



Divine Mercy Care

Transforming Hearts Through Healthcare™

Spring 2018 News

Introduction

- The Vision, Mission, and Eight Programs of Divine Mercy Care
- DMC Volunteer Needs
- New Program Logos
- Meet our Newest DMC Staff Members

SERVE

- Interview: Dr. Fisk's 15th Anniversary at Tepeyac
- Infant Basket Supplies Delivery
- Laura Ricketts: Pregnancy Loss is a Pro-Life Cause
- Andrew and Anna Tremel's Triumph over Infant Loss
- Infant Loss Memorial Service
- Sponsor the Memorial Service

INSPIRE

- Media Hits
- Friday Features Premiered
- Interview: Medical Student/Tepeyac Intern Patrick Vander Woude

UNIFY

- The Latest on Pro Womens Healthcare Centers





The Vision, Mission, and Eight Programs of Divine Mercy Care

- Divine Mercy Care is a non-profit that advances pro-life medicine through education and financial support.
- Our vision (and tagline) is transforming hearts through healthcare.
- Our mission is *serv*ing those in need, *insp*iring caregivers and medical professionals, and *unif*ying the pro-life movement.
- Our SERVE programs:
 - » Tepeyac OB/GYN, a pro-life medical practice and our primary program
 - » Infant Gift Baskets
 - » Perinatal Hospice and Infant Loss Support
- Our INSPIRE Programs:
 - » Pro-life Education and Outreach
 - » Medical Education and Outreach
 - » Aslan’s Army Church Education and Outreach
- Our Unify Programs
 - » Local Pro-Life Unification
 - » National Pro-Life Unification

Each of Divine Mercy Care’s eight programs now has its own logo!
We hope you’ll become familiar with the symbol for each facet of our mission.

Serve



Tepeyac OB/GYN



Infant Gift Baskets



Infant Loss Support

Inspire



Pro-Life Education and Outreach



Medical Education and Outreach



Aslan’s Army Church
Education and Outreach

Unify



Local Pro-Life Unification



PWHC Pro Women’s Healthcare Centers

Volunteer Needs for May

TECHNICAL:

- Website Editing/Video Editing for our Infant Loss Support Program

INFANT MEMORIAL SERVICE

- Helping plan/prepare for memorial service for infants lost through miscarriage, stillbirth, and abortion.

MARKETING:

- Helping with Marketing and Event Planning for our Infant Memorial Service

ASLAN'S ARMY:

- Becoming a representative for your church and working with your pastor to raise awareness and financial support of Tepeyac OB/GYN's work

TEPEYAC OB/GYN:

- Reviewing old medical documents and marking appropriate ones for destruction per document retention schedule

ADMINISTRATIVE:

- Updating Etapestry (our online database) with new 2018 Catholic Diocesan Direct
- Sorting and filing documents

To learn more about our programs or volunteer, contact us at info@divinemercycare.org

SERVE

DMC Staff is Growing!

As Divine Mercy Care's undertakings increase, so does our staff. We invite you to meet our newest staff members:



Sharon Clark Chang
Communications Manager

Sharon Clark Chang joined Divine Mercy Care part-time in August 2017 and full-time in March 2018. She is a tenth-generation Virginian and an International Affairs/East Asian Studies graduate of The George Washington University.

After an 18-year career in domestic and foreign assignments with the Central Intelligence Agency's Clandestine Services, she worked for a number of years with a national advocacy organization for American minority groups. Still, later, she formed a one-of-a-kind consultancy that served the corporate communications needs of minority-owned small businesses. Currently in her second term on the City of Fairfax Commission on the Arts, Sharon is the author of *Escaped Alone: A Memoir of an Incomplete Southerner* and is a longtime lector at St. Leo the Great Catholic Church. By those given to understatement, her interests are best characterized as countless, with heavy emphasis on matters that involve communications and cultural diversity.



