

## *Married Love and the Gift of Life*

At their November 2006 meeting, the Catholic bishops of the United States approved the document, *Married Love and the Gift of Life*. The document is simply an explanation of the Catholic Church's teachings on marriage, conjugal love and responsible parenthood. The theology contained within it is at one and the same time, ever ancient and ever new. That said, there is something very new about the document. It is an "invitation."

There are two ways one can present the Church's teachings on conjugal love and responsible parenthood – scare people or invite people to live the life God created for them. The document, *Married Love and the Gift of Life* takes this positive approach. What is unique about this document, is that it is written as an invitation. The bishops purposefully used "down to earth" language to draw people in and help them open their hearts to God's call to reverence God's gift of human sexuality and fertility.

*Who?*

Although the document carries the name of the United States Conference of Catholic Bishops (USCCB) on it, in reality, a team of bishops, clergy (diocesan and religious), married and single lay people contributed to the document. The full body of bishops had a chance to fine tune the final draft at their November '06 meeting.

The intended audience is primarily engaged Catholic couples, but the document is written in such a way as to be accessible to just about any one who wants to understand what Catholic teachings say about married love and the gift of life.

*Prior episcopal educational activities*

*Married Love and the Gift of Life* may be the first time since 1968 that the US bishops have devoted an entire document to Church teachings on conjugal love and responsible parenthood. In 1968, shortly after *Humanae vitae* was promulgated, the American bishops issued *Human Life in Our Day*. Despite that length of time, much pastoral activity had been on-going within the Church in the United States since 1968. A brief sample includes:

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- Pastoral Activity

The US bishops funded the establishment of Human Life and Natural Family Planning Foundation shortly after *Humanae vitae* was promulgated (1968). Its purpose was to develop and support research on the new natural methods of family planning as well as to advocate for government funding at the federal level.

Individually, in the dioceses, many bishops encouraged faithful Catholics (clergy, religious, laity – married and single) to develop methodology and programming to help Catholics live the Church’s teachings. Examples of those dioceses where immediate episcopal leadership yielded strong NFP ministry include: Cleveland (OH); St. Cloud (MN); and Phoenix (AZ).

In 1981, under the guidance of Cardinal Cooke, the Diocesan Development Program for NFP (DDP/NFP) was established. Cardinal Cooke had been inspired by the 1980 Synod on the Family, which produced *Familiaris consortio*. The DDP/NFP had, and continues to have, as its mandate the support of diocesan NFP ministry which promotes Church teachings on conjugal love and responsible parenthood as well as provides information on the natural methods of family planning.

- A variety of educational resources and activities:

Since 1968 the US bishops, either individually or corporately, have developed a variety of educational resources on conjugal love and responsible parenthood. For example, since 1981, the Bishops’ Committee for Pro-Life Activities has issued statements for the 20th anniversary of *Humanae vitae* (1988), and its 25th anniversary (1993). Educational conferences sponsored by the USCCB have been held biennially since 1981 for diocesan NFP coordinators and their teachers. Since 2002, the USCCB has offered interdisciplinary academic NFP conferences in partnership with several Catholic universities.

*Why?*

Many people have asked “Why now?” “Why are the Catholic bishops concerned about preaching a ‘dead teaching’?” The simple answer is, “because the teachings are true.” Church teachings are about God’s design for life and love. The bishops know that today there is mass confusion on the nature of human sexuality and sexual intercourse as God created them. This has created a culture of confusion where false messages about human sexuality directed at the individual are harming the person, the family, the nation, and the global community.

To complicate matters, there is a general lack of understanding and, consequently,

an inability to live God’s design for life and love among the Catholic faithful (this touches us all within the Church). The bishops acknowledge these thoughts in the introduction of the document. They contrast this confusion with the depth and fullness of God’s design for married love.

*What?*

The content of the document follows an easy question and answer format. The first question, “What does the Church teach about married love?” establishes the context for the entire discussion. It helps couples to understand that:

- “Marriage is more than a civil contract; it is a lifelong covenant of love between a man and a woman.”
- “It is an intimate partnership in which husbands and wives learn to give and receive love unselfishly, and then teach their children to do so as well.”
- “Christian marriage in particular is a “great mystery,” a sign of the love between Christ and his Church (Eph 5:32).”
- “Married love is powerfully embodied in the spouses’ sexual relationship, when they most fully express what it means to become “one body” (Gn 2:24) or “one flesh” (Mk 10:8, Mt 19:6).

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- “The Church teaches that the sexual union of husband and wife is meant to express the full meaning of love, its power to bind a couple together and its openness to new life.”

Notice that this last point is the first “hint” at teaching that the spousal relationship includes procreation. Notice also that the bishops, establish the spousal relationship firmly in what God intended.

The second question, “What does this have to do with contraception?” gets right to the point:

- “A husband and wife express their committed love not only with words, but with the language of their bodies.”
- “That ‘body language’—what a husband and wife say to one another through the intimacy of sexual relations—speaks of *total* commitment and openness to a future together.”
- “So the question about contraception is this: Does sexual intercourse using contraception faithfully affirm this committed love? Or does it introduce a false note into this conversation?”

This argument makes use of John Paul II’s *Theology of the Body*. It points to the fact that human actions have meaning. It challenges the couple to think of what they are not only “doing” but “saying” to each other when

they make love. This is an especially important point today where sexual deviance is promoted as normal (e.g., couples use of pornography, etc.).

Throughout the document the bishops integrate John Paul II’s *Theology of the Body* as well as the totality of Catholic thinking on this issue. Therefore, a seemingly “simple” sentence can carry a lot of weight in this document. For example, in discussing the problem of contraception, the bishops say that married couples

*... should never act to suppress or curtail the life-giving power given by God that is **an integral part of what they pledged** (emphasis mine) to each other in their marriage vows.*

This statement is a mature integration of Church teaching through time. It clearly is a reference to John Paul II’s *Theology of the Body*, but it includes so much more. In it, we can hear echoes of ancient canonical and theological reflections concerning what couples exchange or give with valid consent.

