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ARTICLE

A NEW BATTLEGROUND FOR THE UNBORN: CHRIST CENTERED, CHARITY MATERNITY CARE

THE MORNING CENTER PROJECT

James Lansberry[†]

I. INTRODUCTION

The landmark Supreme Court decision of *Roe v. Wade*¹ in 1973 was the catalyst to forming a large, organized, national pro-life movement that would quickly branch out into the political and legal frays as a highly influential and vocal advocate for the lives of unborn children in the United States. These efforts have yielded many advances in the pro-life cause. Today, a political candidate's stance on pro-life matters is typically a deciding factor in nearly every election. The pro-life movement has been unwavering in holding politicians accountable for their actions and rhetoric on life issues and in doing so has earned a reputation of tenacity and agility that cannot be ignored. Furthermore, on the legal end of the spectrum, countless hours of work have been dedicated to researching, filing petitions for certiorari, and testifying in support of life with many favorable results and victories.

The Partial-Birth Abortion Ban Act of 2003² and the Supreme Court case upholding the Act, *Gonzales v. Carhart*,³ were victories for the pro-life movement because one more barbaric method of taking another human being's life was outlawed. To date, thirty-one states have enacted bans on "partial-birth" abortions.⁴ In thirteen of those states, however, the courts have blocked those bans. Seven of the remaining eighteen state bans are

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1. *Roe v. Wade*, 410 U.S. 113 (1973).

2. 18 U.S.C. § 1531 (2006).

3. *Gonzales v. Carhart*, 550 U.S. 124 (2007).

4. *State Policies in Brief*, GUTTMACHER INSTITUTE (2012), http://www.guttmacher.org/statecenter/spibs/spib_BPBA.pdf.

presumably unenforceable since the Supreme Court's 2000 decision striking down a Nebraska ban in *Stenberg v. Carhart*.⁵

Many legislative efforts at both the state level and the federal level have been stalled or scrapped due to the persistent lobbying efforts of life advocates. These efforts have brought to light ramifications of legislation that could have either dealt a blow to improving lawful recognition of life beginning at conception or propped up the abortion industry. One recent example of this includes the debate over whether the Patient Protection and Affordable Care Act⁶ permits the use of federal funds for abortions. The House of Representatives's version of the legislation, which failed to pass, stood at an impasse until the controversial Stupak Amendment⁷ was adopted as part of the legislation. Its stated purpose was to prohibit the use of federal funds "to pay for any abortion or to cover any part of the costs of any health plan that includes coverage of abortion" except in cases of rape, incest, or danger to the life of the mother.⁸

The pro-life movement's impact in the civil sphere has had its victories and defeats. On this battleground, given time and demographics, victory is assured for the pro-life movement in the end. Time grants the ability to compile more legal and scientific evidence that undeniably proves that abortion harms the family, that embryos and fetuses feel pain, and that these fetuses are in fact human beings from conception. The continued decline in replacement fertility rates, due in large part to rampant abortions and contraception, means that eventually demographics will work in favor of those who are pro-life. Pro-reproduction advocates will likely have a stronger voice on whether the nation recognizes a right to life from conception. If this future generation's upbringing has any effect upon policy-making, one would hope and assume that a majority would choose a policy of life over death. Even though time and demographics may provide the pro-life movement with some advantages, the battle for life is currently being lost. It is imperative to protect life *now*.

5. *Id.* (citing *Stenberg v. Carhart*, 530 U.S. 914 (2000)).

6. Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010).

7. Representative Stupak & Representative Pitts, Amendment to H.R. 3962 (2010), http://docs.house.gov/rules/3962/Stupak3962_108.pdf. This amendment was controversial at the time with legal experts claiming it was redundant when contrasted with the Hyde Amendment of 1976 and pro-life advocates asserting that the exceptions for cases of rape, incest, and danger to the life of the mother were not acceptable.

8. *Id.*

Politics is downstream from culture, not the other way around. The battleground for the unborn cannot be reduced to merely a “political fight” or a “legal battle.” It is much larger than that.

Imagine a day, in the not-too-distant future, when the abortion industry has no funding—not because a political party took back the Congress or the White House or because the Supreme Court struck down *Roe v. Wade*, but because there are not enough women and families getting abortions to make it profitable. Imagine a day when the Supreme Court strikes down *Roe v. Wade*—not because another pro-life Justice was confirmed to the bench, but because societal norms have already convinced the vast majority that abortion is indeed murder. To see a broad cultural shift of this magnitude, the focal point of this debate must be changed—not by adjusting the battle that is being fought, but by adjusting the battleground on which it is being fought.

