



# Divine Mercy Care

Transforming Hearts Through Healthcare™

Fall 2019 News

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and Abortion**

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

Divine Mercy Care is a non-profit umbrella organization whose mission is to advance pro-life healthcare through programs that serve those in need, inspire caregivers and medical professionals, and unify the pro-life movement.

## Our SERVE programs:

- » Tepeyac OB/GYN, a pro-life medical practice
- » Infant Gift Baskets
- » 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
- » Pro Women's Healthcare Centers

### *Serve*



Supporting 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



Pro Women's Healthcare Centers

# Current Volunteer Needs

## DIVINE MERCY CARE OFFICE TASKS:

- **Phone Workers (from home or office):** to thank donors, set up meetings with them, remind them of events, or ask them to renew their gifts.
- **Administrative Volunteers:** to help with database entry.
- **Communications and Marketing Assistance:** to help with social media, meme creation, and blog posts.
- **Photographers and Video Editors:** to document our events and to help edit footage from past interviews.

## DIVINE MERCY CARE PROGRAM TASKS:

- **Tepeyac OB/GYN Volunteers:** to assist Patient Advocate with scanning and other tasks.
- **Tepeyac OB/GYN Patients:** to share with Divine Mercy Care accounts of their experience with Tepeyac's exceptional care.
- **Infant Loss Support Program Volunteers:** to perfect and then share our resources with other organizations and networks.
- **Pro-Life Education and Outreach Coordinators:** to arrange educational events and talks to medical schools, high schools, churches, clergy and seminarians, and pro-life groups.
- **Aslan's Army Church Education and Outreach Captains:** to connect us with their churches for marketing Tepeyac, educating on pro-life medical issues, and fundraising for our mission. We also need Generals to guide groups of Captains toward achieving their parish goals.

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To learn more about our programs or to volunteer, contact us at [info@divinemercycare.org](mailto:info@divinemercycare.org)

# SERVE

## Feeling Like a Natural Woman: Susan's Story

Doing things (including pregnancy and childbirth) the all-natural way was how Susan Escobar had determined to live. Her experience with the birthing center where she bore her first child, Claire, in 1990 so satisfied her that she felt she'd never consider going elsewhere for future pregnancies. Even when a miscarriage followed that first birth, she remained convinced that she was in the best hands among the providers at the center. All that changed with the birth of her son Luke in 1992.

There were difficulties with Luke's birth—difficulties that led her to high-risk obstetricians who, in the course of caring for her, told her that any future pregnancies she had would be high risk. Still deeply committed to natural childbirth but trusting God's plan, she read an article in the *Arlington Catholic Herald* about a Catholic OB/GYN, Dr. John Bruchalski, who was starting a new pro-life practice in the diocese. When Susan called his office, Dr. Bruchalski listened patiently to her story and gave her hope that she might not be as broken as she had been told.

Her first appointment at Tepeyac, in 1994, took place in borrowed office space staffed by Carolyn Bruchalski as nursing and office support and Dr. Bruchalski for OB/GYN care. "The very early Tepeyac practice was like a small-town doctor's office," Susan remembers. "My two kids and the Bruchalski boys would play together in the waiting room while I had my appointment." Dr. Bruchalski reassured Susan that she was healthy—and, in fact, seven weeks pregnant with her third child! While writing up a birth plan, she persisted in her desire for a natural birth and he agreed to fulfill her wishes insofar as was medically sound. "If you want to have that baby on the floor, I'll get down there with you to deliver it," was his memorable promise. Trusting in God's will for her and her baby, Susan knew that Dr. Bruchalski and the Tepeyac practice were where she would receive her best OB/GYN care.

As it turned out, Susan's delivery date of Kate coincided with the full moon. So

full of laboring mothers was the delivery ward that only at the last minute was a room made available to save her from a very public delivery in a hallway. Despite great effort, great speed in his car, and a successful fending off (by waving his stethoscope) of the policeman who'd stopped him for failing to signal a turn, Dr. Bruchalski didn't arrive in time to perform Susan's unexpectedly fast delivery. Her quick-witted nurse located the duty doctor, who just happened to be within shouting distance and who carefully, quickly, and safely delivered Kate—with the too-short cord wrapped twice around her neck. Arriving late and very contrite, Dr. Bruchalski sat with Susan and her husband, Mark, for a long while, revealing to them that his delay was due to a lengthy phone call from a woman who wanted to abort her baby. Only then did Susan realize that the other mother needed Dr. Bruchalski more, and that it was God's hand that not only brought her a last-minute doctor to successfully deliver her baby, but also saved another baby through Dr. Bruchalski's counsel.

Even after Kate's birth, when Susan developed a painful and potentially life-threatening uterine infection, Dr. Bruchalski's expert care helped her heal with no lingering effects. Through a growing Tepeyac practice with a dedicated office, an excellent staff, and the additions of Dr. Marie Anderson and a nurse midwife, she bore two more children—Sarah in 1997



and John Paul in 2000—and was successfully treated for complications from three miscarriages and another postpartum uterine infection. High-quality medical, emotional, and spiritual support were constantly provided during all of Susan's joys and sorrows, births and losses. "Neither faith nor prayer was ever checked at the door," she mused, "They were constants, humbly offered through all of the staff's counsel and care."