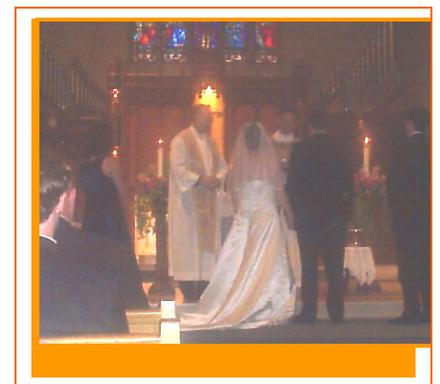
There is so much more to say about the document, *Married Love and the Gift of Life*, but we hope this brief article will have “wet your appetite.” If you have not done so yet, please go to <http://www.usccb.org/laity/marriage/MarriedLove.pdf> to read the complete text. Copies of the document in booklet form can be obtained from USCCB

Publishing at [www.usccbpublishing.org](http://www.usccbpublishing.org) or

call toll-free: 1-800-235-8722. (Please note, the document is sold in packs of 10. Discounts are available on bulk orders.)

One final word, it is the prayer of the bishops that all couples will open their hearts to God’s plan for them. As the bishops say,

*The Church’s teaching on marital sexuality is an invitation for men and women—an invitation to let God be God, to receive the gift of God’s love and care, and to let this gift inform and transform us, so we may share that love with each other and with the world.*



## **Dioceses Promote *Married Love and the Gift of Life***

*As of February 26, the USCCB's office of Publishing sold 42,440 copies of the bishops' new document, Married Love and the Gift of Life. We asked the diocesan NFP coordinators to let us know how the document was being promoted and here's what some said:*

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**The Diocese of Bridgeport,** Betty Anne Casaretti reported giving the document to all engaged couples in marriage preparation programs. They are currently working on developing a workshop around its content for their newlyweds continued education series called, "Our First Years Together."

**The Diocese of Great Falls-Billings,** Denise Maxwell reported giving the document to all her NFP teachers. They in turn are promoting it to their clients. They are currently encouraging the diocesan newspaper to print the entire text.

**The Diocese of La Crosse,** Alice Heinzen reported that they have given the document to all individuals in the lay formation and deaconate program and sent a notice to all marriage preparation program coordinators. Beginning in September 2007, all engaged couples will receive the document. Copies will also be sent to all directors of religious education and Catholic high school religion teachers.

**The Diocese of Sacramento,** John Rieschick reports they gave a copy of the document to every priest, deacon, NFP teacher, Pre-Cana instructor, parish and Newman center. Bishop Weigand also held a three-day Clergy Study Days on the Domestic Church at which a major component was NFP.

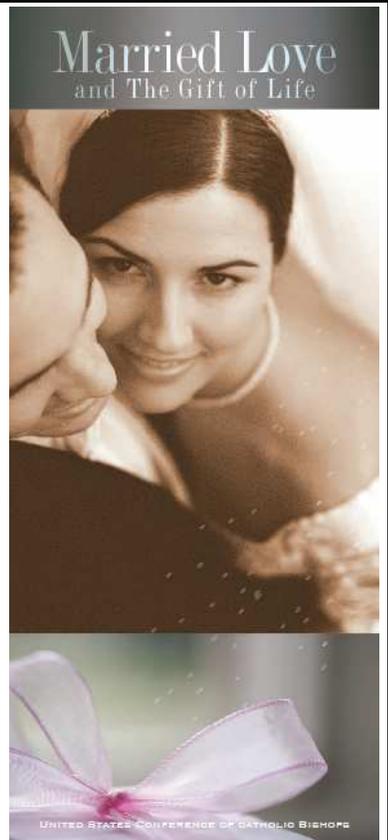
**The Diocese of Springfield, IL,** Donna Dausman reported that all couples attending marriage preparation programs are receiving a copy of the document. They offered the document to pastors to purchase for their parishes.

**The Diocese of Youngstown,** Melinda Knight reports that they mailed a copy of the document to each pastor. A brochure on the document was sent to all NFP teachers. The document is now a part of materials given out at an optional Pre-Cana Retreat day for the engaged.

**The Diocese of Wichita,** Judith Leonard reported that Bishop Michael Jackels sent a letter to all priests with an order form and the document. The response from the parish priests was positive. They indicated a desire to use the document for marriage preparation and RCIA.

*"Please thank the bishops for this beautifully written document.  
It's what we've all been waiting for.  
Please urge them to continue their support of our NFP ministries!"*

Melinda Knight  
Office of Pro-Life, Marriage and Family,  
Diocese of Youngstown



**PLEASE NOTE:** *Married Love and the Gift of Life*—audio resources (English and Spanish) are available to download to an MP-3 player from: <http://www.usccb.org/prolife/issues/nfp/cathteach.shtml>.

# HPV Vaccination – Some Questions and Answers

Susan Wills, Esq.

*Given the media coverage on the new HPV vaccination, we thought our readers would appreciate some information to help navigate the news reports. The following is an informal fact sheet that one of our staff, Susan Wills, compiled. It should serve as a convenient source of background information.*

## Concerns Related to Mandating HPV Vaccination of Pre-Teen Girls

In June 2006, the Food and Drug Administration gave Merck approval to market Gardasil, a vaccine that protects against infection by four strains of Human Papillomavirus (HPV). Within months bills were introduced in over thirty states to require, fund, or educate the public about, the HPV vaccine.

Several states already have decided to make HPV vaccinations available free to girls and young women residents. In early February, Texas became the first state to mandate Gardasil vaccination of girls age 11 and 12 as a condition of school attendance. Promulgated in an executive order by Texas Gov. Rick Perry, the mandate is being challenged in the Texas legislature. In late February, the Virginia General Assembly passed a mandatory Gardasil vaccination law which awaits action by Gov. Tim Kaine. Lawmakers in several other states are currently considering similar bills.

This Fact Sheet offers background information on the virus, on cervical cancer and the vaccine. It also identifies concerns that have been raised about mandating the inoculation of pre-teen girls with Gardasil as a condition of school attendance.

## What is HPV?

Human Papillomavirus is a virus affecting both men and women. Over 100 “strains” (types) of HPV have been identified. More than 30 strains are sexually-transmitted infections (STIs) which together make HPV the most prevalent STI in the United States. The Centers for Disease Control and Prevention (CDC) reports that 20 million Americans currently are infected with sexually-transmitted HPV, and 6.2 million new infections occur annually. The *Journal of the American Medical Assn.* (2/27/07) reports current HPV

infections in women 14-59 years of age are almost 25 million. The CDC estimates that 50% of sexually active men and women acquire a sexually-transmitted HPV infection in their lifetimes. As used herein, “HPV” refers only to strains that are transmitted sexually.

Most HPV infections present no symptoms and are transient (i.e., eliminated by one’s immune system). About 70% of women are clear of the infection within one year; 91% are clear within two years. Only about 10% of women with HPV develop persistent infections.

