



Missouri Catholic Conference

The Messenger

The Bishops of Missouri, speaking together on matters of public policy, form the Missouri Catholic Conference.

February 2018



THE SEAMLESS BOND BETWEEN MOTHER AND CHILD

The gift of life is seamless: it is an unbreakable bond between mother and child. Without one, there cannot be the other. For the last 35 years, Our Lady's Inn in St. Louis has been helping to nurture this bond by providing safe, reliable housing, and pre and postnatal care for homeless mothers and their children.

The two maternity homes that comprise Our Lady's Inn (OLI) have helped over 6,000 mothers choose life for their children over the last three decades. The homes are part of a network of pregnancy resource centers and maternity homes that participate in the Missouri Alternatives to Abortion (ATA) program. ATA funds organizations that help women carry their unborn child to term and assist them with caring for their child or placing their child for adoption if they choose. These services are provided to qualifying expectant mothers at zero cost.

Nurse Helen Risse, a staff member at Our Lady's Inn, says the program is invaluable for this group of women, who often come to the home with little to no knowledge of how to attain a healthy pregnancy for themselves or their child. "The first thing that we do is try to make sure that they get connected with care that will help them to assess how they're doing in their pregnancy and help them to have a healthy delivery," Risse says. At OLI, the staff assists women by first helping them assess what they have been doing in the months before arriving. Those that have been homeless may not be aware that they need to see a doctor, or may question staff about why they must eat healthy and not smoke.

For many of us, these educational services might seem like common sense, but for someone who is poorly educated and/or has been homeless for a period of time, they can be life changing. "Each case is different, but the desired conclusion is the same," Risse says. "Each woman is going to have their own unique story. We try to address each individually and try to help them make a plan for being healthy in

their pregnancy." The staff assist the women to have healthy outcomes, including setting goals to achieve healthy gestational ages and weights. "A lot of times when moms are here, they don't realize that you don't want the baby to come early," Risse says.

But the services, and the successes that come with them, don't end when the child is born; they extend all the way through the first year of birth. "One of the things we do here at Our Lady's Inn is help the women access pediatric care," she says. "If they don't have children and this is their first pregnancy, we make sure we talk about the importance of pediatric care and give them a variety of pediatricians and clinicians that they could possibly use, and help them learn what a pediatrician should be asking. I always talk about, when you need a pediatrician at one in the morning, what do you do? How accessible are they?"

The staff at OLI and other Missouri maternity homes, many of whom are also mothers or caretakers of children, are committed to answering these questions and finding the best solution for each case. Transportation, Risse says, is often an obstacle to stable pediatric health. "Wherever they're living, if they don't have access by bus or aren't able to walk, that's really going to inhibit them keeping appointments after they've already started care," she says. "So, there are things that may be missed in there, such as testing for gestational diabetes, an ultrasound that might show us if a baby has some kind of congenital anomaly or something that we could be working on."

“We had a mom here last year. Her baby had a pretty significant heart defect, but she got here probably within the first 20 weeks of her pregnancy and we were able to get her established in care.” Risse was able to arrange great medical care for the mother and baby at Cardinal Glennon hospital, where she had ultrasounds and lots of education about her baby’s heart condition. “When the baby was born she was prepared,” Risse says. “She knew exactly what to expect and had talked with the heart surgeon, so she wasn’t afraid.” Those committed hours of service made all the difference after the mother’s term with OLI ended. “That baby is doing really, really well,” Risse relayed.

Other women need just as much support to make it through an uncomplicated pregnancy because of the chaotic lives they lived before arriving at OLI. Offering a glimpse into the life of one such mother, Risse describes a woman whose upbringing didn’t prepare her

“She had been in foster care, she didn’t have a lot of success in school,” Risse says. “She had one little girl already, and she was pregnant a second time.” The staff members at OLI were able to give her and her unborn child the attention they needed to ensure a healthy outcome.

“A lot of the time it was reminding her that yes, she had to go to the doctor, had to make sure that she had her OB visits, and [we helped] her do that,” Risse says. “She had some health issues and needed support, especially during the end of her pregnancy when she needed some special medication. And then after delivery, she needed even more support with feeding the baby and making sure the baby was gaining weight properly. We just spent a lot of intense time with her.” That intense time was well worth it. Eventually, Risse says, the mother was able to move into her own supported housing. Risse has seen her recently, and says both the baby and the mother are doing well.

