaders as First Lady Laura Bush, Francis Chan, James Dobson, Steven Curtis Chapman, Dennis Rainey and more.*

*Anglicans for Life joins  
Gordan & Gail Miller  
in honoring the memory of her brother,  
David MacGregor Brown.*

*The Rev. Richard Chapin  
in honoring the memory of his beloved wife  
Jean M. Chapin*

*Anglicans for Life is a 501(c)(3) non-profit organization, supported by churches, individuals, & foundations. Your contributions allow AFL to uphold the biblical principles of Life. Please use the enclosed envelope to make a donation! A financial statement is available upon request.*

80 Leetsdale Industrial Drive, Suite 301, Leetsdale, PA 15056 412-749-0455 [Info@AnglicansforLife.org](mailto:Info@AnglicansforLife.org)

**AnglicansForLife.org**

# LET'S TALK ABOUT HOSPICE

BY ROBIN FERGUSON

You can imagine the scene. A patient lying in a bed, surrounded by softly beeping machines, the disconcerting sight of them connected to seemingly endless tubes and wires. There is a heaviness in the room, an awareness of death that we, busy with our normal lives, find so unfamiliar. We cannot help but wonder, as we visit with that loved one, how many weeks, days, or hours we have left. And often, in the background of this scene, is a hospice caregiver.

So many of us have had personal experiences with hospice, whether it was hospice care for a parent, grandparent, or friend. And so many of us have had positive experiences that have honored the life of a dying loved one. However, sadly, many of us have experienced the opposite and seen things in the hospice care system that concern or alarm us. These differing opinions tend to be strong, as they are connected to the loss of a friend or loved one. The purpose of this article is not to unfairly vilify or glorify hospice care; it's to discuss the realities of hospice and how we as friends and loved ones can and should help patients receiving hospice care.

The main goal of hospice care is to make terminally ill patients, usually with a life expectancy of six months or less, emotionally and physically comfortable. It should focus on enhancing the quality of remaining life, while also providing support for patients' families. The care is palliative as opposed to curative and includes services such as nursing care, hospice aid services, drug administration, and physician services. Hospice care also varies depending on location and can include routine home care, continuous home care, general inpatient care, and inpatient respite care. Additionally, more people are using hospice care than ever before, and we're spending more money on it. In 2006, Medicare spent \$9.2 billion for hospice care for less than 1 million beneficiaries. The cost was up to \$17.8 billion for nearly 1.5 million beneficiaries by 2017.

So, hospice care is an increasingly common type of care that covers many types of services in a variety of different locations. But how do people with loved ones receiving hospice care understand it? In our February 2019 edition of *Carpe Diem*, we published an op-ed piece sharing the negative experiences of one of our Life Leaders, Elizabeth Callahan, who felt that her close friends receiving hospice care were overmedicated. She believes that the hospice caregivers didn't value the remaining days of her friends' waning lives but rather, out of a misguided desire to give them "dignity", unduly hastened their deaths.

We received a response from the Rt. Rev. William C. Wantland, former bishop of the Episcopal Diocese of Eau Claire, who wanted to share his own positive experience:

*I have just read the anti-hospice article by Elizabeth Callahan in the [February] issue of Carpe Diem. I am truly sorry she had the experience she wrote about, but I fear her experience is not at all reflective of most hospice programs.*

*When my late wife Jan and I retired to Oklahoma 20 years ago, we were able to look after my mother, who had just suffered a stroke, and was in a nursing home for five years. Toward the end of her life, her condition had deteriorated to the point that her doctor recommended hospice to help with her care. During that whole time, hospice administered no medication whatsoever. All medication was what was ordered by her doctor and was administered under the direct supervision of the head nurse at the home. Hospice provided chaplain service and visitations to my mother. When she slipped into a coma just hours after our last visit with her, hospice immediately notified us, and we were able to bring the whole family together to be with my mother until she died.*

*Years later, Jan was diagnosed with pulmonary fibrosis and given two to five years to live. As the disease progressed, and Jan became more limited in what she could do, she requested hospice care from our doctor. He arranged hospice care right away.*

*Jan was able to remain at home until she died. Again, hospice administered no medication whatsoever. The only medications Jan received were what her doctors had prescribed, and I administered them under supervision.*