In 2001, the Escobar family moved to Texas. Learning in 2004 that Tepeyac was in danger of having to close its doors due to skyrocketing liability insurance premiums, Susan and Mark joined with several other patient families to donate the funds necessary for the practice's survival. Mark has always referred to that deluge of donations as "Dr. Bruchalski's George Bailey moment." Like the protagonist of the film "It's a Wonderful Life," who was saved from financial problems by friends, John Bruchalski also had the chance to know

**"Nothing but moving away would ever have convinced me to leave Tepeyac...."**

what a difference he had made in the lives of so many people.

After moving back to Virginia, Susan returned to Tepeyac for GYN care. "Nothing but moving away would ever have convinced me to leave Tepeyac in the first place," she confided. "With Dr. Bruchalski, his care for his patients is more a ministry than a job. I put myself in a doctor's hands; he tells me he listens to the Holy Spirit; I know and believe there's Divine Action at work."

For its part, Tepeyac is endlessly thankful for patients like Susan. The loyalty bestowed over a quarter of a century by people whose care has been entrusted to the practice is a true and sustaining measure of God's grace.

- SC

*In our last newsletter we encouraged you to come forward with your stories of working with Tepeyac OB/GYN and/or Divine Mercy Care. We're renewing that request here, with even greater emphasis. Special thanks to Susan Escobar for being the first to step up and provide the story you've just read--an honest account of faithful association with Tepeyac OB/GYN over the lifetime of the practice.*

*We repeat: we want your stories, too! Don't be shy! Contact Sharon Chang at 703 934-5552 or [schang@divinemercycare.org](mailto:schang@divinemercycare.org) to share.*

# SERVE

## Waiting for the Pink Caboose: Sharon Blount's Story

He was a fourth grade teacher and she a school nurse's aide when Andrew and Sharon Blount met at work, fell in love, and married. In her subsequent search for a reliable OB/GYN practice to entrust with her medical care, Sharon discovered Tepeyac OB/GYN and embraced its pro-life principles. By the time she became pregnant with her firstborn, Matthew, she had found ample reason for confidence in the excellent medicine practiced by Tepeyac's fine doctors.

Nine years ago, Dr. Anderson brought Matthew into the world, giving the Blount family its first son. Two years later, Micah followed, delivered by Dr. Pereira.



Dr. Cvetkovich delivered Jacob two years after that. Next, it was Dr. Pereira's turn again—this time to deliver the now three-year-old Caleb. All four boys having been c-section deliveries, the Blounts felt reasonably sure that Caleb was destined to be the caboose at the end of their train of offspring.

Sharon and Andrew were content with their four sons, but Andrew confided to his wife that he felt their family might not yet be complete. He would have liked, he said, to be the father of a girl. Given his winning ways with school-age children of both genders and with his own sons, it was clear that he would make a wonderful dad for a daughter. The Blount boys, as well, had often expressed their desire for a baby sister. About a year ago, Sharon was jolted by the realization of just how deep that desire ran when she found her small sons--uncharacteristically united, well behaved, moved by some unknown stimulus—gathered in the back seat of the car fervently praying for a baby sister.

We all know what happened next, don't we?

The new year will see a new balance in the male-female ratio within the Blount clan. The penultimate

train car, Caleb, will be followed not by a red, but by a pink caboose when Hannah Grace Blount arrives in early January. Despite Sharon's anxieties about a fifth gestation and c-section, her daughter has behaved like a little lady. A relatively easy pregnancy has been marked by huge accesses of energy and good humor, particularly during the second trimester. Dad, four doting brothers, and a neighborhood rife with girl playmates await her birth. Tepeyac doctors monitor Sharon carefully so that delivery will occur at just the right moment before she goes into labor. Excitement's a-building; only a few more weeks of waiting remain.

Who says that God doesn't heed the prayers of little children?

*Update: just when we thought it was safe to say that Hannah Grace Blount, born in January 2018, was indeed the pink caboose on the otherwise all-blue Blount train of offspring...*

*...it turned out that God had other plans. Joseph Andrew Blount was recently delivered by Dr. Anderson, resulting in a six-to-two majority of boys over girls in the Blount household. Congratulations, Blount family!*

- SC



# Educational Events

## Ryan and Bethany Bomberger Speak on Marriage, Adoption, and Modern-Day Mayhem.

The Bombergers had their audience in the palms of their hands as they shared their vision for life, love, and family holiness.



## Mary Lenaburg Shows the Value of Every Life

Former Tepeyac employee Mary Lenaburg riveted her audience at Truro Anglican Church with [her talk on "Be Brave in the Scared."](#) Her account of more than two decades of care for her severely disabled child clearly touched hearts and inspired deeper thought on the problem of suffering and the value of sacrifice.



