



FALL 2019



Reason for Hope

It's the long slow exhale.

Holding breath in & slowly forcefully, blowing it out.

That's the tell-tale sign.

Not the averted eyes. Not even the tears.

In other areas they differ: ethnicity, income, circumstance.

Different.

*But in this one exhale, in this one response,
is their commonality: *despair*.*



DIRECTOR'S PERSPECTIVE

Since starting with Care Net, I've had the interesting experience of answering the question "So, what do you do?" I craft a response that's appropriate for the circumstance (how deep of a dive do I really want to take with the woman who's about to cut my hair?). Reactions vary, but one theme emerges: **'you're not who I expected.'** It's not an offensive response. It's an honest and accurate one.

The subsequent dialogue is centered on an important theme: **Empathy.** I hope that my (surprising) leadership at Care Net will help many see an important truth about why you and I care about serving moms and saving babies. It's not because they're white or black, or because you're a man or a woman. It's because we're all humans, made in God's image.

To help us all understand an Alcove Health* client's life experience a little bit better, I asked Sherri Pigue (pictured on the cover) to write our feature story. Sherri is a client advocate and has counseled hundreds of women through one of the hardest decisions of their lives. I hope her words inspire empathy in you the way that they did in me.

*Alcove Health is the name of the clinic operated by Care Net Peninsula.

Ryan Holloway
Executive Director



"How am I going to get myself out of this pregnancy?" she thinks. Long exhale. You can't just ignore a pregnancy. A decision must be made.

She shares her dreams: *"I was going to finish school," "I was going to start my own business," "I was going to be married first"* and so on. Dreams that would have taken years to accomplish, all dead in that moment. Nothing kills hope faster than imagining your dreams are all dying. There is no thought that both her dreams and the baby can live. One must die. Long exhale.

Adoption sounds like a good option. But then, she won't be able to hide it from anyone. Abortion is secretive. As much as she fears an abortion – the pain, the risks, the emotions – she'd rather live in secret fear than deal with public shame. *"What kind of person just gives her baby away?"* She imagines what others will think.

Likely, she's told the father of the baby. His response often leaves her with even more anxiety. If he wants her to have the baby, there is inner turmoil: *"Is he going to blame me for trapping him?" "Will he even stay?"* If he wants her to abort: *"Why doesn't he love me enough to ask me to not hurt myself?" "Why won't he stand with me?"*

For the women who muster the courage to tell others, there is a common and noble-sounding response. *"I'll support you in whatever you choose to do."*

The weight of this decision fully rests on her shoulders alone. The pressing call to act: *"I've got to fix this problem fast."* This urgent desperation is the enemy of wisdom. Enemy though it is, this desperation is the driver. *"I'll injure myself to save myself and I will deal with afterwards, afterwards."*

To the woman who knows God from a distance, there is anxious clinging to the idea of forgiveness. *"God understands. He will forgive me."* To the woman who is close to God comes the question, *"Have you prayed about this?"* Her answer: *"No, I'm afraid to ask God."* Afraid because she is aware of His answer. Afraid because His answer is going to collide with her answer. And the church? *"I'm not going to walk in there and have them judge me."* Secrecy is one of abortion's strongest allies.

And what of her baby? Long exhale. The need to make a quick decision is driven by her knowledge that she can only prevent herself from thinking about the baby for so long. *"Don't get attached, don't get attached!"* She knows she does not have the emotional strength to wait – every day she waits is more costly to her heart.

Each day at the clinic, we take that long exhale with her, beside her. We create a safe space to help her slow down and remember who she is rather than let despair define her. We show her that neither her dreams nor her baby need to die. There is reason for hope. And after that exhale, there will be an inhale. Here, in this space, she inhales truth and hope in a place of support and compassion, and the loudness of despair is quieted.

When you give, you provide a reason for hope.

GIVE ONLINE AT [CNPENINSULA.ORG](https://cnpeninsula.org) OR WITH THE ENCLOSED ENVELOPE

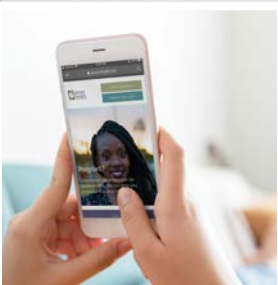
CARE NET PENINSULA

11747 JEFFERSON AVENUE, SUITE 2D
NEWPORT NEWS, VIRGINIA 23606

Non-Profit Org.
Marketing Mail
U.S. Postage
PAID
Newport News, VA
Permit No. 321

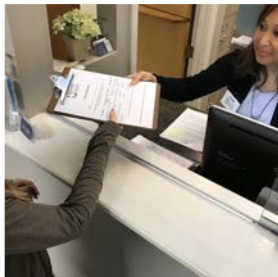
*"We show her that
neither her dreams nor
her baby need to die."*

A LOOK AT THE ALCOVE HEALTH CLIENT PROCESS



make appointment

Women call in or request an appointment online. A trained team member assesses her needs and schedules an appointment.



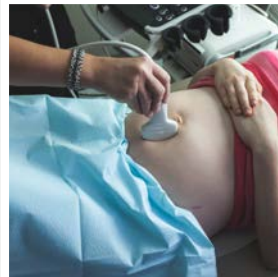
check-in

When a client arrives, a Client Intake Volunteer greets her and walks her through the appropriate forms.



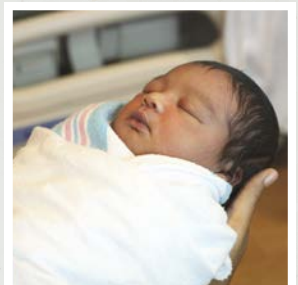
options consultation

The client meets with a trained advocate. This is a safe place to discuss options, process her feelings, ask questions and get advice.



medical consultation

The client receives a lab-quality pregnancy test, and an ultrasound when needed. She and the nurse talk about her options and other critical medical information.



follow-up

The nurse follows up with the client once the Medical Director reviews the ultrasound. Alcove staff and volunteers check in with the client periodically to check if she is in need of additional resources or appointments.