Pro-choice advocates have heavily invested their efforts in a political fight. There is no need to fight on the political battleground when there are better methods that will provide the strongest position for victory. The real battleground is in the heart of the mother. If the mother’s heart can be saved, then the child will be saved. If both the mother and child are saved, then the culture will be saved. The nation can be saved only if the culture is saved.

The pro-life political and legal strategy, however, should not be abandoned. There are several political and legal battles that will provide our “ground troops” more options and tools to help win the hearts of mothers across this nation. Winning the hearts of mothers and saving children lies within our grasp. The road ahead is hard but simple. Extending Christ-like, private charity to the mother is the way to win the battle for the unborn.

II. WHAT IS CHARITY?

Charity is giving something you have to someone who did nothing to deserve it but is in need. Charity is a picture of the Gospel itself. Jesus gave something to you that you did not deserve but that you needed. He gave you Himself. God showed His love for us in that “while we were still sinners, Christ died for us.”⁹ This ultimate act of charity propels the beneficiaries of the finished work of Christ to “go and do likewise.”¹⁰ To do

9. *Romans* 5:8 (English Standard).

10. *Luke* 10:25-37 (English Standard).

this, it is important to understand charity—what it is and to whom it is given.

Jesus tells the story of a man who, while on a journey, fell into the hands of robbers. He was beaten and stripped of his possessions. Two men ignored the injured man and left him for dead. A third man, however, saw the injured man lying on the ground and immediately tended to his needs. Jesus asked those listening to the parable which of the three men proved to be a neighbor to the injured man. They, of course, answered, “the one who showed him mercy.”¹¹ This parable illustrates the philosophical and practical insight into the nature and administration of charity. The person in front of you who needs help and cannot care for himself is your neighbor.

This principle answers the timely question of how to protect the unborn and to fight for the hearts of mothers. Francis Schaeffer, a theologian and writer, described the importance of protecting life:

We must understand that the question of the dignity of human life is not something on the periphery of Judeo-Christian thinking, but almost in the center of it (though not *the* center because the center is the existence of God Himself). But the dignity of human life is unbreakably linked to the existence of the personal-infinite God . . . who has made men and women in His own image that they have a unique dignity of life as human beings. Human life then is filled with dignity, and the state and humanistically oriented law have no right and no authority to take human life arbitrarily in the way that it is being taken.¹²

Throughout Scripture, charity is portrayed as an act of kindness and compassion from one individual to another. One of God’s laws in Leviticus 23:22, for example, was: “And when you reap the harvest of your land, you shall not reap your field right up to its edge, nor shall you gather the gleanings after your harvest. You shall leave them for the poor and for the sojourner: I am the LORD your God.”¹³ People of means have a moral obligation to allocate a portion of their abundance to care for the poor in their community.

Note that in this passage there is no enforcement mechanism listed or a penalty for disobeying. There were two separate concepts in the Levitical

11. *Luke* 10:37.

12. FRANCIS SCHAEFFER, *A CHRISTIAN MANIFESTO* 69 (Crossway Books rev. ed. 1982).

13. *Leviticus* 23:22 (English Standard).

law. First, God established a civil code for the nation of Israel as they entered the Promised Land. Second, God established the *cultural norms* for their society. The people of Israel had been slaves for 400 years; they had no cultural history. As God gave them civil and ceremonial laws, He also gave cultural principles for them to follow. For example, the rich have a moral obligation to provide for the poor and the traveler. This cultural principle was actually enforced, not by the civil magistrate, but through social pressure.

While lamenting why God would judge him so harshly, Job asked,

If I have withheld anything that the poor desired, or have caused the eyes of the widow to fail, or have eaten my morsel alone, and the fatherless has not eaten of it . . . if I have seen anyone perish for lack of clothing, or the needy without covering, if I have raised my hand against the fatherless . . . then let my shoulder blade fall from my shoulder, and let my arm be broken from its socket. For I was in terror of calamity from God, and I could not have faced his majesty.¹⁴

Job understood the duties of service to the widow and fatherless as his personal obligations. Job believed that he was accountable to God for them, and he understood that if he were to neglect this sacred obligation, then he should be struck down and broken.