## What is the link between HPV and cervical cancer?

Fourteen strains of HPV are classified as “high risk” for being associated with invasive cancers of the cervix and other sites. HPV 16 and HPV 18 are found in about 70% of cervical cancers. The remaining 12 high risk strains together are associated with 30% of cervical cancers. In addition, 11 common strains of HPV may cause benign or “low-grade” cervical cell changes, although rarely invasive cancers. Two of these strains, most commonly found in genital warts, are HPV 6 and HPV 11. The *JAMA* study (above) reports that only 2.3% of women aged 14-59 are infected with one of the two cancer-related HPV strains targeted by Gardasil, and only 1.4% of women are infected with one of the two genital warts-related HPV strains protected by Gardasil.

Cervical cancer develops very slowly, with a typical incubation period of 10 to 15 years during which time routine exams – the traditional “Pap” test, the newer, more precise liquid-based Pap test, and the HPV DNA test – can identify pre-cancerous cell changes and lesions. These tests and subsequent treatments are credited with a 74% drop in U.S.

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deaths from cervical cancer since 1955.

The National Institutes of Health (NIH) estimates that half the diagnoses of cervical cancer are among women who have never been screened and an additional 10% are among women who have not been screened in the previous five years. Lack of screening is the single most important risk factor associated with cervical cancer. Other risk factors are: suppressed immune system, cigarette smoking, long-term use of oral contraceptives, and co-infections such as Chlamydia.

### **What is Gardasil?**

Merck's Gardasil vaccine has been shown to prevent four HPV strains: 16 and 18, associated with 70% of cervical cancers, and 6 and 11, associated with 90% of cases of genital warts. The vaccine is given in three doses at 0, 2 and 6 months, at a base cost of \$120 per dose. Additional fees for office visits and staff time could increase the total patient cost to \$540 or more.

### **What are some limitations of Gardasil?**

Because Gardasil affords no known protection against other strains of HPV which are associated with 30% of cervical cancers, routine screening (Pap and HPV DNA tests) will still be necessary. Research has shown that condoms afford only limited protection against HPV.

### **Some concerns that have been raised related to mandatory immunization**

Dr. Jon Abramson, chairman of the CDC advisory committee on immunization practices

(ACIP) that recommended Gardasil, told reporters he opposes mandatory Gardasil vaccination of pre-teen girls because a child in school is not at an increased risk for HPV like he is measles. He was also concerned that state funds may be inadequate to cover mandatory vaccination. ACIP's executive secretary, Dr. Larry K. Pickering, also opposes mandates because more data on its safety, efficacy and cost are needed.

Even with an opt-out policy in state laws mandating Gardasil vaccination of all girls entering 6th grade, for example, many have argued that parental rights to make medical decisions for their children would be infringed, as parents may feel pressured by the law or by their family doctor to consent. And with many questions left unanswered by Merck's limited clinical trials, it is difficult for parents to make an informed decision about inoculating their daughters with Gardasil. Some of these questions follow.

- Clinical trials followed subjects' health for a maximum of four years, but typically for only 1-3 years. Because the vaccine has not been studied more than 5 years, it is not yet known if booster shots will be needed every 5 or 10 years to maintain effectiveness. Booster shots have been found necessary with other common vaccines.
- Many have questioned the value of inoculating girls with Gardasil while not inoculating boys who can also carry and transmit the same HPV strains associated with cervical cancer in women.
- Limited research was done with Gardasil in the population of girls (ages 9-15) targeted for mandatory vaccination. The vaccine was given to fewer than 600 girls in this age group, and they were studied for only 18 months. Merck was able to measure only an immune response to HPV, but not whether the vaccine did or could prevent lesions, genital warts, or cervical cancer.
- It is not known if Gardasil can cause fetal harm when given to a pregnant woman or if it affects reproductive capacity. In pregnancies that began within 30 days of a Gardasil vaccination, however, 5 cases of congenital anomaly were seen in the group that received Gardasil, while none were seen in the placebo group.
- The full extent of adverse side effects is unknown, but the incidence of arthritis (including juvenile arthritis and lupus) was three times greater among those vaccinated with Gardasil than among those receiving a placebo, according to Gardasil's package insert. In addition, the Vaccine Adverse Event Reporting Systems (VAERS) is a passive

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surveillance system which relies on voluntary reporting. It has been estimated that fewer than 10%, and possibly as low as 1-4%, of adverse events which occur during use of prescription drugs or vaccines are reported to the adverse events surveillance systems.

- There were several VAERS reports of HPV infection, genital warts and cervical lesions AFTER Gardasil vaccination. It is not reported if the girls were infected before their Gardasil injections or if Gardasil failed to protect them. One case, however, occurred in a 22-year-old woman who participated in a Merck trial in 2003, then showing “strong conversion to all 4 vaccine types.” But according to a VAERS report, she tested positive for high risk HPV in 2006.
- FDA staff stated that clinical trial data from Merck indicated there may be “the potential for GARDASIL to enhance cervical disease in subjects who had evidence of persistent infection with vaccine-relevant HPV types prior to vaccination.”

Yet testing for HPV infection is not being done prior to vaccinating girls and women with Gardasil.

All girls and women will continue to need cervical cancer screening, including those who’ve been vaccinated with Gardasil, once they become sexually active. Because improved screening *alone* can virtually eliminate cervical cancer, some believe the additional protection afforded by Gardasil is negligible. In addition, it has been argued that treatments to eliminate pre-cancerous cells produced by HPV strains 16 and 18 (in the 2% of women who may develop them) entails far less cost than Merck’s solution of inoculating potentially 100% of girls in the United States, at a base cost of \$360 each. Finally, the limited protective effect of Gardasil may not last to the age where young women are likely to be exposed to HPV strains 16 and 18, making costly periodic booster vaccinations necessary.

## Born to be Breastfed

*Sheila Kippley*

### *A Government’s Response*

In January 2006, more than 275 representatives from various health agencies convened in the Washington D.C. area to figure out how to sell the idea that mothers should breastfeed their babies. Efforts to increase breastfeeding rates by extolling the merits of breastfeeding have not worked. The rate and duration of breastfeeding continue to be poor while formula-feeding is still much too common. The new federal campaign, “All babies are born to be breastfed,” has taken a new twist by stressing the negative in the hope that the seriousness of the message will come through. The new message is this: “Your baby is at risk if you do not breastfeed.”

### *The Norm for Mother and Baby*

When a mother accepts her natural role of mothering, she uses primarily her own body to satisfy the needs of her baby. With her arms and her breasts, she offers her baby comfort, nutrition, and sleep. She meets

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her baby's needs easily throughout the 24-hour day without the use of bottles or pacifiers.

