

real LIFE



Every Believer Doing One Thing Every Day to Protect Life

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WHO DO YOU SEE? by The Rt. Rev. Martyn Minns

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.' (1 John 4:20)

When we first moved to the Upper West Side of Manhattan in 1988, where I was to serve as Rector of All Angels Church,

I was excited by the energy and diversity of the people of that part of the city but also somewhat intimidated by the large number of homeless people, who were ever present on the streets and subways.

One day, as I was walking with our 7-year-old daughter Rachel to the church office on 80th Street and Broadway, I noticed a man on the street corner displaying vile, second-hand pornographic magazines. He was covered with grime, sitting on the ground and delivering a sales pitch filled with obscenities. I grabbed Rachel's hand and tried to walk as far away from him as possible ... but she would have none of it. She dropped my hand and went up to him and said, "Hi! I'm Rachel--what's your name?" I was appalled and tried to pull her away, but she persisted and repeated her greeting. "Hi! My name is Rachel. What's yours?" Since he was seated, Rachel was at eye level with him and could

not be ignored, so he snarled, "Tex!" She smiled sweetly and said, "Hi, Tex!" and then finally allowed me to move her along. Thus began a morning ritual ... Rachel would insist on greeting Tex each day, and eventually I was drawn into the conversation – very reluctantly.



The Rt. Rev. Martyn Minns with daughter Rachel and wife Angela.

After a few weeks I was surprised by a knock on the outer door of the church – it was Tex, and he was looking most distressed. "Have you seen my girlfriend?" he asked. I shook my head, but he continued: "She stole my stereo, and when I find her, I'm going to kill her!" To underscore the seriousness of his intent, he pulled out a cheap-looking gun! I must have looked horrified, because Tex continued, "Don't worry, Father. I wasn't going to kill her in the church!" Somewhat reassured, I suggested that killing her over a stereo was perhaps a slight (!) over-reaction. We started to talk, and he began to cool down. I think, in retrospect, he just wanted to talk.

Our morning ritual continued, and then one day Tex asked if I would baptize the baby that he and his girlfriend were now expecting – it seemed that they had reconciled! I assured him that I would be willing to do so ... I also noticed that he looked a lot cleaner, and his

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Ideas You Can Do Every Day to Protect Life

Knitting and Crocheting for Life

Last fall, the Rev. Canon Dr. Julie Russell-Crunk, Canon for Missions from the Jurisdiction of the Armed Forces and Chaplaincy, reached out to AFL and asked if we would partner with them in providing hats for babies. Hats from the Heart is an outreach effort of the Anglican Chaplaincy to provide babies with new hats that have been hand-knitted, crocheted, or sewn.

This effort was born out of Julie's love for knitting and her experience with poor and marginalized families in Guatemala, especially those living in what is known as the garbage dump and slum. Julie recognized that families receive donations and salvaged baby items but rarely have any new items. She wanted to provide a new hat for each baby, a simple but profound way to give dignity to each new little person made in God's image.

Julie invites the maker to choose the pattern, color, yarn, or fabric choice and size (preemie to toddler). She also asks that the maker pray over the hat and the child who will receive it.

Since beginning this partnership last fall, AFL folks have sent Julie almost 200 hats! Over 50 of them have been knit by Margaret, age 92, who has been knitting since childhood and attends the Church of the Epiphany in Hamilton, Ontario (Canada).

If you would like to contribute hats to Hats from the Heart, please email Info@AnglicansforLife.org for Canon Julie's address.

(Photos clockwise: Momma and baby modeling Hat from the Heart gift in Guatemala; Hats being packed up; Margaret from Hamilton, Ontario, busy knitting!)



Every Believer Doing One Thing Every Day to Protect Life

Getting real with Deacon G:



While I am happy to report that the number of abortions occurring in the United States have decreased in the last decade, there has been a substantial increase in the use of RU-486 in the killing of the unborn.

What is RU-486? According to Wikipedia, “Mifepristone, also known as RU-486, is a medication typically used in combination with misoprostol to bring about an abortion during pregnancy. This combination is 97% effective during the first 63 days of pregnancy. It is taken by mouth, and common side effects include abdominal pain, feeling tired, and vaginal bleeding. Serious side effects may include heavy vaginal bleeding, bacterial infection, and birth defects if the pregnancy does not end. If used, appropriate follow-up care needs to be available. Mifepristone is an antiprogesterone. It works by blocking the effects of progesterone, making the cervix easier to open, and promoting contraction of the uterus when exposed to misoprostol.”