The Psalmist took a similar approach in acknowledging that charity to the poor has an individual connotation. "Blessed is the one who considers the poor! In the day of trouble the LORD delivers him."¹⁵ There is no appeal to the civil realm in this verse. "The one" addressed individuals not society. There was no corporate component to this command; there was nothing intimating that this belongs in the civil realm rather than the ecclesiastical.

God says that He will "deliver the poor," "save him out of all his troubles,"¹⁶ and strike down those who do not hear the cries of the poor and ignore their needs. But God also promises great rewards to those who care for the poor: "Whoever is generous to the poor lends to the LORD, and he will repay him for his deed."¹⁷

14. *Job* 31:16-23 (English Standard).

15. *Psalms* 41:1 (English Standard).

16. *Psalms* 34:6 (English Standard).

17. *Proverbs* 19:17 (English Standard).

In the Apostle Paul's first epistle to the Corinthians, he articulated one of history's most eloquent definitions of love. This love—*ἀγάπη*¹⁸—was translated as charity, which describes the love that Christ has for us and that we are to give to one another:

And though I have the gift of prophecy, and understand all mysteries, and all knowledge; and though I have all faith, so that I could remove mountains, and have not charity, I am nothing. And though I bestow all my goods to feed the poor, and though I give my body to be burned, and have not charity, it profiteth me nothing. Charity suffereth long, and is kind; charity envieth not; charity vaunteth not itself, is not puffed up, doth not behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil; rejoiceth not in iniquity, but rejoiceth in the truth; beareth all things, believeth all things, hopeth all things, endureth all things. Charity never faileth . . .¹⁹

Charity is seen clearly as *sacrifice*. Charity costs something. Charity is valuable. It is valuable because it displays the love and mercy that God bestows upon His people in Christ. Even in the midst of doubt, despair, and being overwhelmed with the responsibility of biblical charity, God's people are reminded that His love and mercy do not fail.

A study of history and the Bible affirms that charity administered by individuals, through the various institutions of the church, yields positive results that are both present and eternal. If the answer to the question of how to fight for the life of the unborn is to extend true charity and compassion to the mother so that she will react in a manner that accounts for the life of her child, then one must determine the method in which to extend such charity and compassion.

III. CHARITY AS A WEAPON IN THE WAR FOR THE CULTURE

Charity is the privilege²⁰ and obligation of the individual and the church, not the state or civil magistrate.²¹ The foundation that charity is built upon

18. GEORGE RICKER BERRY, GREEK TO ENGLISH INTERLINEAR (Baker Book House Co. ed. 1981).

19. 1 *Corinthians* 13:2-8 (King James).

20. *Acts* 20:35 (English Standard). "In all things I have shown you that by working hard in this way we must help the weak and remember the words of the Lord Jesus, how he himself said, 'It is more blessed to give than to receive.'" *Id.*

must be solid. If this foundation is not solid, everything that is built on top of it will eventually crumble. If the government is picking up the tab, then *you* are not giving a cup of cold water to the poor and the needy.²² Yet, this is exactly what is being called “charity” in America today.

Let us consider maternity care. In 2008, Medicaid paid the medical costs for 47% of births in the United States.²³ In that same year, the Department of Health and Human Services reported that Medicaid spending was at \$339 billion with a projected annual average growth rate of 7.9% over the next 10 years.²⁴ These numbers represent the federal government’s contribution to the Medicaid program—they do not include matching dollars provided by the states.²⁵ This is not only unsustainable, but it is also ineffective.

Pregnant women who receive services through government-subsidized programs rarely, if ever, have their spiritual needs ministered to through the so-called charity of the government. This is evidenced by the government’s refusal to acknowledge both the image of God in unborn children and a pregnant woman’s need to know Jesus Christ. Government administered social welfare is not charity. Government has taken charity away from individuals and churches and made it welfare—a political tool. The original definition of charity must be reinstated.