Greg Lynch
Development Manager

Greg came to DMC in January 2018 as an experienced independent school educator who had taught Latin, English, and Theology for the past 13 years. As a professional, Greg most recently served Chelsea Academy in Front Royal, VA

as their Director of Development, leading the school in 2017 to its most successful fundraising year in the school's history. Now, Greg will serve DMC's growing mission, with a primary focus to expand the bandwidth of DMC's fundraising and outreach. Greg has his MA in Theology with a concentration in scriptural exegesis

from Holy Apostles College and Seminary and has his BA in Classics and Philosophy from Colby College where he studied Greek and Latin and ancient and modern thought. Greg taught Latin poetry and World Literature at Mercersburg Academy in Mercersburg, PA, where he participated as a showcase teacher during Mercersburg's "Daring to Lead" campaign, the school's successful \$300 million fundraising initiative. He served his alma mater, the St. Sebastian's School in Needham, MA as a teacher and as the Assistant Director of Admissions. Greg was also a two-sport varsity athlete in college. He played defensive tackle for the Colby football team and goalie for the Colby lacrosse team. Greg is a devoted husband and loving father to his five children. Greg enjoys hiking, and travel with his family.



Virginia Davison Madden
Programs Assistant

Virginia began working with Divine Mercy Care in March 2018. She is a graduate of Belmont Abbey College (B.A., Psychology) and Regent University (M.A., Clinical Mental Health Counseling). She has been active in the pro-life movement for many years,

serving as a sidewalk counselor and volunteering as a counselor in a pregnancy resource center. She also co-created the Holy Heroes Spiritual Adoption Prayer Adventure, a program in which individuals follow the prenatal development an unborn child they have "adopted" to pray for. She additionally has written other booklets and audio scripts and worked as a sales associate for Holy Heroes. Virginia was a pioneering member of Regent University's Success Coaching Program, assisting in student outreach and managing the program's workshop schedule. She is proud to use her organizational and communication skills at Divine Mercy Care to further the pro-life cause. She enjoys spending time with her family, entertaining, volunteering and freelance journalism.

SERVE

Dr. Fisk's Fifteen Years with Tepeyac - More Unites Us Than Divides Us

Our office party to celebrate Dr. Fisk's fifteenth anniversary with Tepeyac provided us a great opportunity to wheedle an interview. When we asked for the story behind his long and valued tenure, he was happy to share.

Interviewer: Fifteen years is a longer time than most people nowadays spend with any one employer. How did it all begin? What first inspired you to consider working with Tepeyac and what convinced you actually to make the move?



Dr. Fisk: I spent the first several years of training and practice serving the nation in the US Army, and was obligated to complete a seven-year tour of duty due to the various scholarship programs in which I had participated. I actually ended up serving 11 ½ years on active duty, the last several at Walter Reed Army Medical Center in Washington, DC, from

which post I ended my military service.

When I left the service in...2000, I initially joined a practice in Fairfax that was well-established, busy, and quite secular. During the approximately two and a half years I practiced with them, I became increasingly uncomfortable with several aspects of this practice, especially in the moral realm, but also with the obsession with profits. I felt that this situation wasn't honoring or pleasing to God, and I was sincere about practicing in a way...consistent with the faith upon which I based my life and life's work.

During my job search upon leaving the service, I had heard of John Bruchalski but had given little thought to joining a practice like his at the time. I met him on the first day of work at INOVA Fair Oaks Hospital, and quickly realized who he was. We talked many times over the next few months, usually late at night on Labor & Delivery or over lunch. Gradually, I came to understand that he and I shared similar convictions about...our faith impacting how we practiced. As I was naturally pro-life-oriented, his approach appealed to me deeply.

After several months of back and forth, John called me at home one night and asked if I would ever consider joining them at Tepeyac...after a few months...I joined

the group on March 5, 2003. I've never looked back.

Interviewer: From the outset, Tepeyac employees know that work for a nonprofit organization will require considerable sacrifice beyond what is usually asked of healthcare personnel. Can you cite a few examples--milestones in your Tepeyac service--of events in patient care that make that level of sacrifice to which you agreed initially worthwhile?

