

Engage360 Ep 101 | Caring for Those Experiencing an Unplanned Pregnancy; Linda Saccomano

Intro [00:00:04] Welcome to engage360, Denver Seminary's Podcast. Join us as we explore the redemptive power of the Gospel and the life changing truth of Scripture at work in our culture today.

Don Payne [00:00:16] Hello, friends. This is Engage 360 at Denver Seminary. My name is Dan Payne. I'm your host. And once again, very grateful that you could carve out some time and be with us for another conversation. You know, the sanctity and dignity of all human life has always been a central Christian commitment. And that commitment is anchored in the creation narrative of Genesis one and two, where God creates human beings uniquely in his image and whatever else, the concept of the image of God may mean or imply it serves as a sort of theological load bearing wall for the unique and eternal value of human life. And that's the reason that it's been so generally taken for granted among Christians that when human life is most fragile, when it's most at risk or most unclear anywhere on the spectrum of life, the benefit of the doubt goes to the person in question. And that in turn, is why Christians who hold to the authority of the Bible tend to uphold some type of pro-life stance. Now, in recent months, since Roe v Wade was overturned, and abortion laws left to the states, the debate and the controversy have gotten white hot once again. And the legal and the political considerations aside for a moment, some of the unsung heroes in this fray have been those who move toward women who are pregnant and give them options to abortion. It's one thing and it's an important thing to push for legislation that upholds the integrity of human life in utero. But working at that important level should never eclipse the messy but crucial work that's needed in the lives of moms who might think that abortion is an easy way out, or perhaps their only way out. So with deep gratitude, we want to welcome in this episode our guest, Linda Saccomano, who is the executive director of Alternatives Pregnancy Center here in Denver, I believe the largest alternatives center in the state of Colorado. Is that correct, Linda?

Linda Saccomano [00:02:24] That is correct.

Don Payne [00:02:25] Welcome. We're so glad you could join us.

Linda Saccomano [00:02:27] Thank you for having me.

Don Payne [00:02:28] We're also joined again by our president, Dr. Mark Young. Welcome, Mark.

Mark Young [00:02:31] Thanks, Don.

Don Payne [00:02:33] Linda, tell us a little bit about Alternatives Pregnancy Center. Give us a bit of an overview and some background on it and your involvement with it, if you would.

Linda Saccomano [00:02:40] Sure. Alternatives Pregnancy Center is celebrating 40 years of impacting lives in all communities of Denver this year. So in 1982, a small group of three men, I love that statistic, got together and said, we are going to do something about the abortion rate in the state of Colorado. And they hired a licensed clinical social worker, Penny Salazar Phillips, to be the founding executive director. And it grew from that small nucleus, one little center in downtown Denver in 1982, to today. We have four centers. All of them are medical clinics. And we are serving over, maybe around 1500 women a year as they face unplanned pregnancy.

Don Payne [00:03:34] And how did you get involved with alternatives?

Linda Saccomano [00:03:37] Well, I started volunteering at a pregnancy center. It's a beautiful thing that there are so many pregnancy centers across the United States. And I started serving at a pregnancy center in Philadelphia, Pennsylvania. And then when I returned to Denver, Colorado, which is my home, I knew I wanted to stay in pro-life work. I felt very called to it. And we know when the Lord calls us to something, we should listen. And so I started volunteering at Alternatives Pregnancy Center, and that was in 2012, and came on staff in 2013 and so have been working there since. And then since 2019 I was called into the top leadership position of executive director and it's my privilege to lead a team of 28 people in all functional areas of the nonprofit and really 28 people that are passionate about the work of helping women and men as they face these difficult, difficult decisions.

Don Payne [00:04:48] I know Mark has some questions for you. I wanted to ask, how does the process work? Maybe a different way of asking that is, at what point do you tend to cross paths with women who are considering whether to continue a pregnancy?