James, the brother of Jesus, called ministry to orphans and widows in distress “pure and undefiled religion.”²⁶ But this externalized religion is still not a civil duty. James was addressing the early church.²⁷ He began his writing with “to the twelve tribes, which are scattered abroad” and

21. 1 *Peter* 2:13-14 and *Romans* 13:3-4 demonstrate that civil rulers and governors are ordained by God to reward the righteous by punishing evildoers. 1 *Peter* 2:13-14; *Romans* 13:3-4. The closest proximity between civil authorities and charities in Scripture is found when the Apostle Paul assumes that “rulers are not a terror to good works.” *Romans* 13:3. Charity is never mentioned in conjunction with the responsibilities delegated to the civil authority. See 1 *Peter* 2:13-14; *Romans* 13:3-4.

22. *Matthew* 10:42.

23. Issue Brief, NGA Center for Best Practices, *2010 Maternal and Child Health Update: States Make Progress Towards Improving Systems of Care* (Jan. 19, 2011), <http://www.nga.org/files/live/sites/NGA/files/pdf/MCHUPDATE2010.PDF>.

24. See Press Release, U.S. Dep’t of Health & Human Servs., *Medicaid Spending Projected to Rise Much Faster Than the Economy* (Oct. 17, 2008), <http://www.hhs.gov/news/press/2008pres/10/20081017a.html>.

25. *Id.*

26. *James* 1:27 (New King James).

27. In a world where activists and legal experts, albeit improperly, call for a separation of church and state, it is curious that often these same people advocate for government involvement in what is properly defined as “pure and undefiled religion.” See *id.*

frequently used the term “my brethren.”²⁸ In the Book of Acts, it is recorded that the early church organized institutions and leaders to tend to the daily ministrations of widows and the needy.²⁹ This was done to quell the complaints and murmurings of the Hellenists of the day, but it was also done out of obedience to God. These efforts were successful even in the midst of the civil and economic chaos that many suffered in the Middle East during this period of history.³⁰

The sacred duty of charity, assigned to individuals and the church, is just as relevant today as it was in Job’s day and as it was during the formation of the early church recorded in Acts—if not more so. Jesus’ final words to his followers before ascending into Heaven to rule and reign at the right hand of God³¹ were, “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.”³² This charge to “go,” “make,” and “teach” has a progressive connotation that the followers of God should be building up the kingdom of Christ and refining its institutional and procedural methods of fulfilling this Great Commission. This progress does not always come in the form that we expect.

Regardless of our perception of where we fit in the course of history, be it a time of great reform or a time of challenges and setbacks, now is the right time to take charity back and to reclaim it for Christ’s glory and the expansion of His kingdom. We know this because there is a great need. If we are the Good Samaritan who showed the suffering man mercy, then the mothers that are in crisis pregnancy situations are the bodies lying beside the road—beaten, discouraged, destitute, helpless, and hopeless.³³ These women need someone to stop and help them. They need a Savior. The battle for the unborn is, at least in part, over who gets to claim the privilege of extending charity to these women in need.

Here is how we do it: We give out of our own resources, not the coffers of the government, what is necessary to lavish the love of Christ upon these women when they are investigating options for themselves and their babies.

28. *James* 1:1.

29. *Acts* 6:1-4.

30. *Acts* 4:34 (English Standard) (stating that “there was not a needy person among them”).

31. See *1 Corinthians* 15.

32. *Matthew* 28:19-20.

33. See *Luke* 10:30-37.

We provide them with the highest quality of care for free. The gospel has no co-payment. If we are to exemplify the gospel, and “do likewise,”³⁴ then charity should be free. We build truly charitable hospitals, birthing clinics, mobile care units, and whatever it takes to care for the women in need. To bring this privately-funded maternity care to fruition, trained medical staff will act as medical missionaries in our cities. Just like Jesus sacrificed His life for His people, the medical missionaries will demonstrate to the mother in need how caring people are “doing likewise” in obedience to God. This will win the heart of the mother and save the unborn.

After we build these private, charitable institutions, we must protect them as strictly ecclesiastical institutions. This movement to establish truly charitable hospitals will be the second of its kind in the history of modern America. Unfortunately, the first movement allowed outside pressures to redefine its philosophy of charity.

The hospital is a modern symbol of health care here in the United States. The word “hospital” comes from the same Latin root word as “hospitality.” Throughout history, there have been numerous, charitable hospitals begun by Christians.