## Dr. Cvetkovich Instructs Georgetown Medical Students

Lively and informative—those may be the best words to characterize the panel discussion at Georgetown University Medical School. This annual Fertility Awareness Collaborative to Teach the Science (FACTS)-sponsored event for medical students was dedicated, as always, to teaching the next generation of healthcare providers about the benefits of fertility awareness-based methods (FABMs) of Natural Family Planning. As a panel member, Tepeyac's Dr. Lorna Cvetkovich joined presenters who spoke about:



- promoting, teaching and interpreting FABMs in medical practice
- relying on FABMs for both pregnancy avoidance and fertility throughout a long married life
- using FABMS to manage intensely painful, medication resistant menstrual cycles
- FABMS as a measure of the health of the menstrual cycle and, thus, of overall female health

During the Q&A following the panel presentation, neither students nor Dr. Cvetkovich's fellow panelists were eager to release her in a hurry. Clearly, some of the medical students have a strong interest in following in the footsteps of Tepeyac's model for life-affirming medicine—including the use of FABMs.

# INSPIRE/EDUCATE

## Media Hits



### **Bishop Blesses K of C-Donated Ultrasound for Tepeyac**

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

Diocese of Arlington Bishop Michael Burbidge bestowed his episcopal blessing on a state-of-the-art, sorely needed new ultrasound machine for Tepeyac OB/GYN.



### **Dr. Bruchalski on “How to Answer the Hard Cases”**

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

Kristan Hawkins, president of Students for Life of America, hosted an 18 August webcast featuring Tepeyac’s Dr. John Bruchalski. The two talked about cases commonly regarded as being “exceptions” necessitating abortion: rape, threats to life of the mother, incest, and fetal abnormalities—and about why no such situation is a valid reason for choosing to abort.



### **Catholic Diocese of Arlington's Religious Liberty Week event**

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

Tepeyac’s Dr. Marie Anderson attended this event. She concluded that portion of the program that dealt with conscience rights.



# Come to Think of It...

- by Sharon Chang

## The “Constitutional” “Right” to Abortion

We’ve all heard it countless times: “The *Roe v. Wade* decision established a Constitutional right to abortion.” As a society, we’ve persisted in this belief for more than forty years. Yet for that same number of years, intelligent and courageous Americans have continually stepped forward to assert that that decision, as well as any other decision legalizing abortion, is unconstitutional. If you’ve ever wondered about this persistent opposition to what many others consider to be established law, take a closer look at the basis for the opposing argument.

We’ve seen the desperation with which those who allege the existence of a constitutional right to abortion had to cast about in search of justification. After all, our Founding Fathers, authors of our constitution, never at any point wrote the “right” to abortion into our governing document. Never intended doing so. Never even, as nearly as we can discern, considered doing so. Yet nearly two centuries later, several

groups of individuals not one of whom was entitled to legislate would insist that such a right be forced into “constitutional” legality. Their insistence would be based on an assortment of considerations not one of which was the truth. No doubt about it—it was quite the conjuring trick to insert the “right” to abortion into the U.S. Constitution.

The conjury began with the legal case (*Roe v. Wade*)—that determined the “Abortion is Constitutional” Supreme Court ruling. This much about that case is true: there was a woman who was pregnant and whose written agreement to act as plaintiff was given. Beyond that, we enter into the realm of untruth—indeed, of untruth piled upon untruth.

First, the plaintiff’s name was not “Jane Roe.” When she agreed to serve as plaintiff, she was impoverished, addicted, and minimally educated—and had, according to her later testimony, no full realization that



# Come to Think of It...

- by Sharon Chang

the case was about abortion. Nor had she had been raped, as she had originally claimed upon the advice of her attorneys. Ultimately, she didn't have an abortion, choosing, instead, the life-affirming alternative of placing her child for adoption. Except for the fact of her being pregnant, therefore, *nothing about the plaintiff's plight was the truth*. Her ostensible case was the fabrication of abortion proponents who saw in her a vulnerable, easily manipulated figurehead. To help them realize their goal of changing abortion laws, the image they fashioned from her was essential.

Equally essential was the falsification of the statistics on maternal deaths or injuries from illegal abortions. Prominent abortionist Dr. Bernard Nathanson, along with like-minded colleagues in the medical field, was involved in the *Roe v. Wade* case—and later admitted that they all conspired to falsify statistics on illegal abortions and maternal deaths in the decades preceding *Roe*. After his spectacular conversion to the pro-life cause, [the doctor explained publicly](#) how he and other key individuals used the false information to convince the Court that legalizing abortion would be safer than allowing it to continue illegally.