Linda Saccomano [00:05:11] Well, it's a very good question, and it's our intention to cross paths with them earlier and earlier and earlier. And the reason is because decisions are being made earlier. And so with the readily available abortion pill, we want to intersect with a woman or a man's life when they're in that decision making process. So what we say at Alternatives is every program, every service we offer is affecting the decision making client or student. And so whatever we're doing, the activity must be affecting and improving the life of the decision-making client. And so through our advertising, digital, multimedia, social media, you know, how do these young people get their information today? They're looking at their phones. So we are reaching out to them in all these different channels and helping them understand that alternative serves with care and compassion. And all of our programs and services are free and confidential so that they don't have a barrier to coming and getting the help that they need.

Don Payne [00:06:29] When you talk about alternatives, what are some of those alternatives that you put in front of women? How is it that you actually walk with them from a point of deciding to continue a pregnancy moving forward? What do you do?

Linda Saccomano [00:06:44] Yes. When they come through our doors, they are typically in some phase of a crisis. And I don't love the term crisis pregnancy, because not everybody considers their pregnancy a crisis. And so what we want to talk about is and not assume anything, where are they at in their journey? So when they come to us. It's about building relationship. If I can sit across the room from a young woman and of course, we have men that are serving men because for every unplanned pregnancy, there's a man involved somewhere. So we want him to be part of the conversation. So we sit across the beautiful counseling rooms that we have and get to know them. What's their story? What is motivating them to come to us today and how can we help them? And so without assuming anything, we let them lead the conversation. And then our client service directors are trained in trauma informed care. They're trained in the art of coaching, asking good questions and helping her or him discover for themselves is this really what they want to do? If they're considering abortion, what do they know about abortion? What do they know about the after effects of abortion? If they're considering parenting, what do they know about that? What resources are available to them? And if they're considering making an adoption plan, how can we help facilitate that so that they can go into the process feeling empowered and know what questions to ask? So we have educational handouts on each of these areas that I mentioned that

we go through with a woman or a man as they're discovering what they are feeling about this unplanned pregnancy.

Don Payne [00:08:38] I love how well-rounded that is and how thoughtfully you put together each phase of that process.

Mark Young [00:08:44] Yeah, that's what's been impressive to me as we've been involved with alternatives for a number of years. The breadth of services you provide and the sensitivity you bring to the matter, you really talk about human beings and their lives. I really appreciate that about what you guys do. And maybe this would be a good opportunity to maybe talk about the span of services, everything from your educational services all the way up through the medical services you provide along with the counseling.

Linda Saccomano [00:09:14] Sure. Yes. So we operate from two strategic standpoints. One is prevention. So if we can start when our students are younger, 13, 14, 15 years old, talking about healthy choices in all of the areas of life. And so we have a curriculum that we've written that we can go into a public, private school, we can go into a youth group, and we can talk to these students about making choices that are self-honoring so that they're putting themselves on a trajectory for a promising future, which happens to be the name of the program. And so we start there with prevention. We also offer STD testing and treatment for women. And that's part of prevention, too, because she's coming to us with a physical problem. We're meeting that physical need. We are medically addressing the situation, and then we are counseling her around the value of herself. She's an image bearer of God, and how can she make decisions that will lead her to her best health outcomes? It's very holistic in its nature, and we address all dimensions of her health. Of course we address the physical first, but then the mental, the emotional, the spiritual, the social, because that makes us all up, right, all of those dimensions. And so we want her to be well in all those areas. So there's the prevention. And then the intervention is the second strategy. So for a woman who is facing an unplanned pregnancy, we invite her and her partner to come in together and we serve them in that same holistic way in all those dimensions. But we know first we need to meet her needs. We need to understand her and earn the right in that sacred space to ask her about some of her views on abortion and why she thinks the way she thinks. And it gives us an opportunity to explore her faith. Does that have a place in this process and all areas of her of her journey? And again, I mentioned the trauma informed care. We see women today that have experienced so, so difficult things in their journey. And so being trained and being aware of how that's affecting her decision. And then if she is pregnant, we do the pregnancy test. If she's pregnant, we invite her back for an ultrasound. So we're meeting that medical need. We're helping her see for herself what's going on in her own body. Today, the culture would like women to believe it's nothing. It's a clump of cells. American College of Gynecology is now saying there's no heartbeat until all four chambers of the heart are fully developed. So 17 to 20 weeks. And we're saying on an ultrasound screen, we see the heart beating at six weeks, maybe even a couple days earlier. So for her to see that and see, look at what's happening in my own body. So it's accurate medical education. And all of this is designed to help her make a choice, her make a decision that's based on good information. And we will walk alongside her through all of that process. And then we even go further than that should she decide to carry her pregnancy to term. Then we assign her a mom, a mentor, and if she wants to go through the whole mentoring process, it's very holistic in its nature, in this mentor building relationship with her, helping her understand and move from a place of suffering to a place of thriving where she feels empowered to be a parent, even if she's got another little one at home. Her thoughts are around, How can I