Dr. Fisk: Many come to mind, even from the beginning. I think of the myriad [Infant Loss] memorial services we have had over the years, all uniformly moving and reverential. I also remember the overwhelming outpouring of support we received shortly after I joined, when the malpractice insurance crisis in 2004 - 2005 nearly forced [Tepeyac] into bankruptcy. Our donors came to the rescue and contributed thousands to help us pay those bills--truly a memorable time. I recall many, many referrals from Crisis Pregnancy Centers and Gabriel Project, Arlington, of women who were abortion-minded, -susceptible, or -contemplating due to financial concerns, many of whom went on to bring new life into the world. I also think of [forming] the Perinatal Hospice Program and of all the parents and families we have cared for through the years--remarkable stories, all.

Interviewer: From every employer, ideally, we learn. What aspects of work with Tepeyac resulted in professional growth and greater knowledge for you?

Dr. Fisk: Many of the things that I have learned are faith-based in nature, especially the language and practice of the culture of life. Natural Family Planning is, quite honestly, totally unknown to most secular OB/GYNs. Non-contracepting forms of treatment of gynecologic conditions have been very prominent as well. Caring for those in the Perinatal Hospice Program and those who have children *in utero* with other special needs (e.g., Down Syndrome or other non-life-threatening malformations) is an area of rich development....

Interviewer: What was the greatest professional/medical challenge you encountered during your years with Tepeyac?

Dr. Fisk: Two-fold. First is the challenge to my character. Practicing medicine in this (or any) environment reveals aspects of character that are underdeveloped or needing refinement, such as patience, restraint, diplomacy, tact, wisdom, consistent

SERVE

Dr. Fisk's Fifteen Years with Tepeyac - More Unites Us Than Divides Us

faithfulness, courage and perseverance. Dealing with oneself is more of a challenge in many respects than are all the academics and technicalities...combined.

The other regards managing the business of medical practice, about which very little is taught in medical school and residency. The challenge of being diligent, vigilant, faithful, frugal and responsible has to rank a close second and to enmesh with that which I mentioned previously, extending to the practicalities of professional medical practice.

Interviewer: *What do you consider to be your greatest contribution to Tepeyac?*

Dr Fisk: My most significant contribution, I believe, [has been] stabilizing the practice and making it more

viable, just due to being another pro-life OB/GYN...Drs. Bruchalski and Anderson were really struggling to keep up with the demands of a busy practice when I arrived fifteen years ago. [My joining as a third provider] brought them some well-deserved relief. Having a critical mass of providers also helped recruit others, as it seemed to [indicate] a more sustainable venture.

[Also]...coming from a non-Catholic tradition, I bring a different perspective. This has been much less problematic than most would realize, as it is plain to all of us at Tepeyac that what unites us far outweighs whatever would divide us in service to Almighty God and His kingdom.



Say it loud: “We’re never too young to help and donate to Divine Mercy Care!”

These beautiful siblings are clearly proud to have helped their mom deliver supplies for Infant Gift Baskets.



SERVE

Pregnancy Loss is a Pro-life Issue

By Laura Ricketts

Sarah's* Story

"If I were an abortion-minded woman, I would have had more support. Why does my baby matter less than a baby in danger of abortion?"

Sarah was grieving after a miscarriage. She began to cry when she finally spoke of it. She felt alone, scared, sad, confused and angry. She wanted answers, peace, and support, but she didn't know how to ask for them. As a Birth and Bereavement Doula trained in trauma and a specialist in pregnancy and infant loss, I've been asked this...countless times. It is heart-wrenching, almost always asked with extreme sadness and confusion.