In medieval Europe, Christian religious communities, often monasteries, provided care for the poor, the leper, or the sojourner, and the care was often provided by monks or nuns. This concept carried over into colonial America. An example of this was the Pennsylvania General Hospital, chartered in Philadelphia in 1751, and started with generous contributions from the private sector Even the modern nursing profession as we know it was begun by a Christian, Florence Nightingale. What other religion has given the world so much in this area? Yet many of these charitable hospitals lost their original vision a long time ago, even though they have the name of a commonly recognized Christian denomination on the sign.³⁵

On September 25, 2011, the Henry J. Kaiser Family Foundation’s Kaiser Health News published a series of articles on the topic of charity hospitals. Most of the examples of modern charity hospitals focused particularly on children’s hospitals:

34. *Luke* 10:37.

35. Daniel Sneed, *The Morning Center, A Much-Needed Ministry*, THE MORNING CENTER BLOG (Feb. 15, 2012, 5:42 PM), <http://morningcenter.org/2011/09/the-morning-center-a-much-needed-ministry-2/>.

Shortly after the Civil War, a group of civic leaders and physicians started a 20-bed hospital for children in a South Boston row house. Initially, much of the care was provided by nuns. The funding—a dollar here and a dollar there—came from donations. In recognition of its charity, the hospital was exempted from paying taxes.

Today, more than a century later, taxpayers still subsidize Children's Hospital Boston through a series of tax breaks valued at nearly \$40 million. But most of the other similarities end there.

Children's Boston is now one of the largest and wealthiest children's hospitals in the world, with \$1.3 billion in annual revenue in 2009, \$2.6 billion in stocks, real estate and other investments, and a 125-employee fundraising unit that raises about \$90 million a year.

As for charity, Children's Boston spends about \$8 million annually on free medical care, less than 1 percent of its annual expenditures, according to the hospital's tax returns and other financial records.³⁶

Additionally,

"It used to be most children's hospitals made no money or lost a little," said David W. Johnson, managing director and health care sector head at BMO Capital Markets, a financial company in Chicago. "Maybe a half dozen years ago many figured out . . . they could pretty much charge whatever they wanted and insurers couldn't say no."³⁷

At some point in the history of charity health and maternity care we have lost our way. Rather than a ministry, charity care has become a

36. Gilbert M. Gaul, *Nonprofit Children's Hospitals Get Valuable Tax Exemptions But Many Provide Little Free Health Care*, KAISER HEALTH NEWS (Sept. 25, 2011), <http://www.kaiserhealthnews.org/Stories/2011/September/26/Childrens-Hospitals-Charity-Care.aspx>.

37. Gilbert M. Gaul, *Growing Size And Wealth Of Children's Hospitals Fueling Questions About Spending*, KAISER HEALTH NEWS, (Sept. 25, 2011), <http://www.kaiserhealthnews.org/Stories/2011/September/26/Childrens-Hospitals-Part-One.aspx?p=1>.

burden. It has become something that is measured solely by its financial effectiveness instead of its ability to permeate culture on a positive, life-affirming scale.

It is not enough to simply meet some of the physical and practical needs that a new mother may have—like the government does—but we must expand this ministry approach with an emphasis on not just meeting a woman's physical needs, but also treating her spiritual and emotional needs. The church of Jesus Christ is the only ordained institution that is equipped to fulfill the sacred duty of charity. Medicaid will never be effective in ministry because civil government is designed to minister through justice, not charity.

The pro-life movement, if it is to retain its relevancy and win the battle for the unborn, must begin a new initiative to win the hearts of mothers. The short-term and long-term approach that must be taken to accomplish this is to return charity to the church and the community. When we minister to the broken-hearted, pregnant mother who may be abortion-minded, we must care for her with our own resources. This communicates the sacrificial love of Christ in a compelling and authentic way that can and will save unborn lives.

IV. RETURNING TO TRUE CHARITY

Jesus said that the poor will always be with us.³⁸ Human attempts to eliminate poverty, be it through socialism or even biblical charity, will never work. Our calling is to be charitable, not to vainly attempt to accomplish something that Jesus said will never happen. Rewarding the poor is something that God has assigned to Himself.³⁹ This should not discourage us, however, from doing the work that God has assigned and entrusted to us. If anything, it should be a relief to us so that we can focus on doing the things that we were made to do, and we will be able to do them well, rather than attempting to do something that we cannot see through to completion.