have another child? I can't do this. Helping her stop. Slow down. Yes, you can. And what can that look like? And so being assigned a mentor that's walked that road before is really important.

Don Payne [00:13:19] I love some of the language you used when you talked about encouraging and empowering women to do this, because that seems to move against a cultural narrative I pick up on, at least where many in our broader culture will view pregnancy centers like alternatives as being coercive and manipulative to women. And I don't hear that from you.

Linda Saccomano [00:13:44] We are so careful to stay away from manipulation. We work off of seven fundamentals and we're all trained on those seven fundamentals. One of them is we're ministers, but we are not manipulators. At the end of the day, it is her choice. We completely understand that, we abide by all the laws of the state of Colorado, and that's between her and God. And we have a role to play in this equation, and God has a role to play, and she has a role to play. And so we're providing information, we're providing support, we're providing resources. And then she can decide what is the best path for her life. We want to help her see that the pre-born is sacred, the preborn is valued. The very first human right is the right to be born. But the way that we're talking with her is not in a manipulative, condescending way. It's in a safe, nonjudgmental way. Women leave our clinic, and they have an abortion, and yet we invite her back for our counseling after abortion. So, again, part of our intervention strategy I mentioned a little bit ago is that counseling after abortion, where we can address the grief, the hurt, whatever she's feeling in that moment.

Don Payne [00:15:04] I really appreciate that. You know, before we started the recording, Mark cited some statistics from a New York Times article. And you had some interesting comments on those in terms of what's the typical profile, if there is such a thing on who has an abortion? And you gave, I think, a little bit of a reality check to the stats from the Times, but so that might be worth repeating.

Mark Young [00:15:29] Yeah. So it's just a Times article. The research was done by another nonprofit, but they were saying in this piece, the typical patient, and they list these characteristics, is already a mother, is in her late twenties, attended some college, has a low income, is unmarried, is in her first six weeks of pregnancy, is having her first abortion, and lives in a blue state. And as we read those off, you had some good observations. I think it would be great to share.

Linda Saccomano [00:16:02] Sure. Yes. The one that really jumps out at me there is the low income because abortion and unplanned pregnancy does not know a socioeconomic boundary, and unplanned pregnancy is part of our shared humanity. And so what are we collectively going to do to address this and to assign it to a people group like a low-income group? It doesn't feel right to me. Maybe the low-income group doesn't have the same resources available to them, which is why all of alternative's services are free and confidential, because we don't want costs to be a barrier. And yet we also see women, we have a clinic that's in downtown Denver, We see women who come on their lunch hour. They're working at a high-powered attorney's office on the 30 something floor. They come. They're served by us, and they are not a low-income individual. So yeah. And there was another one in there that seemed interesting to me. And that's the they're unmarried, but they have another child. And I'm not coming up with the exact statistic that we have right now, but we see many married women. We see women who don't want to tell their husbands and they have two or three other kiddos and they're saying, what am I going to do? So what drives abortion? That's what we have to understand as a society. What drives abortion. That's what we have to understand as a church, as a people of God. And then we have to address

it. And what drives abortion is fear and shame. I'm afraid I don't have enough money. I'm afraid my partner will leave me. I'm afraid that I don't have enough resources. I'm afraid that I'm going to have to put my career off. I could go on and on. And now, since the overturn of Roe, I believe, I don't have data to back this up, but I believe it's a bigger shame issue than it was prior. And here's why. The world, it seems, is out there saying, Hashtag, shout my abortion. I have an abortion or I'm pregnant and I'm scared. What am I going to do? If I talk to my friends, they're going to tell me, just have an abortion. What if I don't want to have an abortion? Where can I go to get help? I'm just going to suffer in silence because I'm so ashamed. Why are we doing that? And why is pregnancy center work being attacked in the way that it is? Because we are loving women, we're loving men. We're bringing him into the conversation. We're facilitating and uniting people. We are talking about the strength of the family. What a beautiful thing. And so I think to categorize it or label it, it kind of makes me uncomfortable a little bit because it is part of our shared humanity across the world.