An estimated one in three pregnancies results in miscarriage, later-term miscarriage, (also called fetal demise), or stillbirth. Yet too often there is a startling lack of resources for women and families who have experienced this type of loss. Sarah's situation and feelings were normal for what she was going through, but there was no one to tell her that. When she found me, she couldn't help asking her question. I struggled, as I always do, with an answer--because I'm not sure I have a good explanation for the isolation that Sarah feels. Seven years ago, I was Sarah. Asking the same question; feeling the same loneliness, confusion and isolation. When my daughter, Claire, died during my 18th week of pregnancy, I remember wondering, "Would this be easier if I didn't know that she was a person? A beautiful soul destined to live forever. Would this be easier if I thought she was just a 'blob of tissue'?" But I knew better. I knew better when my son, Francis, passed away only 6 weeks after he was conceived--and for the rest of our seven losses. *Because* I knew better, I couldn't understand why it seemed that these children's lives didn't matter. I couldn't understand why it was so hard to find information and resources to help me navigate the days ahead, dealing with grief, empty-armed postpartum recovery, burials, tiny caskets.

Where were all the pro-life people?

Seven years after my own losses, not much has changed for women like Sarah. They've had to say goodbye to a baby they may never have gotten to hold; they've carried a baby under their heart, but never in their arms.

Motherhood is Not Lost

Motherhood is not reserved only for those whose babies live.

The motherhood of women who have miscarried and stillbirthed children extends into eternity; it should and must be honored. *There is something absolutely pro-life about recognizing that a baby born into Heaven is a unique individual person* whose life, however brief, mattered. Women who experience pregnancy loss, particularly early miscarriages, often feel they have no right to call themselves "mother." Yet their experience, their grief, and their bodies all bear the marks of motherhood. Affirming this helps a grieving mother heal. Speaking the truth that she is a mother has a profound effect.

As pro-lifers, we often say "Life begins at conception." This is true. And since this is true, it is also true that motherhood begins at conception.

We Can Do Better

The pro-life and the medical communities can and must do better for women like Sarah. It is not pro-life to tell an abortion-minded woman that her motherhood is beautiful and that her baby matters, only to tell a woman who miscarries that she can "try again" or "at least she wasn't too far along." Either every life has value, or it does not. Either motherhood deserves to be honored, or it does not. Either life begins at conception, or it does not. Either we are pro-life in every circumstance or we are not really pro-life. Too often this isn't the message received by women like Sarah.

In the worst cases, Christian friends may tell women that their miscarriage was their fault due to some sin or spiritual defect. More often, well-meaning pro-life friends may tell women to simply "try again." Few know how to deal with loss, and this uncertainty leads to apathy or continued ignorance. Pro-life individuals and care providers may never have been challenged to consider pregnancy loss in pro-life terms. Sometimes, uncertain what to do or say, they do and say nothing. But if the pro-life community fails to recognize and honor bereaved motherhood and fails to acknowledge the dignity of their preborn babies, then the pro-life movement risks a type of hypocrisy that will never advance our cause. Until the dignity of *all* preborn life, however brief, is understood and acknowledged, we will never see an end to abortion.

SERVE continued....

So What Is a Prolifer To Do? (DMC, Filumena, Diocesan Partners Project etc.)

The reality that I faced, along with Sarah and bereft mothers like her, is a call to action—a reminder that a better approach to pregnancy and infant loss is not only desperately needed, but also essential to being genuinely prolife.

The answer to Sarah's question should be that her baby *does* matter, and that support *is* available from a growing prolife movement that acknowledges infant loss as a vital part of our work.

The progress being made towards this end is encouraging. Divine Mercy Care is painting a fuller picture of what it means to be prolife professionals serving women in need. They recognize that women experiencing pregnancy and infant loss are in *emotional* need, and that meeting this need *must* be part of the prolife cause and the comprehensive prolife care for which they advocate. Divine Mercy Care hosts an annual infant memorial service that I attended last year. Additionally, due to its commitment to fostering local unity among prolife organizations that meet a myriad of women's health needs, Divine Mercy Care works with my ministry, Filumena Birth and Bereavement. Our collaboration means that women like Sarah will no longer have to ask, "Why wasn't there anything for me? Why didn't my baby matter?" We *are* here for them, and Divine Mercy Care is determined to make sure that their babies are honored.