*Again, hospice provided chaplains who came every week and also provided with assistance in caring for Jan at home. It would have been almost impossible to keep Jan at home and care for her without hospice. When Jan died, they were there immediately, helped with the funeral home, and even attended the funeral in Seminole.*

*Chaplains kept in touch with me and, a year after Jan's death, there was a memorial service for all the hospice patients who had died within that year.*

*I have to add that before my retirement I also had dealings with hospice in Wisconsin, as they ministered to both clergy and lay leadership in the Diocese of Eau Claire, and my experience then was much the same as my experience in Oklahoma.*

*Again, I am sorry for Elizabeth's experience, but it simply does not jibe with my own experience with a number of hospice providers. Hospice, for me, has been a real blessing.*

Two very strong opinions about something that obviously deeply impacted both of them. How should we reconcile these vastly differing experiences?

Before answering that question, there is something else we need to consider. In July 2019, the Office of Inspector General released a report investigating the deficiencies in hospice care that posed a risk to patients. The results were alarming. 95% of all hospices in the United States that provided care to Medicare beneficiaries were surveyed between 2012 through 2016. [Eighty-seven percent of these hospices had a standard level deficiency during this five-year period, meaning that they failed to meet at least one requirement for participating in the Medicare program, and 69% to 76% of hospices had at least one deficiency each year.] This doesn't sound very serious, but

consider that the most common deficiencies involved poor care planning (such as not providing nurse visits for weeks, despite the patient's plan ordering more frequent visits), mismanagement of aid services (such as not properly training aides in toileting or transfer techniques), and inadequate patient assessment (such as not reviewing patients' drug profiles to determine possible side effects).

Additionally, 20% of hospices surveyed had at least one serious (condition-level) deficiency, which means that more than one standard-level condition was not met and that the hospice's ability to provide adequate care was limited, possibly to the point where the health or safety of patients were at risk. The number of these deficiencies jumped from 74 to 292 from 2012 to 2015.

Finally, the same report notes that 1/3 of all hospices surveyed had complaints filed against them, and many of them were severe, including patients not receiving proper treatment to control pain or manage symptoms or patients not receiving a notice of patients' rights in a language they could understand. Thirty-two percent of these complaints were substantiated.

In light of this, the Office of Inspector General recommended the Centers for Medicare and Medicaid Services strengthen its oversight of the hospice program to better protect patients and provide necessary information to patients and caregivers, to help them make knowledgeable decisions about their care.

And I think this recommendation may help us navigate the often opinion-fraught waters of hospice care. As the study has shown, there are clearly documented problems found in hospices in the United States, serious ones that impact patient care. Hospice care, like anything else in this fallen world, is flawed, however well-intended. [What I hope we can agree on, no matter what our own personal experiences, is that patients should be protected and given adequate care. And we can only ensure that by being observant. If you are a caregiver or have a loved one in hospice care, ask questions. Learn what care is being administered and if it meets with not only the necessary quality of care but the desires and goals of the patient.] If you see something that is wrong or deficient, report it. Research hospice agencies before loved ones need to use their services and learn what their values are. To learn more about hospice care, we recommend you check out AFL's end of life curriculum *Embrace the Journey*. The curriculum covers the subject at length and discusses how to choose the right hospice and to protect loved ones who are receiving care.

For those of you who have had good hospice experiences, we are glad that your loved ones felt honored and valued in their final days. For those of you who have had negative experiences, we grieve with you. But no matter one's experience, it is clear that loved ones and friends have a responsibility to speak up for patients who aren't able to do so themselves.

### Interviewing a Hospice Agency- Questions to Ask

Hospice programs are independent and the level of services provided are not the same. For that reason, it's wise to *interview* hospice agencies *prior* to signing on for care. You can also look for Hospice providers beyond doctor or hospital referrals.