In 1969 my husband and I coined the term "ecological" breastfeeding to designate this form of child care. Some today call it eco-breastfeeding. For details on this type of breastfeeding, see "The Seven Standards of Ecological Breastfeeding" in Part III of the online manual at [www.nfpandmore.org](http://www.nfpandmore.org). Ecology is concerned with the relationships between two organisms and how each affects the other. Ecological breastfeeding is the form of nursing in which the mother fulfills her baby's needs for frequent suckling and her full-time presence and in which the child's frequent suckling postpones the return of the mother's fertility. With ecological breastfeeding, the nursing is frequent and the milk supply is ample. The more frequently a mother nurses and the longer she nurses, the stronger the benefits for both mother and baby. This is basic physiology, but even more importantly it is God's plan for mother and baby.

*How long should a mother nurse?*

The American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP) both recommend that a mother nurse for at least one year. The AAFP goes further and discourages weaning before two years because "the child is at increased

risk of illness if weaned." The World Health Organization and UNICEF recommend that a mother nurse for two years or beyond. In 1995, Pope John Paul II supported this recommendation.

Almost all medical and breastfeeding organizations agree that the preferred method of infant feeding is exclusive breastfeeding for the first six months of life. Exclusive breastfeeding means that the baby is receiving only mother's milk for his nutrition. According to the AAP, sometime between 6 to 8 months of age, the mother should begin to introduce other foods to the child's diet while continuing to breastfeed.

This is not new, but what is unprecedented is the emphasis given to exclusive breastfeeding for the first six months by the federal government and state governments as well. When then-Governor Bob Taft of Ohio proclaimed August 2006 as Breastfeeding Awareness Month, in his short pronouncement he mentioned three times exclusive breastfeeding for six months.

Does it really matter if a mother exclusively breastfeeds for six months? Why not exclusively breastfeed for just four months? Do two more months make a difference? The research says "Yes." For example, babies who were exclusively breastfed for only four or five months had four times the risk of pneumonia and two times the risk of recurrent

middle ear infections compared to those babies exclusively breastfed for six months, according to a February 2006 issue of *Pediatrics*.

The studies coming out in favor of breastfeeding are fascinating. For example, one study found that a mother reduced her own risk of getting type-2 diabetes by 15% for each year of nursing. If she nursed two babies, each for a year, she had a 30% risk reduction for this disease, and whatever reduction she received remained in effect for 15 years after the birth of her last baby! (*JAMA*, November 23, 2005) Another study showed that breastfeeding decreased the risk of bedwetting. (*Pediatrics*, July 2006)

Most parents are concerned about doing what's best for their children. One easy answer is to breastfeed. It's a great beginning. It's the best start for baby as well as the best start for a mother. As the World Health Organization stated on the 25<sup>th</sup> anniversary of the adoption of the International Code of Marketing of Breast-milk Substitutes:

Breastfeeding remains the single most effective preventive intervention for improving the survival and health of children. WHO estimates that over 1 million deaths in children under the age of five could be prevented every year by improving breastfeeding practices (June 29, 2006).

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### *A Possible Informed Consent Form?*

Not long ago my husband recently signed an informed consent and release form in preparation for glaucoma surgery. Listed in bullets and bold type on the consent form for that particular surgery were 24 possible side-effects, all serious. Since the foreseeable consequence without the surgery was probably blindness, he chose to do the surgery after re-consulting with his two eye doctors.

In the future, a similar scenario might occur with formula-feeding. There may come a time when parents will have to sign a consent form that lists the various illnesses a baby is at greater risk of experiencing due to formula-feeding. Informed consent may have to be given before a hospital, WIC, or any medical or governmental agent could offer or recommend formula to an infant.

What are those increased risks to the baby who is not breastfed? If a mother chooses not to breastfeed, she is exposing her baby to increased risks of over 20 adverse consequences including:

- leukemia • lymphoma • type 1 diabetes • obesity • diarrhea • type 2 diabetes • allergies • ear infections • respiratory tract infections • asthma • eczema • urinary tract infections • bacterial meningitis • multiple sclerosis • inflammatory bowel disease • botulism • gastroenteritis • necrotizing ente-

rocolitis • Crohn's disease • ulcerative colitis • autoimmune thyroid disease • sudden infant death syndrome

In addition, breastfed children, compared to those who are not breastfed:

- score higher on cognitive and IQ tests at school age • score higher on visual acuity tests • have fewer sick days • stay in the hospital fewer days as premature infants • have more mature infant intestinal tract • have a better immune system and a better response to vaccinations.

An informed consent policy would also have to describe the risks to the mother's health if she chooses not to breastfeed. The mother who does not breastfeed may have an increased risk for the following diseases:

- breast cancer • ovarian cancer • lupus • thyroid cancer • anemia • osteoporosis • endometrial cancer • rheumatoid arthritis.

Notice that the unfortunate side effects of not breastfeeding involve diseases that can occur years later when the child is no longer a baby and even when the mother is 15 to 30 years older. These risks of not breastfeeding are stated at the websites of the AAP, ([aap.org](http://aap.org)), the AAFP, ([aafp.org](http://aafp.org)), and the United States Breastfeeding Committee, ([usbreastfeeding.org](http://usbreastfeeding.org)). See USBC's "The Benefits of Breastfeeding" and "The Economics of Breastfeeding."

### *What can we do?*

We all can encourage mothers to breastfeed and offer them support as needed. Unfortunately many mothers stop nursing during the first few weeks after childbirth mainly due to lack of support. Many of us belong to women's groups, school associations, faith communities, employment groups, and it is in these groups where we can be most helpful. For example, we can support the oneness of mother and baby by welcoming the breastfeeding "couple" at our meetings. We can encourage mothers to remain with their infants and little ones during the early years, and we can offer support to those nursing mothers who must work. Can the mother find a caregiver near her work so she can nurse the baby during breaks or lunchtime? Could she work at home or choose part-time work? And what kind of support is needed by a stay-at-home nursing mother who may feel quite lonely? As many moms have told me, they feel so alone doing eco-breastfeeding. None of their friends choose to mother their baby this way. These mothers also need support. Many mothers have found this support through a local La Leche League chapter. I was one of them years ago. As advocates get the word out about the many benefits of breastfeeding and the wonderful relationship a mother experiences with her baby, more and more nursing mothers will appreciate whatever support

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they receive.