Another bit of conjury had to do with the Constitution itself. Nowhere within it is either abortion or any "right" to it mentioned. There *is*, however, a mention of *life*—specifically, a clear affirmation of the *right to life*—in the [Fifth](#) and in the [Fourteenth Amendment](#) to that document. The [Fifth Amendment](#) declares that "No person shall be ... deprived of life, liberty, or property, without due process of law." The [Fourteenth Amendment](#) made this portion of the Fifth Amendment applicable also to the states, adding, "... nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws." Thus, even when an existing law permits imposition of the death penalty, whether on a criminal or on an innocent unborn child, the constitution states—and due process of law demands—that there must first be a trial and verdict *in each case* before such a penalty may be implemented. Since conceived-but-as-yet-unborn persons are demonstrably in possession of their lives, our Constitution explicitly commits us to protecting and preserving those lives from being cut short arbitrarily. The only way around that commitment would be to *make legal* an exception for a certain *type* (unborn) of life. By creating legislation from the judicial bench, that is exactly what the Supreme Court did.

Just how did our highest and most respected court

manage this tortuous slither around the Constitution's commitment to protecting life? It permitted our governing document's straightforward statement of our obligations to human life to be outweighed in importance by something allegedly found in the "penumbra" of the Fourth Amendment's guaranteed right to privacy. In other words, the court pronounced it legal deliberately to kill your unborn child because that killing is a [private matter](#) within your family—and for legislation to interfere with it would be somehow equivalent to government authorities breaking into your house to search without a warrant, tap your phone, seize your papers, etc.

Take as long as you need to think about that.

In his [dissenting opinion](#), here's what the late Justice Byron ("Whizzer") White thought about the matter: "I find nothing in the language or history of the Constitution to support the Court's judgment. The Court simply fashions and announces a new constitutional right for pregnant mothers and, with scarcely any reason or authority for its action, invests that right with sufficient substance to override most existing state abortion statutes...As an exercise of raw judicial power, the Court perhaps has authority to do what it does today; but, in my view, its judgment is an improvident and extravagant exercise of the power of judicial review that the Constitution extends to this Court."

Neither then nor later was Justice White's the only dissenting voice to be raised against the constitutionality of *Roe v. Wade*. A sampling:

*"It is, nevertheless, a very bad decision...It is bad because it is bad constitutional law, or rather because it is not constitutional law and gives almost no sense of an obligation to try to be."*

– John Hart Ely, American law professor known for his studies of constitutional law; esteemed legal scholar

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*"The Constitution contains no right to abortion."*

– Justice Antonin Scalia

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*"The right to life is in the Fifth Amendment and in the Fourteenth Amendment. Nowhere in the Constitution is there a right to abortion. So the judges usurped their role as protectors of the Constitution when they created a right that was never intended*

to be in the Constitution.”

- Allan Parker, lawyer, law professor, president of The Justice Foundation

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*“There’s nothing in the Constitution that says the Supreme Court has the right to make laws... That’s what you’ve got the legislature for.*

*The Supreme Court itself, in 1992, in Planned Parenthood v. Casey, clearly said that if it were a question of first impression—if it hadn’t been ruled on before—they might very well not find a right to abortion...since it was found in ’73 in Roe v. Wade, we have to respect it. But this is very bad legal logic...in no other area of the law do we protect a precedent simply because it’s there. Because a decision that’s wrong is an unconstitutional decision. So you’d have to, if you respect the Constitution... overturn it.*

*Second thing they said was because the Supreme Court has resolved this difficult, divisive issue, Americans should accept that resolution... to do otherwise would undermine the credibility of the court. If it was a bad decision...why should the American people accept it? They’re saying ...because the Supreme Court gave it”...it undermines the credibility of the court to reaffirm Roe. If they’re not going to overturn decisions that are contrary to the Constitution and they know it...only doing it because it’s been there for a while, that puts them in violation of their oath.”*

- Bill Saunders, lawyer, law professor, human rights counsel for the Family Research Council

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*“More than a decade ago, a Supreme Court decision literally wiped off the books of fifty states statutes protecting the rights of unborn children. Abortion on demand now takes the lives of up to one and a half million unborn children a year. Human life legislation ending this tragedy will one day pass the Congress, and you and I must never rest until it does. Unless and until it can be proven that the unborn child is not a living entity, then its right to life, liberty, and the pursuit of happiness must be protected.”*

- President Ronald Reagan

There’s one last thing—something so simple, so obvious, that we marvel that it can have been overlooked. If the Constitution is our governing document, the Declaration of Independence is our *founding* document. And what does this foundation for the later and more elaborate assertion of our rights and purposes have to say about those rights? Just two sentences into the Declaration, we find the following statement: “...that all men are created equal, that they are endowed by their Creator with certain [unalienable Rights](#), that among these are Life, Liberty, and the pursuit of Happiness...”



Elementary logic tells us why life is mentioned first. Where life is lacking, neither liberty nor the pursuit of happiness is even possible, much less relevant. “Unalienable” indicates that these rights, especially the right to life, *naturally* accrue to the condition of being human. In other words, once it is established that a life form, whether born or unborn, is of the human species, these unalienable rights belong to it. No authority is justified taking them away. To attempt to legislate otherwise is to place our governing document and principles in direct contradiction to our *founding* document and principles. By passing pro-abortion legislation, that is precisely what we have done.