1. Is the hospice licensed?
2. Is the hospice Medicare certified?
3. Is the hospice non-profit or for profit? Pro-life?
4. What is the "mission" of the hospice?
5. Does that mission match my own personal beliefs?
6. Has the hospice been caught committing insurance fraud? (Google: Medicare hospice fraud or the name of the hospice and Medicare fraud)
7. How many counties does the hospice serve?
8. Can I meet with or speak via phone with the hospice administrator *prior* to a hospice admission?
9. Can I meet the staff who will be providing care *prior* to admission?
10. In detail, what types of services are provided?
11. How often will each of these services be provided to me or my loved one?
12. Will services be provided by the same individuals throughout the course of my care?
13. What kind of support is available to my family/caregivers?
14. How are services provided *after* hours? How long may it take for an on-call nurse to respond to my call? How long may it take for an on-call nurse to get to my home?
15. What do hospice volunteers do? Am I eligible for volunteer services?
16. Can the hospice provide care in a nursing home or personal care home/assisted living?
17. Must someone be with me at all times?
18. Must I commit to a DNR (Do Not Resuscitate) status?
19. Can I receive IV fluids and tube feedings?
20. Can I review all medications and the doses of the medications?
21. Can I refuse certain medications?
22. Do all patients receive the same medications?
23. Will I receive a bill for expenses not covered by insurance?
24. What should I do first if I am having a problem with the care my hospice is providing?
25. What should I do if I feel the hospice hasn't addressed my concerns adequately?



# You're Invited!

Friday, January 17<sup>th</sup>, 2020



You are invited to attend Symposium 2020: Equipping the Church for Life!

*In a culture that embraces assisted suicide and abortion, this event seeks to inspire and equip you for life-affirming ministry!*

Why should you attend one of Anglicans for Life's awesome events in January? Because we are winning! As people who believe in the sacredness of life, we see great progress being made to end abortion and change our culture for life!

Just consider this recent report from the National Review:

*According to a new report from the pro-choice Guttmacher Institute, there were an estimated 862,320 abortions performed in the U.S. in 2017. That's a nearly 20-percent drop from 2011, when Guttmacher estimated that more than 1 million American women obtained an abortion.*

*Guttmacher's new report also estimates that the abortion rate (abortions per 1,000 women) dropped from 16.9 in 2011 to 13.5 in 2017. This report confirms what Centers for Disease Control data have long shown: Since the 1980s, the abortion rate in the U.S. has dropped steadily nearly every single year. (It's worth noting that CDC data tend to lag behind Guttmacher; it has only released U.S. abortion statistics through 2015. Also, the CDC obtains its statistics by gathering abortion data from states, and it isn't mandatory that states report their data. Several states don't, so the CDC's reports likely are less accurate than Guttmacher's estimates.)*

*The Guttmacher report suggests that the decline in the abortion rate is "related to declines in births and pregnancies overall" and notes that abortion restrictions might also have played a role. Some suggest that more widespread access to contraception has decreased the level of unintended pregnancy, resulting in fewer abortions, but data also show that a higher percentage of women with unintended pregnancies choose to carry them to term, so birth-control access doesn't tell the whole story.*

*It is worth celebrating that the number of abortions in the U.S. seems to have dropped once again. But with abortion statistics come the risk that we view these numbers as mere data and forget that each of those 826,320 abortion procedures ended a human life. Another decline in the abortion rate is a small win, but it's far from enough.*

Fabulous speakers, great fellowship, worship, pilgrimage experience, and knowledge that you can take home and put into action to protect life. Teachings will address beginning and end-of-life issues, prevention methods, and outreach opportunities for you and your church.

Invite your friends and make a difference for LIFE!

Details can be found at [AnglicansForLife.org/events](http://AnglicansForLife.org/events)

## See ya in January!

Saturday, January 18<sup>th</sup>, 2020

*"The mission of OneLife LA is to unite communities and inspire positive action through an annual event that promotes the beauty and dignity of every human life from conception to natural death."*

START

La Placita/Olvera St.  
125 Paseo De La Plaza  
Los Angeles, CA 90012

END

LA State Historic Park  
1245 N Spring St  
Los Angeles, CA 90012

For more details, go to [OneLifeLA.org](http://OneLifeLA.org)

Thursday, January 23<sup>rd</sup>, 2020



For more details, go to [AnglicansForLife.org/events](http://AnglicansForLife.org/events)

Friday, January 24<sup>th</sup>, 2020



For more details, go to [AnglicansForLife.org/events](http://AnglicansForLife.org/events)