The Catholic Church should be an example of support to the breastfeeding mother. Wouldn't it be wonderful if Catholics were known to be statistically healthier than average because of the Church's encouragement for mothers to breastfeed their infants? The Church can be at the forefront in promoting the most natural of natural family planning—spacing babies naturally with the Seven Standards of ecobreastfeeding. Mothers should be told about all the acceptable moral options for planning one's family, and certainly breastfeeding is a natural child spacer. Many mothers would delight in not having their periods for one or two years following childbirth. In addition, no periodic abstinence is needed. Mothers only have to meet the needs of their babies for lots of mother-baby contact and togetherness. The Seven Standards provide the frequent suckling that is necessary to have this natural spacing. This benefit isn't Catholic birth control; people of all faiths should be informed about this part of God's plan for families.

Those involved in missionary or medical work in other nations should consider their obligation to encourage mothers to breastfeed. Do the medical or missionary organizations you support encourage breastfeeding? We might begin to ask such questions. In UNICEF's "Breastfeeding: Foundation for a Healthy Future" (free at their website), the booklet shows the benefits of breastfeeding in foreign lands. The first paragraph states: "If every baby were exclusively breastfed from birth, an estimated 1.5 million lives would be saved each year." The UK Department of International Development stated in March 2006 that four million babies in developing nations die each year. If mothers began breastfeeding within one hour of birth, 22% or almost one million of those babies would be saved each year. "The likelihood of death increases significantly each day the start of breastfeeding is further delayed." Breastfeeding is a life-saver for many babies in many parts of the world, and it certainly enhances the life of mother and child in developed countries as well.

Too often in our society breastfeeding is culturally unacceptable as the baby gets older. The bottle has become the norm. That needs to change. It's important that we get back to breastfeeding, not only for the newborn, but for the baby who is six months old and older. I think the first step is to teach the importance of exclusive breastfeeding for the first six months. That goal will lead to other victories for the older breastfed baby. After all, babies are born to be breastfed.

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*Sheila Kippley is co-founder of NFP International. Her latest book is Breastfeeding and Catholic Motherhood. Sheila can be contacted at [www.nfpandmore.org](http://www.nfpandmore.org), the website for NFP International.*

## Reaching Hispanics with NFP

*Alicia I. Perez*

*For many Latinos, the interrelationship between spirituality and/or religion and cultural practices is extraordinarily close. In discussion about Latino worldviews, it is a challenge to separate the origin of beliefs and values...*

*Arredondo & Gallardo-Cooper, Counseling Latinos and la Familia Santiago-Rivera*

*The Church – a beacon of hope and source of wisdom*

Immigrants to the United States from Latin American countries see the Church as a beacon of hope and source of wisdom. This is the experience they bring from their countries of origin. They see the Church as a safe place, "a sanctuary."

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Latinos are taught to listen and to seek truth in the Church. Hispanic couples in turn, look to the hierarchy for guidance. They are not always aware of the difference between moral and spiritual guidance, emotional health and interpersonal relational skills. If a couple has a relationship problem, their mothers, neighbors and friends will tell them to go to the Church *por un consejo* (for guidance). They will trust what the priest tells them. The Church, therefore, is in a unique position to help Hispanic couples.

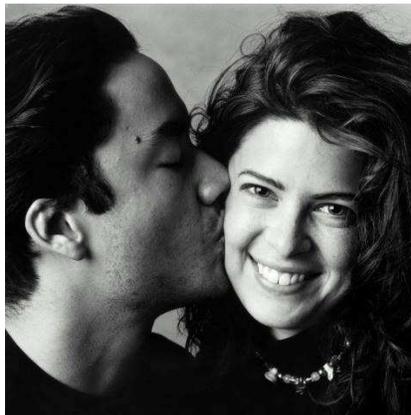
The parish is the best possible place to talk about and promote Natural Family Planning (NFP) to Hispanic couples. Unfortunately, very few couples seek to learn about NFP with all its gifts. Most Hispanic couples are concerned about birth control but may, or may not have heard of NFP. In those cases where they have heard about NFP, their information may not necessarily be accurate.

There is an important fact that you need to know regarding Hispanic couples, and it has a direct bearing on NFP education. When Hispanic couples approach the Church for help, they usually are in need of an immediate and accurate response. This is critical. The consequence of not having an answer will result in more distress for the couple accompanied with feelings of dissatisfaction, helplessness, resentment and/or betrayal. This presents an opportunity and a

challenge to the staff of a parish who need reliable NFP resources (including teachers) and, when possible, training in basic NFP information.

### *The influence of the Hispanic community*

Although the Church is held in such high esteem, the community may be more influential than even the Church when it comes to dealing with life issues. Friends, *compadres* and *comadres* take the place of counselors. Hispanics grow up surrounded by *tias* and *tios*, *madrinas* and *padrinos* who are not necessarily family but relate to Hispanic people as if they were.



Hispanics will pick role models from the community to be their *padrinos*. There are *padrinos* for everything. But some of the most important *padrinos* are those chosen to be godparents of a child or those chosen to witness a marriage. An example of a program that has taken advantage of this cultural influence are the *Padrinos de preparación matrimonial*. Many parishes have successfully asked couples from within the community to

serve as sponsor couples with great success in marriage preparation. These couples share with other couples the traditional themes for marriage preparation. Unfortunately these couples are not always knowledgeable about NFP and cannot talk about their own experience. NFP should be something that is woven throughout the marriage preparation process. It is important to ask, "What message do we give the couples preparing for marriage when those who have been chosen to lead them in marriage preparation cannot talk with confidence about the subject or share their life experiences?" This is not to say that these couples need to be proficient teachers of NFP, but they should be able to share throughout the preparation the theology of marriage, and the morals that are lived in a Catholic marriage.

### *An example of an improved NFP presentation*

When promoting NFP, we need to provide information and training for marriage preparation team members. My marriage preparation team knew that the NFP presentation was not mentioned by couples in the evaluations. There were no comments about its impact on couples, or how the NFP presentation had been an eye opener for the couples. We did not get any negative comments about it either, but I began to wonder why. I asked the NFP teachers that took part in the marriage prep teams if they were getting any calls inquiring

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to learn more about NFP from the participants. Their answer was not exciting. Occasionally they were contacted, but most contacts were from participants who had someone advise or require that they take the class.