It is referred to as a “medical abortion” by abortion clinics, because it sounds better, but it really should be called a chemical abortion, based on the definition above. It was approved in 2000 by the FDA to be used up to the seventh week of pregnancy, but they expanded this to nine weeks, as that is how the abortion providers have been using it. (Recently, AFL had a woman contact us who was almost 10 weeks pregnant. She was given the pills, but they weren’t effective, so she had to have a regular abortion procedure.)

RU-486, or chemical abortions, now account for just over 40% of all abortions done in the United States. This growing trend means people need to understand what this new type of abortion is all about and, most importantly, how it impacts the women who have them. Chances are, most people under the age of 30 will know someone who has gone through this procedure.

Here are some of the realities that abortion recovery leaders have recently discussed, in relation to what they are seeing with women who have taken RU-486.

1. The most common question asked by people calling into the hotlines is: “What do I do with the remains of the baby?” Planned Parenthood often tells them to flush, so they don’t see what comes out of their body. But if they look, they will see the remains of the baby (fetus) floating in the toilet. We recognize that each state legislates how someone is to discard human remains – but in this instance there is no birth certificate, so there is no death certificate, and thus no absolute rules concerning the disposal of the remains.
2. Women are purchasing the pills online, which is basically the black-market. No one knows what are in these pills, nor where they are being manufactured. Limited instructions come with the package, so women are left to figure it out alone. These women often end up in the emergency room of local hospitals, where no one is trained in discerning RU-486 complications or asking appropriate questions to diagnose real or potential problems.
3. RU-486 is available to many around the world, so women worldwide need to understand the reality of this type of abortion process. Because of its online availability, abortions are even occurring in countries where abortion is illegal – and, once again, hospitals are not prepared for emergencies related to them.
4. From the moment a woman takes the abortion pill, she has about 72 hours to change her mind and save her baby. The Abortion Pill Rescue Network, operated through Option Line’s 24/7 contact center, answers more than 150 crisis calls a month from women who regret their abortion decision. Statistics show that more than 2,000 lives have been saved through the abortion pill reversal protocol! The Abortion Pill Reversal is effective about 60% of the time.
5. Women express having conflicted emotions after having a chemical abortion, as they themselves have taken the pills and thus feel more responsible than if the procedure had been done to them. Also, they are often not informed about the development of the baby, the intensity of pain, or that the pill’s effects can be reversed within the first 72 hours.
6. The impact of RU-486 on the father of the baby is often more intense. Men’s healing programs report that men often come to them very angry. Sometimes their anger is directed at the woman, because she is the abortionist, sometimes at themselves for not being there for her, and sometimes for not stopping it. The father becomes the third victim.
7. Because of the physical pain and the sight of the baby’s remains amongst the expelled uterine contents, RU-486 abortions create an intensified level of trauma. Because the event usually happens at home or other familiar

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merchandise had changed – instead of pornographic magazines, he was now displaying second-hand National Geographic magazines! I could not describe this as a total transformation, but there was no question that a positive change was underway in Tex's life.

It all started because Rachel refused to see him as worthless trash but instead as a person loved by God. That was a lesson that I learned time and time again as I came to know the men and women who lived on the streets around us. I could no longer dismiss them as “the homeless,” people to be feared and avoided. Rather, they became individuals with names and stories.

This tendency to categorize groups of people who differ from us as “the other,” and therefore to be avoided, is antithetical to the Gospel. This categorization stands in sharp contrast to the many ways in which Jesus deliberately reached out to people across the cultural and ethnic barriers of his day. This attitude can also lead to increasing polarization and even violence, as witnessed recently in the clashes between “right” and “left,” “conservative” and “progressive,” and all of the other groups in which people identify themselves over and against others.

This practice can become even more destructive, as we witnessed in a visit to Kigali, Rwanda. One of the worst atrocities in the history of mankind took place there in 1994 – and even in an era of the Internet and round-the-clock news, the events went almost unnoticed by the rest of the world. In only three months, one million people were brutally murdered. I stood next to a mass grave estimated to include almost 250,000 bodies. I could not avoid the agonizing question: why and how could this ghastly tragedy have happened in a country known for its gentle beauty and Christian faith?