For private charity to work, many things must come together, and if the body of Christ uses its talents effectively, many of these things need to occur simultaneously to maximize outreach and influence. Some of the necessities that the new, privately-funded, pro-life movement will need are the construction and acquisition of hospitals, facilities, and housing. These facilities must be staffed by personnel who are trained to operate medical

38. *Mark 14:7; John 12:8.*

39. *See Psalm 34:6; Matthew 5:3.*

equipment, counsel patients, provide adoption information services, and also perform legal and legislative actions.

A simple Internet search shows that many existing hospital facilities that are no longer utilized are readily available for sale around the country, especially in densely populated areas. In most cases, the infrastructure needs of this pro-life, private initiative could be met—at a fraction of the cost of new construction—by acquiring existing facilities for hospitals, clinics, and secure housing.

Privately funded hospitals will have many obstacles to overcome. The first obstacle will be satisfying the requirements of Certificate of Need (CON) laws. This will directly impact at least 36 states starting in January 2012. The National Conference of State Legislatures describes CONs as:

[P]rograms [that] are aimed at restraining health care facility costs and allowing coordinated planning of new services and construction. Laws authorizing such programs are one mechanism by which state governments seek to reduce overall health and medical costs. Many “CON” laws initially were put into effect across the nation as part of the federal “Health Planning Resources Development Act” of 1974. Despite numerous changes in the past 30 years, about 36 states retain some type of CON program, law or agency as of December 2009.

In 1964, New York became the first state to enact a statute granting the state government power to determine whether there was a need for any new hospital or nursing home before it was approved for construction. Four years later the American Hospital Association expressed an interest in Certificate of Need laws. The AHA started a national campaign for states to generate their own CON laws. By 1975, 20 states had enacted CON laws; by 1978, 36 states had enacted them.

The 1974 federal Act required all 50 states to have a structures [sic] involving the submission of proposals and obtaining approval from a state health planning agency before beginning any major capital projects such as building expansions or ordering new high-tech devices. Many states implemented CON programs in part because of the incentive of receiving CON federal funds.

The federal mandate was repealed in 1987, along with its federal funding.⁴⁰

These laws are described, by both those who oppose and those who support them, as tools for the government to orchestrate how health care is distributed. While advocates of CONs have promised that they would reduce overall health and medical costs, they have not. On the contrary, health care costs per capita have skyrocketed by nearly 800% from 1960 – 2010 when adjusted for inflation.⁴¹ Rather than reducing the costs of health care, CONs have been more concerned about controlling the health care market. This process of controlling the health care market often prevents better, more efficient providers from opening hospitals in particular areas because the CON boards—comprised of representatives from interested parties—claim that a hospital is not needed in that area. This could be a problem for privately-funded maternity hospitals in many of the thirty-six states with CONs. Skilled pro-life lawyers and legislators will be needed to either help private hospitals navigate the certification process or to help repeal these laws in states where lawmakers have expressed a desire to do something similar to what was done to the federal mandate in 1987.⁴²

Additionally, creating a plan of action and communicating it to the people who need to hear it is also vital to the success of implementing private, charitable ministries. Developing a plan of action, however, is only the beginning. This plan must be tailored to specific audiences and then disseminated through written, visual, and audible forms of communication. This is an area where writers, graphic designers, and web developers can volunteer their time and skills towards bringing about true change. Such change can only come about when a message is clearly communicated and an organization is in place to interact with both proponents and opponents and compel them to unite under the banner of what it truly means to be pro-life.

It cannot be stressed enough that the trained medical staff that will be needed in this new, pro-life, privately-funded initiative must possess a missionary mindset when approaching their role in this movement. These

40. *Certificate of Need: State Health Laws and Programs*, NAT'L CONF. OF ST. LEGISLATURES, <http://www.ncsl.org/issues-research/health/con-certificate-of-need-state-laws.aspx> (last updated Mar. 2012).

41. *National Health Expenditures Aggregate, Per Capita Amounts, Percent Distribution, and Average Annual Percent Change: Selected Calendar Years 1960-2010*, CTR. FOR MEDICAID & MEDICARE, <https://www.cms.gov/NationalHealthExpendData/downloads/tables.pdf>.

42. See *supra* note 41 and accompanying text.

medical personnel will be special people who love their work and want to serve the Body of Christ and community with their talents. Along with a biblical understanding of medicine, such medical personnel must communicate the love and redemption of Christ to the women they serve, introduce them to the Body of Christ (the local churches who will minister to them and their babies in the long term), and provide the kind of quality care that the affluent would receive.