It’s these kinds of interactions—encounters that are personal, sincere and compassionate—that make the Alternatives to Abortion program so successful, and so vital to expectant mothers in Missouri. “When people know you, when I hear somebody say, ‘I really like going to this clinic,’ or ‘I really like going to this doctor because they know me,’ it really does make a difference.” For many of the expectant mothers OLI works with, this information has not been readily available, or properly explained. They feel lost and hopeless, and often turn to abortion to rid them of passing on that feeling of hopelessness to their child. “A lot of it is because no one has shown them the way,” Risse says. “Once they learn this, they have to make the decision if they want to follow it or not. I always say, if you have the information, then you’re empowered. You can’t make a choice unless you know what to choose from.”

Physical health isn’t the only focus of maternity homes.

There is also mental and emotional health, which are oftentimes disguised and/or ignored because of the stigma, shame, and ignorance of the importance of mental health to overall wellbeing. “I think the mental health piece is the biggest challenge,” Risse says. Women who have a history of trauma, anxiety, or depression can be set back by a pregnancy. They may stop taking their medications and may not have access to counseling to help them process their pregnancy mentally. This can put them in “a cycle of not being able to take care of themselves in a healthy way or making poor choices or self-medicating in ways that aren’t good for them or their babies,” Risse explains. “The mental health piece can be huge, especially when there’s little or no access to getting that care except in a crisis situation.”

It’s common to see this in many of the homeless mothers who arrive at Our Lady’s Inn. Risse shares a story of a postpartum woman she helped just that morning. “She came in and she was crying,”

Risse says. “The baby had been sick and she was just falling apart.

I knew her history. I knew that she had a therapist, so before I left I got the therapist to come out and see her. I got her an appointment with her OB, because she needed somebody to hear her and listen to her and help her through right now, today. It was a crisis. She was a mess. She was thinking they were going to take the baby—that’s what she didn’t want. She’s been breastfeeding, she’s been doing okay, and she was worried that if she told someone she was

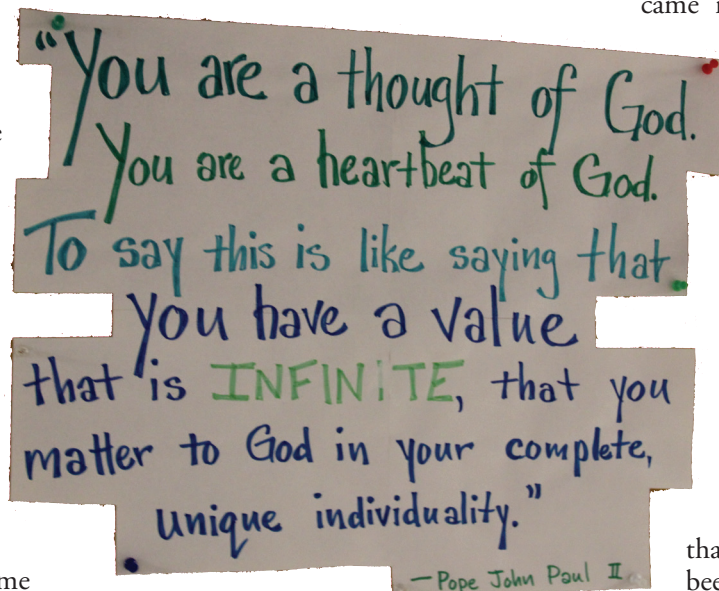
de-compensating, they were going to take the baby. That’s pretty scary.”

Situations like this that are scary for a stable mother are amplified for an unstable mother. Instability can be caused by many factors, including homelessness, which OLI and other maternity homes help to remedy. The impact the ATA program has on Missouri mothers and their children—born and unborn—is nearly incalculable, and funding for these programs is vital.

In fiscal year 2018, the Missouri General Assembly appropriated \$6.4 Million to the ATA program, and for fiscal year 2019, Governor Greitens has proposed increasing that by roughly 10%. His proposal has to be approved by the legislature, which has until early May to complete work on the budget. In addition to the ATA program, donors who make financial contributions to maternity homes and pregnancy resource centers are eligible to receive a state tax credit of 50 percent of any donation over \$100 they make. These tax credit programs help homes like OLI raise money to support their ministries. For more information on Missouri’s ATA programs, and the pregnancy resource center and maternity home tax credits, visit the Department of Social Services website at www.dss.mo.gov.

Jessica is the communications director for the MCC

**The above quote is a poster displayed inside OLI in St. Louis.*



CA Pregnancy Care Centers Fight for Free Speech Rights

Must a pro-life pregnancy care center proclaim the state’s abortion message? That is the question the U.S. Supreme Court agreed to decide when it accepted for review *NIFLA vs. Beccerra*, a case out of the federal Ninth Circuit Court of Appeals in California.