You can make a difference for grieving mothers and families. Prepare a sympathy card or a meal for a grieving family. Refer to a lost child by name; tell a sad mother or father that their baby mattered to you too. Talk about your own loss--your own child to whom you had to say goodbye. Let a grieving mom cry on your shoulder. These things, though small, have value for a mother who wishes that her arms weren't empty.

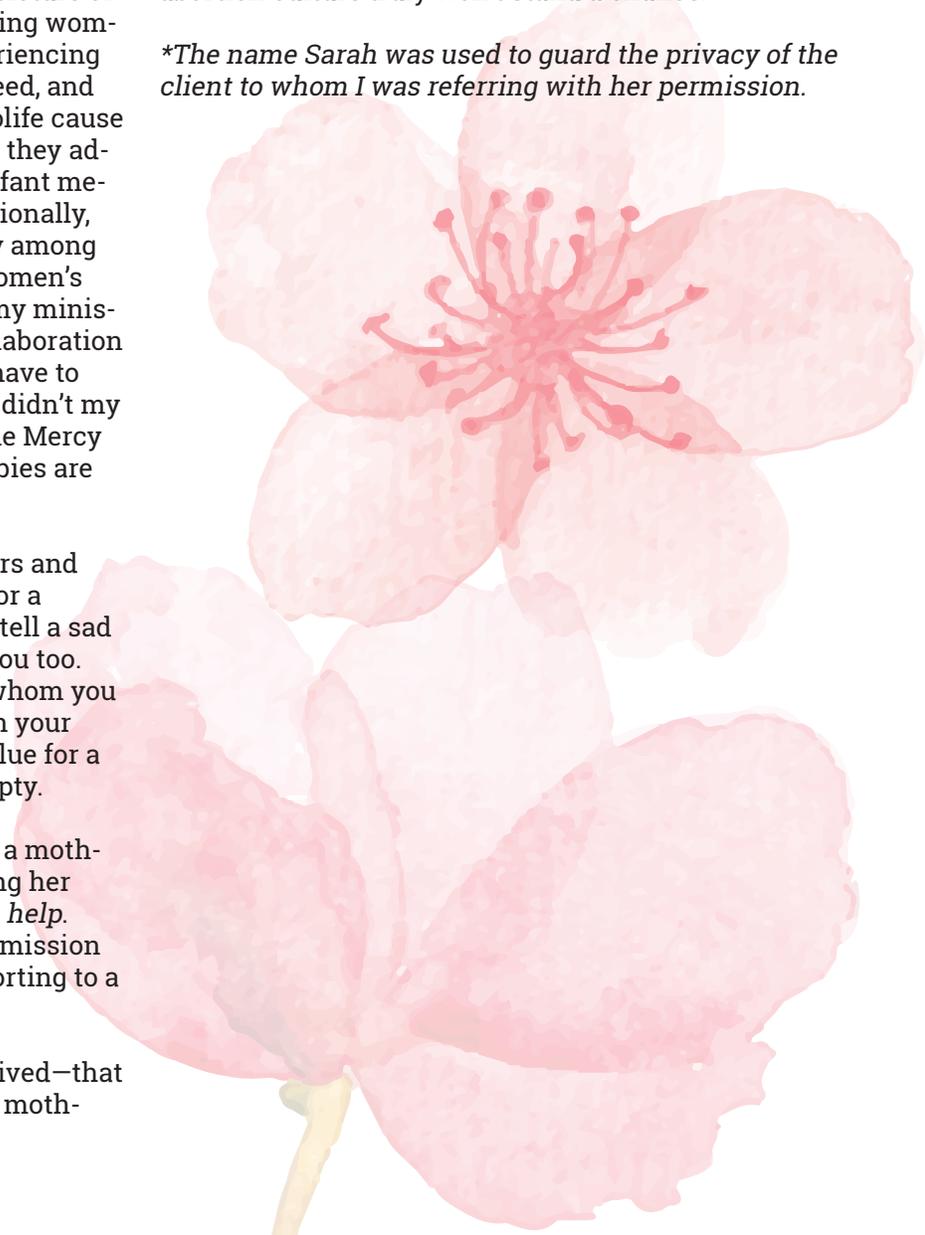
Sometimes we say nothing, fearing to remind a mother of her loss. She hasn't forgotten. By speaking her child's name, by acknowledging her grief, you *help*. Knowing that she isn't alone, that she has permission to be sad, and that her baby mattered is comforting to a grieving mother.