In light of this, we make bold to borrow from yet another of our country’s seminal documents. The question that remains for us to ask ourselves is this: “...whether...any nation so conceived, and so dedicated, can long endure.” If our answer is “Not much longer,” then the next, the crucial, question becomes evident: what are we prepared to do about it?

# INSPIRE

## Post-Abortive Pro-Choice v. Post-Abortive Pro-Life

By Cheryl Krichbaum

We hear more from post-abortive, pro-choice women than post-abortive, pro-life.

What does that mean? Post-abortive women have had at least one abortion. Post-abortive pro-choice women justify their abortion and often use the hashtag #ShoutYourAbortion on social media, so it can seem like most women are just fine after an abortion.

But not all women who have had abortions feel it was the right choice. Many post-abortive women are pro-life because they know personally the devastation of abortion, not just on the baby but on themselves.

We hear more and more from celebrities who have chosen abortion, and we read comments from post-abortive, pro-choice women on social media. Although the pain is often evident in their eyes, they “shout their abortion” as if it’s necessary and normal. That used to be me. I had an abortion when I was 17. I was vocal in the pro-choice movement because I had to justify my “choice.”

But the “shouting” of post-abortive, pro-choice women is louder than the few post-abortive, pro-life women who are also speaking up

Among the millions of post-abortive women and men, many deeply regret their abortions. They long to tell other women and men not to abort, but they are silent, hiding, and hurting.

Once I became a true believer in Christ, I knew I had done wrong and repented. God reminded me of

Psalm 51:7—I was now white as snow!

However, I learned to be quiet about my story because some Christians didn’t see me as white as snow. They didn’t know how to react to my big sin. They didn’t know what to say, so I felt like I got the Christian cold shoulder and stopped speaking up.

Could that be why so many post-abortive, pro-life women are remaining silent?

In recent years, the Lord has called me to speak boldly, to not hold back but to raise my voice like a trumpet (Is 58:1). Now I am completely healed and tell my story without hiding the truth because I want to save other women from the death our spirits feel when we abort (Ps 51:10-11).

As a result, women keep contacting me to confide that they also have had abortions and that they are devastated by the current state of “shouting your abortion” in our country. They want to speak up, but they are afraid like I once was.

Groups like Silent No More have been encouraging women to speak up about abortion regret for years because it’s important that people hear the psychological and spiritual effects that often happen after an abortion.

But we need more. What we need is a trumpeting chorus of post-abortive, pro-life women and men speaking boldly (Is 58:1) about the devastation of abortion on women and men (Ez 33:5). Millions of women have aborted, as many as 38% with the influence, approval, or outright coercion from the baby’s father (Care-Net 2016). Can you imagine the chorus of trumpets from women and men who deeply regret their “choice”? What a beautiful sound that would be!

Perhaps then women and men—of every age since everyone 64 and younger has known Roe v Wade their entire adult lives—will hear our trumpets and turn from their wicked ways (2 Ch 7:14), choosing life and abstinence outside of marriage (Matt 5:21-32)—but most importantly choosing Christ (Ps 51:13, Rom 6:23, Rom 5:8).

How can we support post-abortive, pro-life men and women? One way is by responding well. Not sure what to say to a woman who had an abortion or a man who supported an abortion? Try saying things like this:



- “I’m so glad that you are in the body of Christ” (Col 3:14-16), or “I’m so glad that you have chosen to be adopted by God” (John 1:12-13).
- “Have you taken a post-abortion healing class? There’s one through my church or through the local crisis pregnancy resource center.” (Search for one near you on the care-net.org website today so that you can name a resource center near you whenever the need arises.)
- “I support you in speaking boldly against abortion” (Is 58:1, Ps 51:13), or “I support you in speaking the truth in love about abortion” (Eph 4:15).
- “May you always know the love of our Father no matter what mere humans say” (Prov 18:21, Matt 7:1-5, Luke 6:31).

*Cheryl Krichbaum is the author of the Faces of Abortion Series of books, which give voice to the post-abortive, pro-life. You can find her first book, ReTested, featuring an endorsement by "Unplanned" movie protagonist Abby Johnson, at Amazon and Barnes & Noble. Interviews for her second and third books have begun. Connect with her at [facesofabortion.com](http://facesofabortion.com).*

# INSPIRE

## A Valued Intern Speaks Out

### My time as a Summer Intern at Divine Mercy Care

by Genevieve Lucas

Divine Mercy Care was not even on my radar at the beginning of the Summer, but I am glad I ended up spending a significant portion of July and some of June volunteering to help with programs. I am a rising senior in college at Florida Institute of Technology majoring in Biomedical sciences. One day, I hope to use my talents and education to serve the community I am in according to God’s will.