The case involves the California Reproductive Fact Act, a law that requires pro-life crisis pregnancy centers to post information in their offices about where California women can go to obtain state-funded contraception and abortion services. The Justices are being asked to decide whether the law violates the pregnancy centers’ First Amendment rights.

The state justifies the law by arguing that poor women are entitled to know where they can receive state funded care, and that they deserve to be told about all medical options available to them. But the pregnancy centers argue that the law requires them to carry a message contrary to their mission and, in some cases, their religious beliefs.

The Fourth Circuit Court of Appeals in Maryland decided a similar case in favor of the pregnancy care centers. The court there struck down a Baltimore ordinance that requires pregnancy resource centers to post a disclosure in their waiting room stating that they do not offer or refer for abortion services. The U.S. Supreme court will not review the Baltimore case, but it may inform their decision.

These cases involve “compelled speech,” and they have implications not only for pro-life organizations, but all organizations that do not wish to carry a state message that runs contrary to the organization’s mission. A decision in the California case is expected in late June 2018.

Our Lady’s Inn contact information

St. Louis City Inn

Serving St. Louis City and St. Louis County
Located in South St. Louis City at the corner of Meramec and S. Compton
4223 S. Compton St. Louis, MO 63111
Phone Number: 314-351-4590

St. Charles Inn

Serving St. Charles and surrounding counties
Located near the Western edge of the Busch Wildlife Center
3607 Highway D Defiance, MO 63341
Phone Number: 636-398-5375

For volunteer information, contact Cathy at nowotny@ourladysinn.org.

For volunteer or donation information, contact Angela at ahinchsliff@ourladysinn.org.



Our Lady's Inn St. Louis



Our Lady's Inn St. Charles

Our Lady's Inn: A brief history

On January 22, 1982, staffed by volunteers, Our Lady's Inn opened its doors on Julia Street in Soulard, a neighborhood in South St. Louis. The founders of Our Lady's Inn were insightful pro-life men and women who saw the need to provide a safe and loving home for pregnant women who were being pressured into considering abortion. Our Lady's Inn provided these women with a safe place to live where they could find support, encouragement, nurturing and the resources necessary to move toward self-sufficiency.

In 1987, a second location was opened in a former convent at St. Catherine Alexandra Parish on Diamond in North St. Louis County. Ten years later, in 1997, the Julia and Diamond locations merged and opened as one Our Lady's Inn location, in the former St. Anthony of Padua Parish Convent on South Compton Avenue. This is referred to today as Our Lady's Inn – St. Louis. Always filled to capacity, this home accommodates eighteen families. In 2005, the Brother Loyola Transitional Housing unit was opened. This four-family flat near the St. Louis location allows families to live up to one year in a more independent setting with continuing support provided by Our Lady's Inn. The women who live in these apartments must work, attend school, or progress in a job training program.

As the need for shelter continued to grow, so did our need for more space. In April 2006, Our Lady's Inn opened a second location in St. Charles at 3607 Highway D. This is currently referred to as Our Lady's Inn- St. Charles. This location accommodates 12

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A CHOICE UNLESS YOU KNOW WHAT TO
CHOOSE FROM.”**

Helen Risse, OLI nurse

families. Twice Blessed Resale Shop was opened in May 2009 as a social enterprise that provides job experience and training for our residents. It also serves as a funding source for the Inn. In April 2011, Twice Blessed expanded and opened a second storefront on the same block at 3312 Meramec, St. Louis, MO 63118.

Our Lady's Inn stands as a testament to the vision and perseverance of our founders, volunteers, staff members, donors, and clients who believe every child has the right to life and every woman has the right to give birth with dignity.

History provided by ourladysinn.org

Project Rachel: Hope After Abortion

There is hope after abortion.

The Catholic Church recognizes the need for healing for those who have experienced the pain and loss of an abortion. Project Rachel, the Catholic Church's ministry to those who have been involved in abortion, is a diocesan-based network of specially trained priests, religious, counselors, and laypersons who provide a team response of care for those suffering in the aftermath of abortion. In addition to referring for Sacramental Reconciliation, the ministry provides an integrated network of services, including pastoral counseling, support groups, retreats and referrals to licensed mental health professionals.