The NFP coordinator and I decided to try a new strategy. We offered the marriage preparation team members an afternoon training to enable all of them to be prepared to present an information session on NFP. It was a very interesting session. For some it was an eye opener, others gave testimony of their experiences which were not necessarily about having practiced NFP when they were in the child-bearing years, but all had now at least a minimum understanding about the theology of the body and some basic knowledge of NFP. Not everyone came out of the session confident that they could present an information session but they did commit to be more open to share what they had learned with other couples. (We had just tripled the circle of influence for NFP.)

We then decided we were not going to have any more information meetings as part of the program. Instead, we were going to incorporate in our presentations (particularly in the session on sexuality) the concepts of NFP. What do I think we accomplished? Well, I began to read in the participants' evaluations comments about NFP. Most comments were asking that we talk more

about it. I also know that the presenting couples have become more and more familiar with NFP and that they have now shared stories of how their own eyes have been opened. I am confident that they will be a positive influence on those couples they meet and that perhaps more young couples will be willing to listen and practice NFP.

All the marriage preparation couples are Hispanic but not all are recent immigrants; yet they can talk to their fellow countrymen in ways that only one's countryman can. It is helpful to have the knowledge of the culture in order to put the situation in its right context and avoid stereotyping, which often happens when considering broad and general characteristics about a given ethnic group. It is important to remember that although all who speak Spanish are Hispanics, we come from very different cultural backgrounds. This means that even among Hispanics we have the challenge to be open to cultural differences and language disparities. We all have to be aware of the cultural context of gender socialization, family-centered beliefs, values and systems in order to offer suggestions and the response that the person needs.

#### *The "machismo" factor*

When talking about NFP, we need to remember that the concept of MACHISMO is wide-spread among Hispanics. This is a particular challenge

when teaching NFP. One male Hispanic NFP presenter suggests that in NFP "formation" men be taken apart and addressed by a male presenter on this issue. They need to understand that NFP is much more than a birth control method. They need to learn to communicate with their spouse and be attentive to what is going on in her body as well as to listen to their wife's needs. They need to hear about the male's responsibility in fathering a child while at the same time loving the child's mother - their wife.

#### *A personal example*

I would like to end this short article by sharing what I saw in my own home as my daughter prepared for marriage. A year ago I saw how my daughter and her then fiancé prepared themselves to live an NFP life style. For several months he would call her every morning to wake her up and ask her to take her temperature. (Let me say that this would raise an eyebrow of some fathers or the mothers of many of our Hispanic families.) She would then let him know what her temperature was and he would chart it. In this way they developed the husband-wife teamwork which can be so important in the successful use of NFP. By the time they got married they were both in tune with her physiological clock and had learned to enjoy each other's company even early in the morning. I have enjoyed watching with what love and sense of responsibility they have prepared themselves to now welcome their first child.

Their marital relationship is blossoming in a way that warms a mother's heart, and I have no doubt that having learned NFP was instrumental in helping them acquire the quality of life they have today.

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*Alicia I. Perez is the associate director of Family Life Ministry, Archdiocese of Galveston Houston. She can be contacted at: [aperez@archgh.org](mailto:aperez@archgh.org).*

## **NFP AROUND THE WORLD**

### **The Billings Resource Centre – Pakistan**

*Edward Michael*

In 2003, after we had received our teacher certification from WOOMB, Australia, my wife and I began to provide NFP classes to Christian couples in our home of Pakistan. We established our own *Billings Resource Centre (BRC)* at Lahore to provide teacher training and consultation to couples about NFP.

At present we have four trainee couples in group No 1, four trainee couples in group No. 2, and four trainee couples in group No. 3. In addition, we have about 52 couples who are enjoying NFP and we are providing follow up for them on a monthly basis.

BRC is also arranging awareness programs every month in different churches, localities or villages to which married couples and parish priests are invited. We provide them with information about NFP and Church teaching. Besides this, we also arrange family life programs for the families.

Although it is not easy to manage the training and awareness programs due to lack of financial sources, we are maintaining everything out of our personal resources.

Pakistan is a Muslim country. It is especially hard for Christian people to spread NFP here. However, we are trying our best to have NFP flourish in Lahore city and the surrounding areas. Almighty God is helping in this matter.

Because each woman's cycle and symptoms are different, teaching is personalized, so it is not possible for one person to learn from someone else's charts and letters. Each couple is provided education individually and their record is checked personally.

The following is a brief history of NFP in Pakistan to better help you understand our situation.

#### *Geographic situation of Pakistan*

Pakistan is a Muslim country that achieved independence from British-ruled India in 1947. At present the population of the country is 150 million. 97% of the population is Muslim and the rest is populated by minorities, such as Christian, Hindu, Sikhs, and Buddhists. Indus River with its vast fertile valley, K2, the world's second highest mountain, and Khyber Pass are very famous all over the world.

Pakistan has a long colorful history with evidence of a well-developed civilization from as far back as the time of Abraham. In more recent times, it was a British colony and part of India until 1947. Pakistan shares its border with neighboring countries: India, China, Iran and Afghanistan.

Lahore is a very famous historical city of Punjab, Pakistan. Its area consists of Muslims, Christians and other minorities. Its total population comprises 40 million people.

The 59<sup>th</sup> Anniversary of Pakistan has been celebrated. For this occasion a lot of preparation has been made to celebrate with great joy and enthusiasm on August 14<sup>th</sup>, when Pakistan became independent from India. Time brings many changes, but where the Christian stands in Pakistan today, they continue to be 2.4% of the population and second-class citizens.

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Christians often face discriminatory laws covering blasphemy and several other laws designed and implemented by extremists in Pakistan. All menial work is reserved for Christians. The main jobs of Christians are brick kiln, tanning farmers, sweepers, and daily wage and contract workers. We respect every kind of job, but these jobs are not considered dignified in Pakistani society. Because of this, Christians are not respected in society. They do not have good salaries. Their monthly salaries average about Rs.3000 to 4000 that is equal to \$67.00 US dollars. Christian parents want to send their children to school and the best institutes, but due to the lack of financial resources they are unable to educate their children.

In 1971, the Bhutto government nationalized all private and missionary schools and colleges of Pakistan. It had a great effect on Christians' employment and education. It was also part of the Muslim fundamentalists' intention to eliminate Christianity from Pakistan. Although there are many government and private schools and colleges, still, these do not fit the needs of Christians. This is so because,

- The standard of education in Government schools and colleges is very low.
- Tuition in schools run by private owners is too high and not affordable for Christians.
- There is no mental freedom for non-Muslim students. Blasphemy laws and other discriminatory laws found in the country prevent minority students from even saying something about their faith.
- Christian students remain under pressure physiologically and suffer inferiority complexes. Students living away from home find it difficult to live in college hostels with the majority being Muslim students. Often Christian students cannot continue their

*... the Billings Resource Center ... reached out to the surrounding villages and various churches. ... participants recognized the benefits of the Billings Method.*

education due to the lack of Christian hostels and a suitable environment for getting an education.