After the graveside visit, I was taken to a small memorial and museum nearby and witnessed some of the most horrifying images of human slaughter that I have ever seen. I also heard what I believe to be a partial answer to my question. The genocide was not, as some have suggested, a spontaneous uprising feeding on tribal tensions. It was instead a carefully planned effort to eradicate part of the population. It was prompted by a very sophisticated propaganda campaign aimed at persuading people of the Hutu tribe to attack the Tutsi

tribe. The propagandizers did this by deliberately describing the Tutsis as “cockroaches.” This message became relentless, repeated on the radio 24/7 ... these people were just cockroaches, they weren't really human, they were vermin, and they need to be eliminated. And then the killing began ... Once their humanity had been destroyed, their deaths were virtually assured. Some of the killers were even convinced that they were performing a public service.

But this horror is not a problem limited to Rwanda.

Whenever we treat entire groups of people as “other” and somehow less than human, we risk trouble. That is why I try never to use labels to describe other people – every person is made in the image of God and therefore deserves to be recognized as such. While I may disagree with the way that they choose to live their life or express themselves, I try to avoid dismissing them as “other.” Every person has a name and a story.

During our time in New York we visited many of the museums, including the Museum of Modern Art. We found it filled with many wonderful paintings, sculptures and design, but during one visit we noticed that a large number of people were clustered around one particular exhibit. We pushed closer to see what had them so enthralled and discovered, to our surprise, that it was simply a series of photographs of individuals, each with a brief synopsis of their life printed below. These life stories were more compelling than any of the world-class art that surrounded us.

So God created man in his own image, in the image of God he created him; male and female he created them. (Genesis 1:27))

Editor's Note: While Bishop Martyn Minns is serving as Interim Bishop in the Anglican Diocese of Pittsburgh, he is writing letters to the Diocesan clergy as a means of introducing himself and his family to the diocese. This letter was published on March 12, 2021. Anglicans for Life is pleased to share it as a reminder to see God's image in one another. Reprinted with permission of the Anglican Diocese of Pittsburgh.

News & Updates

Denise Simone is resurrecting the St. John the Evangelist Anglican Church, South Hampton, PA Life-Affirming Resource Table!



Welcome New AFL Chapter!

Just as we were going to press with this newsletter, we received the official Chapter Formation Application for a new chapter being formed at Holy Trinity Anglican Church in Hudson, Ohio. This new AFL Life Chapter will be led by Deacon Rachel Hare, who first contacted us last December.

Sadly, due to COVID-19 mandates, they were not able to take a picture of the 16 people who signed up to be part of this new Chapter.

Deacon Rachel writes that the newly formed Chapter will focus on ministry and support for their local pregnancy resource center, specifically with fundraising contributions and donations of baby items, such as diapers and formula. They will also help with certain projects and work to inspire others to get involved!

Please join AFL in praying for God's blessing on this new ministry!

If you or your church would like to learn more about starting an AFL Chapter, email Info@AnglicansforLife.org.

As many of you know, Anglicans for Life emphasizes the need for pastoral care, education, and ministry in addressing life issues, rather than partisan politics and debates. However, there are times when we feel it is important to provide legislative news in the context of why it is critical for the church to engage in life ministry and education.

Given the rapidly increasing number of U.S. states and countries worldwide that are legalizing euthanasia and assisted suicide, AFL shares this information to encourage you and your parish to talk about the growing support, even amongst Christians, to usurp God as the one who numbers our days.

First, here is a list of the states and countries that allow your physician to write a prescription to end your life or will let your doctor give you a lethal injection:

- | | |
|--------------------------|------------------|
| 1. Washington | 1. Canada |
| 2. Oregon | 2. Netherlands |
| 3. California | 3. Belgium |
| 4. Vermont | 4. Switzerland |
| 5. Colorado | 5. Colombia |
| 6. Hawaii | 6. Luxembourg |
| 7. Maine | 7. Australia |
| 8. Montana | 8. United States |
| 9. New Jersey | 9. New Zealand |
| 10. New Mexico | 10. Spain |
| 11. District of Columbia | |

New York and Nevada also have bills pending in their legislatures to join the 11 states that have legalized the right to hasten the deaths of its citizens.