In the middle of the summer I discovered Divine Mercy Care through an email chain asking for volunteers. Soon I learned about their association with Tepeyac OB/GYN and I immediately wanted to help. I am pro-life and was excited that I could somehow help the women in our community who need guidance during a difficult or unplanned pregnancy. The staff was kind and very excited to have me. I spent most of my time organizing, editing, and adding to the various infant-loss resource

lists that Divine Mercy Care will make available to thousands of women. In addition, I helped with the Divine Mercy Care blog and Tepeyac patient stories by preparing them to be shared. Lastly, I made calls to donors to engage them in Divine Mercy Care’s ministry.

I am grateful for being able to make a difference in my community by volunteering at Divine Mercy Care. DMC is a truly good organization made up of people who want the best--in mind, body, and soul--for the families that they serve.



# UNIFY

## Unpacking the Divine Mercy Care Programs



### Spotlight on Pro Women's Healthcare Centers

Question Dr. John Bruchalski about what inspired the launch of Pro Women's Healthcare Centers and he'll take you traveling back in time with him to Medjugorje and to Tepeyac Hill. "It was there from the beginning," he muses, "As one aspect of what was being asked of me by the Mother of God. See the poor. Inspire and educate the medical community about pro-life matters, and the pro-life community about medical matters. And that last one: unite the pro-life movement. The effort to get pro-life organizations together, working in cooperation with each other whether on a national or a local level, stems directly from that time."

In 2016, it became evident that seeds sown earlier in the history of Tepeyac OB/GYN's and Divine Mercy Care's work had germinated. At various pro-life events around the U.S., Dr. Bruchalski began re-establishing old contacts and participating in deepgoing conversations. Christine Accurso, a former Tepeyac patient who also studied nonprofit administration with the practice, had moved to Arizona, had become the administrator for a pro-life practice in her new state, and was a tireless contributor to pro-life activities both locally and nationally. Dr. Clint Leonard, now with his own pro-life practice in Arizona, had done a rotation with Tepeyac during his medical training and had been inspired by seeing how pro-life medicine works in actual practice. Both were eager to hear again, and to hear more, about Dr. Bruchalski's vision.

As talks among these and other dedicated pro-life medical caregivers progressed, the idea of Pro Women's Healthcare Centers began to take shape. At its heart was the concept of medical establishments that would adhere to shared key principles of excellent medicine combined with the healing love of Christ. While retaining their autonomy, identity and specific missions, these centers would be responsive to needs within their local communities and join in solidarity with other centers to unify under newly developed holistic standards of care similar to those of Tepeyac OB/GYN. Once having committed to maintaining those standards, the centers would qualify as Pro Women's Healthcare Centers and receive the consortium's seal of approval and membership. The hope would be that, one day, each state in the union would be home to at least one Pro Women's Healthcare Center where women could receive reliable, life-affirming medical care and supportive care that extended beyond their medical needs.

By the time of the 2018 March for Life, the Pro Women's Healthcare Centers consortium was ready to be launched. At a January 18 (the eve of the March) dinner, representatives from Divine Mercy Care, Tepeyac OB/GYN, and three other three certified Centers besides Tepeyac (Morning Star OB/GYN in Gilbert, Arizona; Bella Natural Women's Care in Englewood, Colorado; Guiding Star Women's Center in Duluth, Iowa) announced PWHC's formation. Will Waldron of Divine Mercy Care, Dr. Bruchalski from Tepeyac OB/GYN, Christine Accurso and Dede Chism from Bella Natural Women's Care, and Leah Jacobson of The Guiding Star Project all became founding members of the Board of Managers. PWHC was off and running!

Several months shy of its second birthday, PWHC now has [a dozen certified Centers in eight states](#), with two more establishments currently in the certification process. Numerous candidates in various stages of qualifying for certification have voiced many more expressions of interest. At national-level pro-life events such as its own PWHC Conference, the United Nations event during the meeting of the Commission on the Status of Women, and the International Women's Day celebration, PWHC is already an established presence.

A review of the standards that must be met and the services that must be offered by each certified center is essential to full appreciation of how PWHC cares for women's health. A careful—or even a cursory—reading of the following representation of center qualifications offers an even clearer picture of value to women and families that embrace life.

Just a couple of weeks ago, we received an urgent phone call from a longtime Tepeyac OB/GYN patient on behalf of her daughter—also a Tepeyac patient. The daughter had moved to California and had asked her mother to obtain a referral to a reliably pro-life OB/GYN in her new community. Happily, we were able to provide the mother with the names and contact information of two Pro Women's Healthcare Centers that are not only in California, but also located within easy traveling distance of where her daughter is now living. Delighted in her turn, the daughter has promised to refer all her pro-life women friends to our two California certified centers.