Imagine a culture that values every life conceived—that respects and honors motherhood, even if that moth-

erhood only extends into eternity. That culture would not stand for abortion. It is up to all of us to make that culture a reality. We do that by honoring the little lives that mattered--by acknowledging that saying goodbye to a baby who was never born, or to one who was born forever sleeping, is an important part of healing for bereaved parents. We do that by talking about the babies waiting for us on the other side of the veil--by listening to the stories of the mothers who have carried these little ones under their hearts, but never in their arms. We do that by affirming the dignity of every life--however brief.

It will take all of us as a prolife people to speak, act, and live so as to leave no doubt that we believe in the dignity and the sanctity of every life. When we do this, the abortion culture truly won't stand a chance.

**The name Sarah was used to guard the privacy of the client to whom I was referring with her permission.*



INSPIRE

“He was preparing something for us” – The Tremels’ Story

By Andrew Tremel

April 2016, Lourdes, France - I groaned loudly as my body hit the 54° water—so loudly that the attendant asked if I were okay. Under any other circumstances, I might have been a little embarrassed. For the rest of the day, my upper back was tense from the shock of that cold water. But I offered that bath, in the stream fed by the spring Our Lady showed to St. Bernadette, for good physical and spiritual health for my family and me, keeping in mind especially that we wanted a child.

One year, one month, and two days later, my wife Anna and I welcomed Gerard Thomas II into the world. He was the answer to our prayers--and those of so many others. Thomas is healthy, happy, and beautiful, and he's here because of faith as well as modern medicine. Contrary to popular opinion, the two are not opposed. In our lived experience, they complement each other.

Anna and I married in November 2013. A few months later, we were expecting. We celebrated Easter 2014 anticipating that, in December, we would be celebrating the Nativity with a child of our own. Then, after noticing that she was spotting, Anna went to see Dr. Bruchalski at Tepeyac OB/GYN. Expecting everything to be fine, I was at work. I got the call that we had lost the baby at 15 weeks along. I rushed home, shocked. Neither of us had seen it coming, especially that late.

We cried, told our families, and prepared to go to the hospital. The next day, we delivered John Martin. We comforted and prayed with each other all day. We read in the Office of Readings that morning a letter from St. Cyprian on the Our Father, on “Thy will be done.” We came across “the Lord gives and the Lord takes away” from Job in Morning Prayer. With Dr. Bruchalski,



nurses at Fair Oaks Hospital, family, and more prayer helping us through, we spent the night with John and reluctantly let him go the next morning. Through it all, God's grace was clearly there. It was nearly palpable. I don't know how to explain it. We buried our firstborn son in a nearby cemetery.

After healing, we tried again. We were due in August 2015. It was a bit nerve-wracking at times, but I tried to work on completely trusting God. Tepeyac's doctors were doing everything they could to help Anna, and still we knew loss was a possibility. We just assumed that losing John was a fluke. We had known since we were dating that Anna had inherited a clotting disorder from her mother, but her mom had six kids. Initial test results gave no indication that Anna needed to be put on a blood thinner. But in February 2015, we learned at our 16-week checkup that we had lost Agnes Helene. This time I was more prepared for what was going to happen medically and, I suppose, spiritually too. Prayer certainly guided us through the day. We laid Agnes to rest a few yards from her older brother.

Meanwhile, the doctors at Tepeyac ran tests on Anna and found two other clotting issues. That explained things. Though testing on John and Agnes never confirmed a cause of death, it seemed safe to assume the clotting issues had something to do with it. Dr. Bruchalski crafted a plan to manage the medical issues better in the next pregnancy. So when we got pregnant in August 2015 (not long after Agnes would have been due), we were very optimistic. We had a plan. Medically, I don't think we could have been more prepared to deal with the challenges. Then Anna started bleeding. Dr. Fisk confirmed we lost the pregnancy at about 5 weeks. On my hunch that it was a boy, we named him Michael Augustine.