It's normal to grieve a pregnancy loss, including the loss of a child by abortion. It can form a hole in one's heart, a hole so deep that sometimes it seems nothing can fill the emptiness. If you or someone you know has a need for help following an abortion, here are resources in the Missouri dioceses you can turn to:

Archdiocese of St. Louis

Project Rachel (A Program of the Respect Life Apostolate)

Contact: Karen, Mary, or Denise

Phone: 314-792-7565

Email: projectrachel@archstl.org

Website: www.archstl.org/respectlife/page/project-rachel

Diocese of Kansas City-St. Joseph

Project Rachel

Contact: Teresa

Phone: 816-591-3804

Email: projectrachel@diocesekcsj.org

Website: www.projectrachelkc.com

Diocese of Jefferson City

Project Rachel: TBD

Contact: TBD

Phone: TBD

Email: TBD

Website: TBD

Diocese of Springfield/Cape Girardeau

Family Ministries / Project Rachel

Contact: Suzanne

Phone: 413-452-0661

Email: luvthegospa@hotmail.com

Federal Legislation Protecting Conscience Rights for Healthcare Providers is Necessary



After the U.S. Supreme Court legalized abortion in 1973, doctors and other healthcare providers expressed concerns that, because abortion was now legal, they would be forced to participate when asked. In response, Congress passed the Public Health Service Act (the “Church amendment”) which states that doctors and hospitals that receive public funds are not required to participate in abortions, if they object because of their religious beliefs or moral convictions. In 1996, conscience protections under the Church Amendment were extended to provide that neither the federal government nor state and local governments can discriminate against doctors, hospitals and residency programs that refuse to perform or refer patients for abortions, or to include abortion in training programs.

In 2004, Congress added the Weldon Amendment to the Health and Human Services, Labor, and Education appropriation bill. This amendment provides that federal funding can be denied to any federal or state program or agency that discriminates against physicians, nurses, or hospitals that refuse to perform or refer for abortions. The Weldon Amendment has been added to this appropriation bill every year since

Despite these conscience protections in federal law, healthcare providers and insurers are still being forced to participate in and cover abortions or are being discriminated against for refusing to do so. Consider these examples:

- On June 16, 2016, the Department of Health and Human Services declared that the State of California may continue forcing all health plans under its jurisdiction, even those purchased by churches and other religious organizations, to cover elective abortions, in violation of the plain text of the Weldon amendment.
- Cathy Decarlo, a nurse at Mt. Sinai Hospital in New York City, was forced to participate against her will in a late-term abortion in 2009. A federal appeal court declared in a lawsuit she filed in response that she had no right to sue under the Church Amendment.
- A state-run hospital in New Jersey implemented a policy mandating that nurses be trained to assist in abortions in violation of the Weldon and Church amendments.
- Vanderbilt University required applicants to its nursing residency program to agree to participate in abortion procedures in order to be accepted into the program.
- A state-run teaching hospital in New York suspended nine nurses because they refused to comply with a new policy that required assisting with abortions as part of their medical training.
- In recent years, the ACLU has sued Catholic organizations because they do not provide or facilitate abortions.

Efforts to invoke the conscience protections in the Church and Weldon Amendments and other federal laws have exposed the limitations of these provisions. Weldon, for example, includes no provision giving healthcare providers the right to sue for damages. Instead, they must bring their complaints to the Department of Health and Human Services, which may or may not offer them protection. Various members of Congress, including Missouri Senator Roy Blunt, responded over the last few years by filing the Conscience Protection Act, a federal legislative effort to address these concerns. The Act would clarify and make the protections in the Weldon amendment permanent law, along with providing those aggrieved with a right to sue for damages. A House version of the Conscience Protection Act passed the U.S. House with bi-partisan support on July 13, 2016, but it has never been taken up for a vote in the U.S. Senate.

Just last month, the Trump administration announced the formation of the Conscience and Religious Freedom Division of U.S. Department of Health and Human Services (HHS). The new division is charged with reviewing and acting upon complaints alleging violations of federally protected conscience rights. Roger Severino, director of the HHS Office of Civil Rights stated about the new division that “[l]aws protecting religious freedom and conscience rights are just empty word on paper if they aren’t enforced. No one should be forced to choose between helping sick people and living by one’s deepest moral or religious convictions, and the new division will help guarantee that victims of unlawful discrimination find justice.”

Cardinal Timothy Dolan, Chair of the USCCB’s Committee on Pro-life Activities, along with Archbishop Joseph Kurtz, Chair of the USCCB’s Committee for Religious Liberty, issued a joint statement applauding the move, stating, “[w]e are grateful that HHS is taking seriously its charge to protect these fundamental civil rights through formation of a new division dedicated to protecting conscience rights and religious freedom.” While the formation of the new division within HHS is heartening, federal legislation is needed to provide a permanent solution, because enforcement of existing conscience protections will continue to be subject to political whims. An administration less sympathetic to conscience rights, for example, could delay or deny justice for those aggrieved. Passage of the Conscience Protection Act still needs to be pursued as a legislative priority.

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