Mark Young [00:19:16] Yeah, you mentioned the Roe decision this summer. How has that changed your experience at the pregnancy center? How has that changed what women are feeling? You mentioned that shame perhaps is a bigger option, but that decision changed the landscape of the conversation. Did it change the landscape of caring for women with unplanned pregnancies as well?

Linda Saccomano [00:19:39] For us, it did not change that landscape. We are seeing more women this year than we did last year. Our client numbers are up. Women are finding us. So again, for a woman experiencing an unplanned pregnancy, she's not concerned about the political landscape. She's concerned about where am I going to go to get help and who's going to help me? And so she's finding us now because she's hearing all this rhetoric on social media, all the other platforms about pregnancy centers. Well, wait, what is a pregnancy center? Oh, they're going to help me for free? What a beautiful thing. And we're serving anyone who walks through our doors and just loving on them and letting them know that they're valued.

Mark Young [00:20:31] Another statistic that I saw in this piece was that I believe that 79% of pregnancies occur before the 10th week of pregnancy. Is that come into your experience as well?

Linda Saccomano [00:20:43] We are seeing earlier and earlier that women are coming in and that's again, because of the abortion pill and that is available now over the Internet. You know, it's a mail order thing. They can maybe go to an abortion provider. You might hear the term webcam abortion. And so they will do a telehealth appointment, sit in front of their computer, talk to a provider, and then they're prescribed the abortion pill. And so, yeah, the availability of that is very widespread even in states that have abortion restrictions. I've talked with colleagues in Texas, other states where the abortion pill is still being mailed right to those states. So abortions are still happening in those states. And we need to be really reality based about that.

Mark Young [00:21:41] Yeah, I know that you have professionals, credentialed professionals, medical professionals, counseling professionals and also volunteers. What are the ways that local churches can help support your work? And then we'll follow that up with how can local churches support women who are seeking an abortion or have had an abortion?

Linda Saccomano [00:22:04] Alternatives has developed a workshop for churches because this is a difficult subject. And when you start talking about it, like we see abortion fatigue, you know, pastors are saying, do we have to talk about that? So we developed a workshop for pastors, for

church leaders where we can come in and teach this to their staff. Even in a larger church's staff, there's very divided opinions about abortion. So how do we start talking about it in a healthy way? And so this workshop will take their staff through this foundational knowledge of abortion and what drives abortion and the compassionate way we can speak about it. And then the church leaders can maybe make a call even to a few of the staff people that feel compelled to create a pregnancy care ministry in their church. So whether that's just they're an ambassador for alternatives, because we'll stay involved in the picture, we're a resource to the church. Remember, one in four women will have an abortion by the time she's 45. That includes our church populations. And so how are we reaching out to women in the church who are suffering? And so, through this pregnancy care ministry, how can alternatives help the church have this safe, non-judgmental place for women to come and maybe start a counseling after abortion group in their church or something like that? So we stay connected with the church after this workshop, and we are a resource for them. And then also, of course, we would ask them to put our literature in the women's bathroom so that women can know of our services and that they can be helped. And then we get so many volunteers and we do need volunteers. To your point, we need medical volunteers. And yes, all of our medical volunteers, all of our medical staff are licensed in the state of Colorado. So they are professionals, and we need lay volunteers. It takes a lot of people. We probably have over 900 hours of volunteerism a year to make our organization work. So it's really important. And so through the church, we get volunteers and then staying connected in whatever way would be a resource to the church. And we ask the churches if it's appropriate, if they can financially support. We have individuals in the churches that are supporting us because, remember, all of our services are free. But they're not free to us. It has an organizational cost. Somebody pays. Does that answer your question?