I felt comfortable medically. Spiritually, God was asking me to trust Him more. He was preparing something for us.

At the last minute, we were able to join a parish pilgrimage to France, visiting important Catholic sites connected to saints like Catherine *Labouré*, Vincent de Paul, Louis, Zelig, and *Thérèse* Martin, Bernadette of Lourdes, John Vianney, and Margaret Mary. The trip culminated at Lourdes.

A few months later, we were expecting. It was an exercise in trust that Our Lady of Lourdes and these other saints would work through the doctors. We followed

INSPIRE continued...

the medical plan of blood thinners and extra monitoring, and we kept praying for a healthy and safe pregnancy and a happy, healthy child. We had great doctors to help us along the way, and we also had hope, faith, and trust.

At times it was hard to abandon everything to God. I didn't want to be open to loss, something that I'd learned was necessary to be truly open to life. Through many appointments, which I think overwhelmed Anna at times, she persevered. On the way to the doctor for her monthly ultrasound, to deal with nervousness, I would offer the Joyful Mysteries of the Rosary. We always envisioned a healthy, active baby. After each ultrasound during the first few months, I came away realizing that I still didn't trust God enough. The ultrasounds were God's way of telling me, "I'm taking care of you guys. Why don't you trust me?" Still, I offered a prayer of thanksgiving each time I saw our boy.

Once past the point where we had lost John and Agnes, I breathed a little easier and was able to trust more. I felt more open to fully cooperating with the concept "Thy will be done," despite not liking all the possibilities. But the graces had always been there when we needed them. Why would this pregnancy be any different?

On May 22, 2017, two and a half weeks early, Thomas showed up at a healthy 7 pounds, 4 ounces. Fatherhood with a living child is greater than I could have imagined. I have a new partner in crime who's alert, curious, and generally happy. And he's here through not just the doctors, but by God's grace and His generosity.



INSPIRE

Media Updates

Would you like to help us sponsor our annual Interdenominational Infant Memorial Service? We thank you! Click on the link below for help with the donation process.

<https://app.etapestry.com/onlineforms/DivineMercyCare/dmcdonation-1.html>



Another local pregnancy center for us to assist

<https://bit.ly/2JHro1c>

Great news coverage of our Friday Features bioethics series

<http://www.standardnewswire.com/news/5788313834.html>

Dr. Cvetkovich educates us on NaProTechnology

<https://www.youtube.com/watch?v=fvyStvUSYCM&feature=youtu.be>

INSPIRE

All About Our Friday Features

They're here!

After launching a few well-received “trial balloons,” we debuted our Facebook Friday Features during March. The first monthly theme for these offerings was Bioethics. As our final March Friday feature, we filmed a summary talk on stem cell research, featuring Tepeyac OB/GYN's Dr. Bruchalski; Culture of Life's Director, Jennifer Watson; and DMC's own Executive Director, Will Waldron.

As this Spring Newsletter goes to press, we're wrapping up our April series of Friday Features concentrating on Christian healthsharing plans. If you've missed it, be aware that there's more to come!

During May, just in time for Mother's Day, the focus will be Infant Loss. Whether you've experienced this personally or ever searched for the right words to comfort a grieving mother, we'll be providing you plenty of information about what this kind of loss means to parents—and on how to honor it.

Meanwhile—for those of you hearing about our Friday Features for the first time, here's the wrap-up talk that concluded our March series:

<https://youtu.be/MNzumfwnblo>

Learning the Many Facets of True Healthcare: An Interview with Patrick Vander Woude

Earlier this year, Patrick, who is studying for a nursing career, spent a two-month clinical rotation at Tepeyac OB/GYN. Working in turn with each Tepeyac provider, he developed a well-balanced view of the practice. We asked him to share some impressions of his stay with us.

Interviewer: Among all of your options for a practice to host your OB/GYN clinical rotation, what made you choose Tepeyac?