The irony is that most people think these laws are designed to help people suffering with unbearable pain, but data shows that the vast majority of people who seek help to die do so because they fear becoming a burden to loved ones or losing their dignity or ability to do things they enjoy.

As the Church, we have been entrusted with the Gospel, which gives the assurance of eternal life. As well, the Church provides a built-in family of support, love, and mercy to come alongside those who are most vulnerable, which includes the elderly, terminally ill, and disabled.

Anglicans for Life created our *Embrace the Journey* adult curriculum to help you educate people about these topics. We also encourage everyone to write to their state legislators and let them know that you do not support laws that help you kill yourself.

Foster Care, Adoption, & the Church

May is National Foster Care Month. This is a great time for us as Americans to become aware of the needs of children, families, and workers in the foster care system, both nationally and locally. It is also a great time for us as followers of Jesus to study God's Word and learn about His heart for abused and neglected children and His expectations of us, His adopted children, to meet their needs.



families. It also goes hand-in-hand with God's design and desire for children. God wants children to live in permanent, thriving families, free from abuse and neglect. When we depart from God's design, the trauma a child experiences can affect him or her negatively, sometimes for the rest of his or her life.

Interestingly, and I don't know if it was planned, but April was actually Child Abuse Prevention Month. This is from Childwelfare.org:

National Child Abuse Prevention Month recognizes the importance of families and communities working together to strengthen families to prevent child abuse and neglect. Through this collaboration, prevention services and supports help protect children and produce thriving families.

Thankfully, when the community (including the Church!) rallies around struggling families, many of them can find ways to provide the environment children need to grow up safe from harm and become adults who contribute positively to their communities.

Sadly, many families do not have the support they need or take advantage of the support they are offered, and their children do suffer some form of neglect, abuse, and/or abandonment. When this happens, children are often removed from the family and placed in the foster care system.

The goals of the foster care system are to help a child achieve permanency, safety, and well-being. That goes hand-in-hand with April's goal of producing thriving

The simplest outcome is to reunite children with their birth parents. Most often, parents whose children are placed into foster care are given opportunities to regain custody of their children by working a case plan that is designed to address the issues that led to their children's removal and by demonstrating that they can provide a safe home for their children upon their return. Thankfully, many of these children are successfully reunited with their birth families after foster care.

However, other parents do not complete their case plans satisfactorily, and so their rights are terminated. For children whose parents' rights are terminated, the shift is often made to find a new, permanent family, often through adoption, in which a child is able to heal and thrive. Some older children choose not to be adopted, some age out of the system before getting a permanent home, and some go to extended biological families, but at present about 60,000 children and youth are adopted from foster care each year.

In the Old Testament, God called His people to make provision and to seek justice for orphans (Deuteronomy 14:28-29, 24:19, Psalm 82:3-4, Isaiah 1:17, and more). In the New Testament, James defined pure and faultless religion, in part, as looking after orphans in their distress (James 1:27). Jesus calls us, His followers, to love our neighbors as ourselves (Mark 12:31). He also tells us that

His followers will be known by their active love for the least of these (Matthew 25:31-40). Clearly, God loves vulnerable children, and He wants His people to do the same.

There are few people more vulnerable in our society than abused and/or neglected children. As God's adopted children, our hearts should grieve over these children, as our Father's does. As His children, we need to look for ways to step into these children's lives and help them find safety and healing.

According to the most recent AFCARS report, there are about 425,000 children in the United States foster care system. Of those, more than 120,000 are currently waiting for adoptive families. These children represent a huge opportunity for the Church to be Jesus' hands and feet by meeting their needs and, in doing so, showing the world that we serve a great God who loves children, families, and justice.

There are so many ways we can help children in need, whether they are at risk of being abused and neglected, in foster care, or in need of adoptive homes. There are three foundational things churches would be wise to do first -- study God's Word, pray, and become educated about the foster care system.

It is essential that we study Scripture to better understand God's heart for these children and His expectations of us in relation to them. It is also essential that we pray for these children, their families, and the system itself, as well as for direction for us, as we respond to the needs in light of God's heart and expectations. Lastly, we must educate ourselves on the system and on the needs of children and families within the system. We mustn't rush to meet perceived needs by creating well-intentioned projects for our congregations. We must instead mobilize our congregations to respond to actual needs by learning what those needs are.