- Lack of resources, due to poverty, prevents most Christian students from obtaining admission to famous colleges, despite the fact that a particular student may have a good academic record.

Christian students with low grades cannot get admitted to government colleges. Such students could sometimes perform very well if they were given a chance to be admitted to college through interviews and finding their aptitudes.

Most Pakistanis are very conservative. Most older people don't allow their daughters to study law. They don't want their wives and sisters to study NFP either! Potential clients need motivation and counseling for NFP through field workers.

#### *Education*

The majority of parents are illiterate. They don't know the importance of education for their children. Some of the parents want to educate their children, but their bad life circumstances present obstacles. Some of the reasons for this are:

- They are unable to save money because they do not know about establishing a sound household budget.
- They have more children than they can feed.
- They face higher medical expenses, due to their ignorance of basic health principles and lack of knowledge of NFP.

#### *The Billings Resource Center —Lahore district*

In December 2003, the BRC held an NFP social awareness campaign in Lahore. We reached out to the surrounding villages and various churches. The participants recognized the benefits of the Billings Method. They also specified different problems in their lives which made NFP education and use difficult. These included:

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- Poor systems of sanitation.
- Lack of childcare centers.
- Lack of training institutes for boys and girls.
- Inadequate housing (i.e., they have very small houses for their large families).
- Poor income.
- Need for adult education.
- Ignorance of NFP and lack of NFP clinics.

The staff of the Billings Resource Center came to the following conclusions during the awareness program:

- Due to having large families (5-6 children) and poor income, NFP can be a good aid to regulate family size so that couples can better manage the education, food, clothing and healthcare of their children
- Importance of immunization, which reduces the death or disability of babies
- Importance of providing pre-natal care throughout pregnancy
- ORS therapy, which corrects dehydration in young babies and is a cause of death in them
- To educate on how to save money and manage a household budget
- Importance of education for their children
- Disposing of sewage properly (in Pakistan both kitchen and human waste is thrown into the streets)
- Home or clinic services
- Awareness about the adaptation of rational health principals, different hygienic

measure, ORS therapy importance of education from home to home activity

- Medical facility for the resident of Lahore Christian colony & surrounding villages
- Child care center for those children where mothers have a job outside the home

The BRC is providing services as a training institute for couples and single women. Professional training in the rules and procedures of the NFP method is essential. At BRC, qualified teachers provide awareness and guide the couple through all aspects of using the method, thereby ensuring proper understanding leading to the successful use of the method.

- History of the Method
- Female Anatomy & Male Anatomy
- Menstrual Cycle
- Observing the presence of mucus and reading the body's natural signs
- Charting & Recording

In addition to the above, specialized training is given for the following:

- Achieving Pregnancy
- Postponing Pregnancy
- Coming off the Pill
- Breast-Feeding
- Pre-Menopause

Couples are supplied with all the necessary support material including books, charts, pencils, pens, papers and stamps (for recording). As BRC is a charitable organization no fees are charged for teaching.

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### *Fertility Awareness.*

BRC teaches both husband and wife to understand and appreciate their fertility. Fertility awareness allows women the option of managing their fertility naturally. Natural Family Planning educators know that many benefits accompany the practice of NFP. The BRC helps couples to understand these benefits including the health benefits of NFP and the fostering of physical and mental harmony between the husband and wife.

Through the teaching of NFP the BRC helps couples to understand and observe nature's natural signs which indicate times of fertility and infertility. All women, regardless of their stage in their reproductive life, can use the method to quickly learn about and understand their own menstrual cycle.

### *Fees*

The Billing Resource Center does not charge client fees. The BRC provides free services to our clients and to our teachers (e.g., use of computers and internet at the centre, etc.). Donations would be gratefully accepted to continue our work.

**Please keep us in your prayers as we try to spread the good news of NFP in Pakistan!**

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*Edward Michael is the director of the Billings Resource Centre, Dilkusha Colony, Kotlakhpat, Lahore - 54760, Pakistan; e-mail, [anmjoseph@yahoo.com](mailto:anmjoseph@yahoo.com). Edward and his wife, Sophia, have three children.*

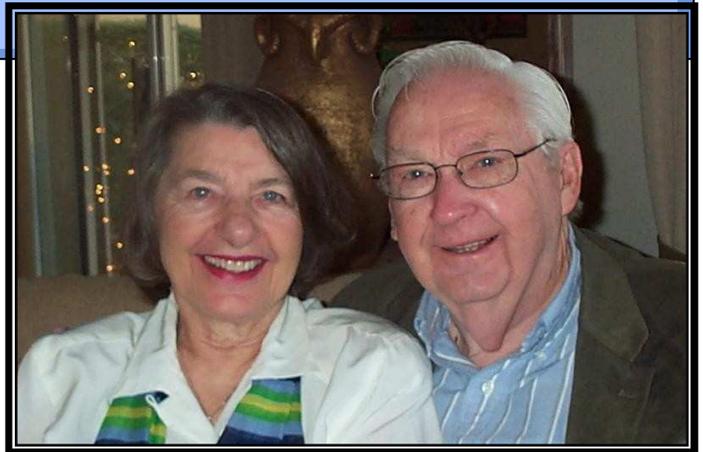
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## COORDINATORS' CORNER

### **Kay & Dave Ek Receive the Diocese of St. Cloud's *Humanae vitae* Award**

Sheila Reineke

The Catholic Church has a long history of upholding the dignity of every human life. The sacredness of life and human sexuality has been repeatedly proclaimed throughout the ages. Popes have written encyclicals to explain these important Church teachings. On July 25, 1968, Pope Paul VI released the encyclical *Humanae vitae* (*Of Human Life*). It was met with much dissent. As years have passed it has become increasingly evident that this prophetic encyclical explains Church teaching on marital love and the transmission of life with great clarity and wisdom. Reverence for life has been taught by many, including spirited people in the Diocese of Saint Cloud. Beginning in 1999 the *Humanae vitae* Award has been presented annually to a recipient in our diocese who has shown extraordinary courage in promoting the teachings of this encyclical. This year's recipients of the *Humanae vitae* Award are Dave and Kay Ek.