PV: The main reason I wanted to do a...rotation at Tepeyac was...that they practice in a pro-life, pro-woman, pro-science modality. I wanted to learn how to work with families regarding cycle irregularities, infertility and pregnancy in a manner consistent with science and ethical principles. I knew I would get this perspective at Tepeyac.

Interviewer: Please tell us how you benefited from your rotations within Tepeyac.

PV: I learned a tremendous amount about managing women's irregular cycles and how current methods such as artificial hormonal contraceptives only mask the underlying issues.

Interviewer: What was the most challenging medical situation in which you were involved during your time at Tepeyac? Most unexpected? Most gratifying?

PV: Perhaps one of the more lasting situations I will carry away from my clinical was an experience of seeing a young family who had been told their child had a significant congenital malformation, known as Hydrops Fetalis. This family had been advised by a different practice to pursue abortion. The family denied that option, and came to Tepeyac for prenatal care. When the family came for their postpartum visit, the child was essentially normal and was progressing as any normal infant would.

Interviewer: After completing your studies and beginning to design your own practice, will there be ways in which you'll use Tepeyac as a model? If so, tell us a little about those ways.

PV: The many points I learned about dysmenorrhea, hormonal imbalance, congenital malformations, and pro-family attitudes will be aspects of how I practice in the future. While there is a great deal of intellectual laziness when it comes to OB/GYN care in modern medicine, Tepeyac taught me that true healthcare is not ideological but is firmly rooted in both natural law and sound biological principles.

UNIFY

Pro Womens Healthcare Centers Hitting the Ground Running



In case you missed it in our January mini-newsletter, you'll be glad of the chance to catch up on the news of our Pro Womens Healthcare Centers. They're up and running full speed ahead now—and increasing in numbers day by day!

<http://pwhcenters.org/>

<https://www.facebook.com/PWHCenters/>

<https://www.youtube.com/watch?v=uwyQ9FVHlPg&feature=youtu.be>

<https://www.lifesitenews.com/news/top-pro-life-clinic-launches-certification-program-for-other-womens-healthc>

<https://www.christianpost.com/news/for-moms-who-dont-want-an-abortion-this-new-push-is-transforming-pro-life-health-care-215138/>

<https://bit.ly/2KnP370>

<https://bit.ly/2raPpWv>





Transforming Hearts Through Healthcare™

4001 Fair Ridge Drive, Suite 305
Fairfax, VA, 22033

info@divinemercycare.org
www.divinemercycare.org
703-934-5552

Find us on social media!



Ways to Give to Divine Mercy Care

Mail a Check: 4001 Fair Ridge Dr. Suite 305 Fairfax, VA, 22033

Give Online: divinemercycare.org

Consider Becoming a Merciful Monthly Donor through Automatic Check: Contact your bank to set up a donation to our mission.

Wire Transfer: To wire funds directly to Divine Mercy Care, contact us at info@divinemercycare.org for bank information.

Stocks, Bonds, or Securities: Your stockbroker can wire shares to Divine Mercy Care's account at the Reston, VA office of Morgan Stanley. Inform Divine Mercy Care via fax (703-934-2187), mail, or email William Waldron, Executive Director, at wwaldron@divinemercycare.org. Your broker will need the account number, DTC Number, broker's name, telephone number and Fed. I.D.#.

IRA Charitable Rollover: If you are a U.S. taxpayer and at least 70 1/2 years of age, you may make gifts to DMC from your IRA without having to count those funds as part of your adjusted gross income. Consequently, you do not have to pay taxes on the donated amount. Distributions must be made directly from the IRA trustee to Divine Mercy Care, and the individual maximum is \$100,000 per calendar year. For more information, please contact William Waldron, Executive Director, at wwaldron@divinemercycare.org or 703-934-5552.

Planned Gift or Bequest: Planned gifts may consist of cash, securities, life insurance proceeds, real estate, and/or personal property. To discuss your gift, please contact William Waldron, Executive Director, at wwaldron@divinemercycare.org or 703-934-5552