It's moments like these—moments when we can see our own Tepeyac joining hands with other medical providers across the nation to provide continuity of high quality, life-affirming care—that continue

to make all our work with Pro Women's Healthcare Centers worthwhile. To those of you who have donated in order to assist the progress of this, Divine Mercy Care's newest program—so many thanks! SC

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## **The Mission Statement Explained:**

*The mission of the consortium of Pro Women's Healthcare Centers (PWHC) is to partner with women to provide comprehensive, convenient, compassionate, high-quality medical services and access to social services that empower them to care for their health.*

### **PARTNER WITH WOMEN**

Pro Women's Healthcare Centers see the provider-patient relationship as a partnership in which a woman should feel like she is listened to and respected.

#### **COMPREHENSIVE**

Pro Women's Healthcare Centers seek to help women receive all standard women's health services and more, so that women are cared for in body, mind, and spirit.

#### **CONVENIENT**

Receiving care at a PWHC should be easily accessible for women, with convenient operating hours and close locations.

#### **COMPASSIONATE**

Each and every woman is welcomed into Pro Women's Healthcare Centers and served with love.

#### **HIGH-QUALITY**

Pro Women's Healthcare Centers maintain the highest quality in medicine, manner, and aesthetics.

#### **MEDICAL SERVICES**

Pro Women's Healthcare Centers need to offer multiple medical services for women, including well-woman care, maternity care, fertility education, and infertility consultation.

### **ACCESS TO SOCIAL SERVICES**

When women need social services, a PWHC should know how to help them, either with on-site personnel, or through a nearby direct referral.

### **EMPOWER THEM TO CARE FOR THEIR HEALTH**

Pro Women's Healthcare Centers believe in a woman's ability to take ownership of her health, and seek to empower and educate her to aid in her self-care.

# UNIFY

## Unpacking the Divine Mercy Care Programs



## Pro Women's Healthcare Centers

### Services and Standards Checklist

REQUIRED	ENCOURAGED
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- COMPREHENSIVE**
- Medical (on-site, see "medical services" list)
  - On-site or nearby direct referral:**
  - Material:
    - Baby Needs
    - Clothing
    - Food
    - Housing
  - Emotional:
    - Counseling Services
    - Perinatal Hospice and Infant Loss Support
  - Practical:
    - Adoption
    - Childbirth Classes
    - Parenting Classes
  - Spiritual:
    - Abortion Healing
    - Practice That Encourages Spiritual Reflection/Meditation/Reconnection to Own Faith

- On-site or nearby direct referral:**
- Material:
    - Specialized Housing – Maternity Homes, Shelters
    - Meal Support
  - Emotional:
    - Miscarriage, Burial, and/or Memorial Services
    - Men's Program
    - Specific Support Groups and/or Counseling – Infertility, Miscarriage, Post-Abortion, Motherhood, Post-Partum Depression, Menopause, Addiction, etc.
    - Mentoring and Life Coaching Programs
  - Practical:
    - Education – ESL, Resume, Job Hunting, GED
    - Childcare – Childcare Options, Short-Term Crisis Nursery
    - Pregnancy Centers & Sidewalk Counseling
    - Additional Health Specialty Providers – Nutrition, Lactation, Doulas, Chiropractic, Massage, Weight Loss
  - Spiritual:
    - Quiet Meditative Space Available
    - Prayer with Patients when Appropriate
    - Classes on Spiritual Formation

REQUIRED	ENCOURAGED
----------	------------

- CONVENIENT**
- Location:
    - Services at Buildings in Close Proximity or at the Same Location
    - Accessible Location
  - Local Area:
    - Referral Network for Other Services
  - Opening Hours:
    - Open At Least One Morning, Evening, or Weekend per Week (for any reason, including classes)
    - Open 25 Hours + in a Week
    - Medical Services During At Least a Third of Open Hours (excluding evening classes)

- Location:
  - Options for Public Transportation Known and Presented
- Opening Hours:
  - Medical Services Outside 9AM-5PM
  - Medical Services During a Majority of Open Hours
  - Partially-Open Around Standard Holidays
  - Listed on Hotlines for Women in Need
  - After Hours Call

REQUIRED		ENCOURAGED	
<b>COMPASSIONATE</b>	<input type="checkbox"/> At Least One Type of Aid for Pregnant Women in Need	<input type="checkbox"/> Sliding Fee Scales <input type="checkbox"/> Medicaid <input type="checkbox"/> Financial Aid Programs <input type="checkbox"/> Pregnancy Center Partnerships (with their financial aid) <input type="checkbox"/> Social Services Partnerships (with their financial aid) <input type="checkbox"/> Language Translation Available <input type="checkbox"/> Financial Aid for GYN Needs in Addition to OB Needs	

REQUIRED		ENCOURAGED	
<b>HIGH-QUALITY</b>	<input type="checkbox"/> Truly a Clinic <input type="checkbox"/> Providers are Licensed <input type="checkbox"/> Following Building Code <input type="checkbox"/> Good Medical Equipment <input type="checkbox"/> Centers Welcome Insured and/or Self-pay Women <input type="checkbox"/> Good Bedside Manner <input type="checkbox"/> Beautiful, Welcoming Spaces <input type="checkbox"/> Hospitality <input type="checkbox"/> High-Quality Communications, Marketing, Brochures, Advertisements and/or Fundraising Practices (as applicable)	<input type="checkbox"/> Take Insurances <input type="checkbox"/> Self-Pay Program <input type="checkbox"/> Expanded Hospitality <input type="checkbox"/> Face-to-Face Fundraising (as applicable)	