When a family is struggling and a child is perhaps at risk of entering foster care, the Church can play a vital role. The CarePortal (www.careportal.org/) is a wonderful ministry tool that allows churches in many states to help come alongside and support families with services and items they need to better care for their children.

Once a child is removed from his or her home, the Church can play a vital role by raising up and supporting foster families. Church members can bring meals to foster

families, provide items needed to care for the children placed in their homes, and provide respite care, so foster parents can get much-needed breaks. Churches can also come alongside the birth parents of children and support and encourage them as they work on their reunification plans and attempt to regain custody of their children.

To meet the needs of children whose parents' rights are terminated, churches can raise up and support adoptive families. Though oftentimes foster families adopt the children placed in their homes, that is not always the case, and new families are needed. It is so important that we continue to support these children and families after the adoptions are finalized as well. Many children adopted from foster care have suffered great loss and trauma. Though many of these children are adept at hiding their pain, trauma doesn't stay inside forever. It comes out, and it often comes out swinging hard. Children and families need prayer, grace, and support if they are going to survive and find healing moving forward.

There are many more ways we can respond to the needs of children and families in the foster care system. If you'd like to learn more about how your church, small group, or family can love and serve vulnerable children in your community, spend some time visiting this Christian Alliance for Orphans website (www.cafo.org/nfci/) and/or write to us at Adoption@AnglicansforLife.org.

Anglicans for Life joins

Roseann Zerby

*in honoring the memory of her parents,
Joseph Zerby Sr. and Kathryn Zerby.*

*The Rev. Rebecca & Tasso Spanos
in honoring the memory of Blanche Rodgers.*

RU-486 Information

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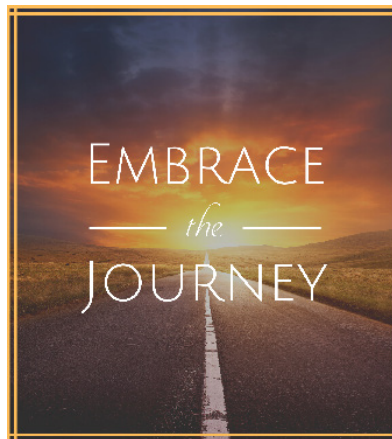
places, common activities, such as flushing the toilet or sitting in the bathtub, that are done after the abortion in the same location can trigger women's trauma. Also, in an abortion, the abrupt ending of the pregnancy doesn't instantly reset hormone levels, which can also feed into the emotional trauma and inability to process the loss. This leads women to become stuck in pain, and they often don't know where to go for help or that help is even available.

Once again, women are being exploited by the abortion industry. They do not provide counsel or adequate information about RU-486, choosing instead to downplay the reality, making it seem like this type of abortion is a non-event, leaving women caught off guard by the very real emotional, physical, and spiritual problems associated with this type of abortion.

Sadly, in April 2021 the acting FDA Commissioner Janet Woodcock informed the American College of Obstetricians and Gynecologists in a letter that her agency "concluded that allowing patients to receive the chemical pills via telemedicine and through the mail will not increase risks and will keep people safe from contracting COVID-19."

Despite the real and terrible suffering caused by RU-486, not the least of which being the deaths of innocent children, there is still reason to hope. For one, there are abortion recovery leaders who are working to understand the impact of this new abortion trend and to help those who are hurting. Secondly, as noted previously, doctors have developed a successful protocol to reverse the impact of RU-486, if the new process is started within 24-72 hours after having taken the Mifepristone. Visit www.abortionpillreversal.com/ to learn more, and please share this website resource with everyone.

AFL Educational Resources



Planning for your Fall programs? You can use any of AFL's Christian Formation Curriculums in your Sunday School Class, or you can adapt them for online presentations.

Project Life affirms the biblical basis for supporting life from birth to natural death and covers all life topics.

Embrace the Journey discusses the issues of aging and dying and how families can help prepare the elderly.

Abundant Life engages teens about cultural issues and facilitates small group discussions, strengthening their identity in Christ.

Learn more at www.AnglicansForLife.org and www.YouWereMadeForMore.org.

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 and equip the church for life ministry. Please use the enclosed envelope to make your donation. A financial statement is available upon request.

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