Mark Young [00:24:46] It does. Let me just ask. Like, project yourself into a pulpit. You're the pastor of a congregation, and you want to teach on the sanctity of human life, and you want to talk about abortion and an abrogation of that sanctity. How do you do that and at the same time recognize the pain, the suffering, whatever the after effects of abortion are for people in your congregation? How do you not reenter that?

Don Payne [00:25:15] Yeah, re-trigger those wounds. Re-enflame that shame.

Linda Saccomano [00:25:21] It's tricky. The good news is, I am not a pastor, so I'm really thankful for that. But I have empathy for the situation because it is very hard. And we always want to be compassionate to women who have had an abortion experience and treat them with love. So for me, when I speak about it in front of a group, I do speak about the biblical truth. That's what God has called me to, and also the way that Jesus himself served people with compassion, care, and love, and as part of our shared humanity, this unplanned pregnancy, when we think of it globally, doesn't it just seem so huge? Like abortion seems gigantic. But let's drill it down to the individual human being. Let's re-humanize it instead of dehumanize it. And so in your church, how are you re-humanizing the issue and calling people to a higher standard of care, of love, of compassion, where a woman, a man would feel safe and what would that path look like in your church? And can you create something like that that would be a safe place for a woman to go and then stay connected with an organization like Alternatives that will take it from there. The beautiful, warm handoff, take it from there and walk beside them in the counseling, the medical, and ultimately get them into prenatal care.

Don Payne [00:26:49] Linda, I appreciate so much the dual emphasis on protecting the sanctity of the unborn, the pre-born life and humanizing the parents. This is probably over generalized, but I

have to wonder whether that is kind of the unseen, unrecognized part of the story for many. Not that we can give too much attention to the sanctity of the pre-born, but if there is little attention given to the journey, the struggle, the shame, all the issues involved with the parents, we're missing a Jesus ministry opportunity there.

Linda Saccomano [00:27:37] Absolutely. And for us, that's why it starts with building a relationship with her, with him. And if we can meet those needs, remember the whole person, all the dimensions, can we meet those needs? Then we have an opportunity to meet the needs of the pre-born. But if we don't start with her and him.

Don Payne [00:27:59] You don't get the other.

Linda Saccomano [00:28:00] We don't get the other.

Mark Young [00:28:01] Yeah, that's really important. And I so appreciate alternatives for that very reason, that holistic approach that you champion. The conversation changed this summer, right, on the legal front and now as we see different states approaching the question, we do see almost a winner take all mentality. Right? It's either we're going to pass legislation that only favors the mother or we're going to pass legislation that seems to only favor the pre-born child. Does alternatives engage in advocacy or provide or help churches think about how to engage in advocacy on the legal side of the abortion question and debate?

Linda Saccomano [00:28:45] That's a good question. We are not a political organization. It's a very important part of the pro-life spectrum. But that is not where you find alternatives. It's an awareness of, but we are not in the advocacy on the political side.

Mark Young [00:29:04] Yeah, actually, I want to commend you on that. I think that creates a real sense of integrity in the way you are concerned for the people involved, recognizing, of course, that the legal structure is going to affect them. But that's not your focus one way or the other. I want to make sure that we have an opportunity to also talk about the very helpful mutual relationship between alternatives and Denver Seminary. Could you talk about that just for a moment?

Linda Saccomano [00:29:31] I would be happy to do that. Denver Seminary has been a supporter, a partner with alternatives for so many years. Well, for all the years that I've been involved with alternatives, which is ten and I know it goes way deeper than that. And through the counseling program, we have used interns from the master's counseling program, we've hired out of that pool. And then, of course, in our education program, we've hired. So it's just a really beautiful relationship, reciprocal relationship. And we have appreciated so much the support of Denver Seminary. And the willingness to consider addressing the issue in such a bold and yet compassionate way. It's important.

Mark Young [00:30:24] Thank you for that. I appreciate that affirmation. Sometimes I think when as a seminary, we've said we're going to speak into difficult and controversial issues, sometimes it feels like all you get is beaten up for having a willingness to step into that. So I appreciate that affirmation. And I do want to take the opportunity, Don and Linda, to remind us that on October 21st, we have a conference here on campus where we will be looking at the question of abortion and the church's engagement in the lives of those who are considering abortion. It's an opportunity for us with other practitioners, ministry practitioners, to think carefully about how we

want to respond and be involved in the lives of folks and also in the advocacy questions as well, and in the teaching and instruction side of the equation in local churches.