REQUIRED		ENCOURAGED	
<b>MEDICAL SERVICES</b>	<input type="checkbox"/> Well-Woman and GYN Care <ul style="list-style-type: none"> <li><input type="radio"/> Basic Preventive Health Services (blood pressure screening and hopefully immunizations)</li> <li><input type="radio"/> Well-Woman Exams (including cervical cancer screening)</li> <li><input type="radio"/> STD Testing and Treatment</li> <li><input type="radio"/> Clinical Breast Exams</li> <li><input type="radio"/> Mammograms (on-site or nearby direct referral)</li> <li><input type="radio"/> Depression/Anxiety Screening (treatment or referral)</li> <li><input type="radio"/> Alcohol, Tobacco or other Drug Use Screening (treatment or referral)</li> </ul> <input type="checkbox"/> Maternity Care <ul style="list-style-type: none"> <li><input type="radio"/> Prenatal Care (through delivery or through twenty weeks with conscientious referral for delivery)               <ul style="list-style-type: none"> <li>• Pregnancy Tests</li> <li>• Ultrasounds (on-site or nearby direct referral)</li> <li>• Pelvic Exam and Pap Smear</li> <li>• Taking Labs (on-site or nearby direct referral)</li> <li>• Progesterone Supplementation</li> <li>• Miscarriage Support Kits</li> <li>• Abortion Pill Reversal</li> </ul> </li> <li><input type="radio"/> Post-Partum Check-Up               <ul style="list-style-type: none"> <li>• Post-Partum Depression Screening</li> <li>• General Lactation Follow-up and Specialized Lactation Consultant (on-site or nearby direct referral)</li> </ul> </li> </ul> <input type="checkbox"/> Fertility Education and Infertility Consultation <ul style="list-style-type: none"> <li><input type="radio"/> Certified Fertility Awareness Instructor (on-site or nearby direct referral)</li> <li><input type="radio"/> Infertility Consultation, Progesterone Supplementation, and Surgical Options</li> </ul>	<input type="checkbox"/> Like-Minded Medical Referrals <ul style="list-style-type: none"> <li><input type="radio"/> Pharmacy</li> <li><input type="radio"/> Extended Lab</li> <li><input type="radio"/> Endocrinology/Hormone</li> <li><input type="radio"/> Pediatrics</li> <li><input type="radio"/> Family Medicine</li> <li><input type="radio"/> End-of-Life Care</li> <li><input type="radio"/> Sterilization Reversal</li> </ul> <input type="checkbox"/> Prenatal Care Through Delivery <input type="checkbox"/> Men's Fertility Testing and Supplies <input type="checkbox"/> Fertility Awareness Instruction with Multiple Methods (actually on-site, not just through referral)	

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## JESSIE: Getting Past Seventeen Weeks

Nine years after the birth of their son, Jessie and her husband were expecting a baby brother or sister for him. Sadly, that pregnancy ended in miscarriage at the seventeen-week mark. Feeling dissatisfied with her doctor, Jessie was determined to find a different OB/GYN when she found herself pregnant yet again.

Her husband found Tepeyac OB/GYN—and Jessie found a new level of confidence in her caregivers. From the doctors, she received the unwelcome news that hers was a high risk pregnancy. She also received, in her every

appointment, detailed explanations and a level of emphasis, checking, and remaining on top of her condition that she had never been offered by her previous providers.

Jessie has now achieved her seventeenth week of the current pregnancy, and is being seen once a week. She's moving forward in her pregnancy with confidence that not only the financial assistance she needs, but also the dedicated care she had been seeking, are there for her at Tepeyac thanks to the generosity of our corporate sponsor, [McCarthy and Akers](#).



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## Moira: Waiting for the Rainbow

Moira had no care for her first pregnancy—and that may be why her first pregnancy ended in stillbirth. Handicapped by a lack not only of funds, but also of competence in spoken English, she was easily turned away by various clinics that might have been able to treat her, tell her a reason for her infant loss, and set her firmly on the road to recovery. Since she had lost confidence in her previous doctor and other clinics she had found, she reached out to friends and relatives. Through her church, she learned about Tepeyac OB/GYN and quickly signed up for an appointment.

Now a Tepeyac patient expecting to deliver in November, Moira has total confidence in Tepeyac, who have been, she tells us, “like angels.” Her needs are met by generous donors; her physical health and that of her baby carefully monitored. Funding from **Blue Mantle Technology** through Divine Mercy Care has made her treatment possible. Now she waits in the serenity of mothers worldwide for the coming of her rainbow baby—with Tepeyac and Divine Mercy Care standing shoulder to shoulder with her.



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