An additional benefit that these medical staff will have is billing reduction in paperwork. Eliminating this burden will relieve a significant amount of stress and allocate more time for doctors and nurses to spend with clients. In March 2009, the American College of Physicians published a study of how much time doctors and their clerical staff spend each week interacting with health plans:

Physicians reported spending almost a half hour each day, three hours each week, and three weeks per year, interacting with health plans. Primary care physicians spend significantly more time (3.5 hours weekly) than other medical specialists (2.6 hours) or surgical specialists (2.1 hours). Clerical staff spend 7.2 hours per physician each day, for a total of 35.9 hours per week. RN/MA/LPNs employed by physicians spend 19.1 hours per physician per week.⁴³

The elimination of third party billing in hospitals, clinics, and mobile care units will attract capable and gifted physicians, nurses, and staff who are eager to do the jobs that they trained for, as opposed to making them part-time administrators.

As the pro-life movement transitions its focus to winning the hearts of the mothers and saving the lives of the children, it is important to start in a place with the highest concentration of need. As legislators attempt to tighten up their hemorrhaging health care budgets, which in turn reduce the availability of state Medicaid funds, the pregnant women in the inner cities will be the most affected. Even now, fewer and fewer doctors are accepting new Medicaid patients because they are not getting reimbursed

43. Bob Doherty, *How Much Health Care Might be Purchased With the \$31 Billion Spent Annually by Physicians on Health Plan Interactions?*, AM. COLL. OF PHYSICIANS (Mar. 18, 2009), <http://advocacyblog.acponline.org/2009/05/how-much-health-care-might-be-purchased.html>.

for their services at an equitable rate.⁴⁴ This creates a mission field for the church. Most inner city families cannot afford to relocate to an area where there is better quality health and maternity care; thus, we must bring care to them. People who are eager to spread the gospel and engage in mission work need to look no further than the nearest major urban area to find impoverished and destitute neighborhoods that need charity.

This pro-life initiative should not unnecessarily reinvent the wheel. Many established and effective ministries that focus on counseling and adoption services already exist. Like-minded ministries should seek out partnerships so that they can cooperatively serve the needs in their area, and parachurch organizations are not the only place where partnerships should be applied.

One of the pro-choice/anti-life movement's best criticisms of the pro-life movement is: "sure you save the life of the child, but by saving it, what kind of a life are you giving the child?" This is a fair criticism if the child's life is saved from an abortion but then post-birth medical personnel tell the mother and child "[g]o in peace, be warmed and filled."⁴⁵ Lasting change for a mother and her baby will come when they are transformed by the renewal of their minds through accepting the Gospel preached by the Church. Private, Christian hospitals must operate on the understanding that their ultimate success is measured by whether the mother's exposure to the gospel begins or ends with them. If a mother leaves one of these private hospitals without having been introduced to a local church body that made every attempt at ministering to her spiritual, emotional, and physical needs and adopting her into their community, then the model has failed. Within years, such hospitals most likely will end up failing or returning to the current situation in which corporate-minded, edificial hospitals retain Christian names and references but have no intention of exemplifying true charity and godliness in their treatment of people who need help. Accordingly, there must be a strong connection and partnership between the local churches and charitable hospital work—the two must operate in cooperation and strategy with each other.

The ministry of the Church is the key to caring for women and their children throughout the child's upbringing and beyond. "Religion that is pure and undefiled before God, the Father, is this: to visit orphans and

44. David Nash, *The Impact of Medicaid Underfunding: From the Trenches*, MEDPAGE TODAY (Apr. 7, 2010), <http://www.medpagetoday.com/Columns/FocusonPolicy/19431>.

45. *James* 2:16b (English Standard).

widows in their affliction, and to keep oneself unstained from the world.”⁴⁶ Fulfilling this call to demonstrate true religion simultaneously helps to accomplish the command found in the Epistle to Titus. Within this ministry, communication must be a high priority. The Apostle Paul writes, “Show yourself in all respects to be a model of good works, and in your teaching show integrity, dignity, and sound speech that cannot be condemned, so that an opponent may be put to shame, having nothing evil to say about us.”⁴⁷

V. CONCLUSION

Living in this broken down world is complicated. There is no way to deny this fact. People’s lives are ravaged by the effects of both their own sin and the sins others commit against them. Even if abortion were not in the picture, this would be true of our urban poor: the most likely segment of our nation to seek an abortion.