Don Payne [00:31:11] Yeah. And you can get more information on that by going to our website. You'll find info there. DenverSeminary.edu. Linda alternatives is, as we have already noted, the largest pregnancy center in the state of Colorado. And I know there are pregnancy centers around the country. I don't know this for a fact, but I wonder whether many of those are located in more high population centers. There may be others that are not, but I wonder if the bulk are there. And so in the interest of listeners who may be not in those high population centers and may or may not have really easy access to a pregnancy center, what would you say to them? How can we help them or help them get connected if they're not in easy access to a pregnancy center?

Linda Saccomano [00:32:02] Mm hmm. Yeah, it's a good question. They can certainly do an Internet search for pregnancy centers near me. And something will pop up. If there's nothing really close to them, there is telehealth that's provided for that initial consultation. There is 24-hour helplines. Alternatives has one. There's also one that's provided by Care Net, which is a national organization. It's called Options Line, 24/7. So there is help available, immediate intervention help. And then they can direct a woman or a man to a resource that's closest to them.

Don Payne [00:32:45] Good, good. So nobody should be out of reach of some assistance if they're in the crucible of making this decision.

Linda Saccomano [00:32:53] That's correct. Yes.

Mark Young [00:32:55] Linda, as you think about the future of alternatives, and you could say here are the two or three things that we would love to add or love to do on a greater scale or love to do better. Can you give us an idea of what you're dreaming about and then perhaps how the church can respond?

Linda Saccomano [00:33:13] I love the question because we are dreaming big, and the first thing we're trying to do is launch what we call community navigators. So taking our mama mentoring and our fatherhood mentoring to just the next level. So that would be assigning a navigator to an individual, because when they're overwhelmed with all the decisions that need to be made, how can we make that process easier and better for them? Again, the diagram of from suffering to thriving. So now they have someone holding their hand and providing case management for them through this experience. So we're close to launching that. You'll hear more. And then the second thing is, we are in process of rebranding, sub branding our men's services because again, we see how many women we're serving, we need to be serving that same number of men or more. And maybe they don't even have to have had a woman who's been a client of alternatives. But maybe they're not sure about being a father, and they know that their partner is going to carry their pregnancy to term, but they need help, you know, like, oh, my goodness, what am I going to do? So we want to attract those guys. So what can we do to rebrand, Sub Brand, that's very male friendly, when I look at the web page, I go, Yeah, that's for me, I resonate with that. So we are in that dream big process right now.

Don Payne [00:34:47] That's so exciting.

Linda Saccomano [00:34:49] Yeah.

Don Payne [00:34:49] Linda, how can people get in touch with you whether they need to consider your services or they would like to volunteer?

Linda Saccomano [00:34:56] Yes, we have a very robust website. It's YouHaveAlternatives.org. And you can see all of our programs and services there. You can click on get involved. It'll take you to a page of volunteerism. It'll talk about other ways to be involved. Our prayer chain effort. We need prayer. We know that. And there's easy online way to fill out an interest form. And then our wonderful staff will again get right back to them.

Don Payne [00:35:32] Great. Linda, thanks so much. We've been visiting with Linda Saccomano, who's the executive director of Alternatives Pregnancy Center here in Denver. Hope that this is a resource. This conversation is a resource that will maybe spread even beyond your own immediate circles and get into the lives of women and men who need that so desperately. We're just really honored and privileged to have time with you and to be able to partner with you and your staff at Alternatives. Linda, thanks.

Linda Saccomano [00:36:00] Thank you so much for hosting me. I appreciate it.

Don Payne [00:36:03] Friends, this is Engage 360 from Denver Seminary. We're really honored that you would spend time with us as well and would love to hear from you. You can email us at podcast@DenverSeminary.edu. We'd be happy to communicate with you. I encourage you again to visit our website for lots of good resources in addition to the degree programs we offer. DenverSeminary.Edu. We look forward to speaking with you again soon. Take care.