Ministry is often difficult. It is far easier for us to send a check to the local mission than to stop and engage a homeless person in the middle of our busy lives. It is so much simpler to write a check to a political action group which is fighting for the rights of the unborn than it is to engage the thousands of women, one by one, who are choosing to end the life of their children every day.

This year marks thirty-nine years since *Roe v. Wade*, and thirty-nine years later we still have not cured our land of this scourge. The excuse most commonly given from mothers who have aborted or seek to abort their babies is that someone else talked them into it. Often their “reasoning” is structured around questions that boil down to, “how will you care for this child?” Very few women arrive at an abortion clinic with their minds decidedly in favor of aborting their child without having had someone convince them that it was the best thing to do. For those who end up having an abortion without any persuasion from within their circle of friends and family typically have to be convinced by the staff at the abortion clinic to have an abortion. Women instinctively recognize their baby and become immediately attached to the baby emotionally. It is rare that without any persuasive, outside influence a woman of her own voluntary will decides to extinguish the life within her. This recognition is because mankind is made

46. *James* 1:27 (English Standard).

47. *Titus* 2:7-8 (English Standard).

in the image of God⁴⁸ and thus has inherent, intrinsic value. It is the sin of deception⁴⁹ that connives and manipulates a woman into believing that her child does not possess this value and reminds her that she does not possess the material, emotional, spiritual, and physical maturity that it takes to care for her child. What makes the latter part of this deception so believable, and hence the former so unbelievable, is that the premise is *true*—she cannot fully care for her baby on her own. God did not create man to be autonomous.⁵⁰

We have to change the way we think about life if we are to convince mothers to change the way that they think about the life of their child. While disproving the lie that the life of a baby has no value, we must admit to the mother that life is difficult and that her fears of not possessing the fortitude to single-handedly raise her baby are legitimate and that she must accept the charity that caring people extend to her and her baby. To do this we, the Church, must be prepared to provide a broad scope of loving options for women, lest someone call our bluff.

Extending charity is not easy and many times it is painful. It is painful because often the woman in need, a sinner like us, is not easy to love. She may not comprehend the purpose for marriage; she probably will not know what a loving household looks like; she probably does not walk, talk, or dress like the people you see sitting in the pews in your church every Sunday; and most importantly, she does not know of the love of Jesus Christ. But she needs to know. She needs to know so that she will know life instead of death. The Church must interpose and interject its influence and resources into the culture and win the hearts of the fathers and mothers of the unborn, and, thereby save the unborn. Moreover, we must prepare ourselves for it to be an uncomfortable experience.

Before we can reverse the course of these people's lives, we must realize that our charity will often be perceived as an entitlement by those who receive it. Most, but not all, of the women that will receive this privately-funded, charitable care will not know "Christian etiquette"; even after accepting the gift of faith that is salvation. They will most likely feel entitled

48. See *Genesis* 1:26-27; *Genesis* 9:6; 2 *Corinthians* 11:7.

49. See *Genesis* 3; 2 *Corinthians* 4:4.

50. Groups of varying sizes and authority are necessary for the education, nurturing, and discipline of every individual—families nurture, churches shepherd, and civil governments discipline and reward. This principle is referred to as "sphere sovereignty" and while important to this topic, it is not the primary purpose of this article. For a discussion of sphere sovereignty, the author recommends ABRAHAM KUYPER, *A CENTENNIAL READER* (James D. Bratt ed., 1998).

to other people caring for them, and they may complain when they do not receive it. This is what being pro-life is truly about—loving another human being, perhaps even a brother or sister in the Lord, in spite of their immaturity and gently teaching and nurturing them. These women will then be equipped to show love to other women contemplating abortion—thus perpetuating a culture of life, not death.

Statistically, more than 3,000 children will be slaughtered tomorrow by a doctor with their mother's permission and payment,⁵¹ but we can change that by making each and every one of those women see the love of Christ for both the mothers and their unborn children. Changing the way we think about charity gives us the opportunity we need to change our methods and to save the mothers. Save the mother, save the child. Save the children, change the culture. Change the culture, win the battle for the unborn and save a nation that desperately needs the grace of God above all else.

51. *Facts on Induced Abortion in the United States*, GUTTMACHER INSTITUTE (Aug. 2011), http://www.guttmacher.org/pubs/fb_induced_abortion.html.