Dave and Kay began their witness to faithful marital love on August 5, 1961. As their children Sue, Tom, and Joe arrived, their devotion to each other, family life, and parenthood grew. Now, after 45 years of marriage, their love and commitment is stronger than ever. Their four beautiful grandchildren are valued as true blessings.

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As early as 1972 the late Bishop George Speltz requested that Kay receive training in the Billings Ovulation Method (BOM) of Natural Family Planning (NFP). Dave and Kay prayerfully considered this important request and obliged. From that time until Kay's retirement from the diocese in 2004, Dave and Kay tirelessly traveled central Minnesota and beyond, teaching NFP and God's plan for marital love to engaged and married couples.

Over several decades, Dave and Kay helped train countless NFP instructors. Kay directed the Office of Natural Family Planning for the Diocese of Saint Cloud, which quickly became a model for such offices in dioceses throughout the country. Dave and Kay have hosted and presented at seminars, conferences, and workshops in the U.S. and abroad.

Kay's leadership led to her becoming a national spokeswoman for Natural Family Planning. She held positions on several national boards and was honored to address the Medical/Moral meeting of Bishops from the U.S., Canada and the Caribbean in 1993. Kay and her daughter Sue developed numerous written, audio, and video resources for promoting NFP and understanding of Church teaching. Despite her tremendous accomplishments, Kay always remained devoted to her vocation as wife and mother. By word and example she taught her staff to always remember and honor the primary commitment to spouse and children. Kay continues to serve as president of Billings Ovulation Method Association - USA, and was appointed by Governor Tim Pawlenty in 2006 to the Minnesota Board of Marriage and Family Therapy. Since 1995 Kay has served on the NFP National Advisory Board of the USCCB's Diocesan Development Program for NFP, Washington, DC.

Dave and Kay's constant witness to the sanctity of married love and enduring commitment to the teachings of the Catholic Church are inspirational. Countless lives and marriages have been drawn closer to Christ because of their efforts. Together they recite the Rosary and attend Mass daily in faithful commitment to Christ and His Church. As stated in one nomination letter, "It wasn't merely a method of NFP that Dave and Kay taught about, but rather a way of life — one of love, generosity, and total self giving."

Congratulations, Dave & Kay!

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*Sheila Reineke is the NFP coordinator of the Diocese of St. Cloud. She can be contacted at: [sreineke@gw.stcdio.org](mailto:sreineke@gw.stcdio.org).*

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## **Donna Dausman, Family Life Director and NFP Coordinator, Diocese of Springfield, IL, soon to retire!**

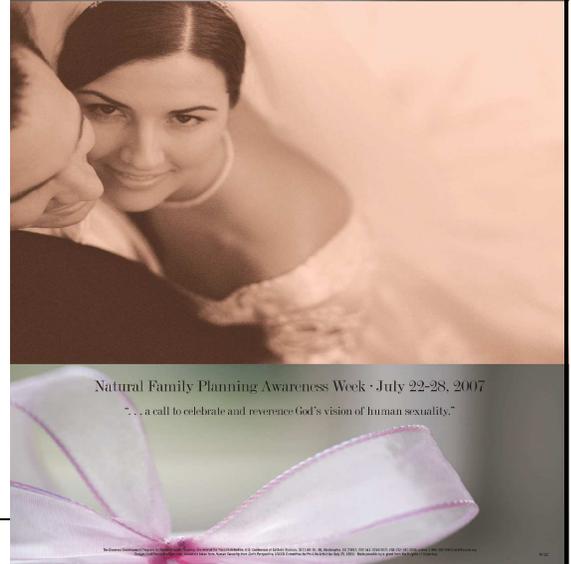
On June 1, 2007 long-time diocesan NFP pioneer Donna Dausman will retire from the Diocese of Springfield, IL.

Watch for the next issue of Coordinators' Corner which will feature a retrospective.

Thank you Donna for years of dedicated and energetic service!

National NFP  
Awareness Week  
July 22-28, 2007  
“Life. A gift of Married Love”

Life. A Gift of Married Love.



The bishops' document *Married Love and the Gift of Life* is the focus of this year's National NFP Awareness Week. Watch for the e-mailing with more information!

Cost? \$2.75 each, plus postage and handling (discounts for bulk orders available)

Orders? Call toll free: 1-866-582-0943 or e-mail to [customerservice@ifcweb.com](mailto:customerservice@ifcweb.com)

## New Annunciation Novena

NFP promoters have always loved the Feast of the Annunciation as a reminder to be open to God's call for new life.

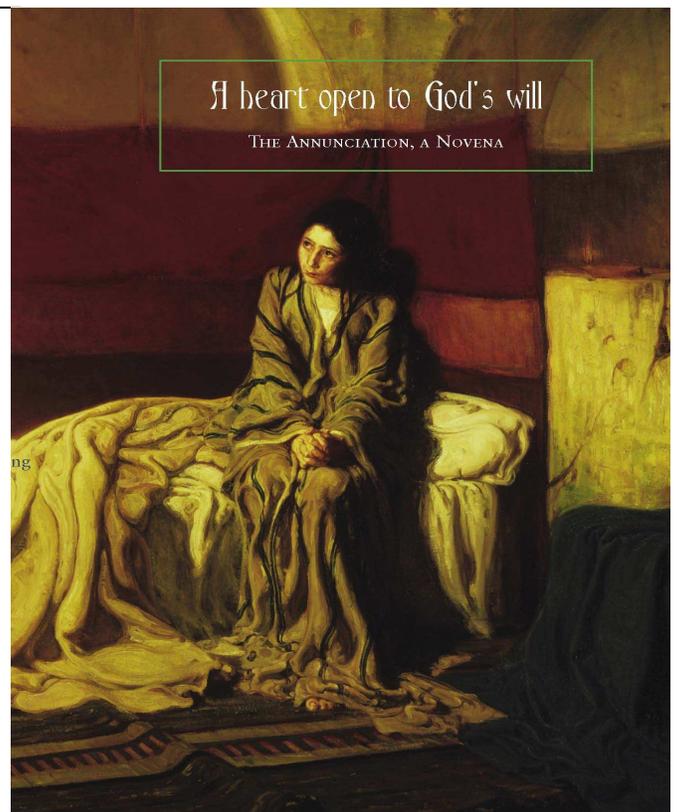
This new novena is available in a 4 x 6 inch card and would make a meaningful gift to the people you evangelize.

*Cost*

1-99 = 30 cents each

100 + = 20 cents each

Order by calling the toll free number:  
1-866-582-0943 or e-mail to  
[customerservice@ifcweb.com](mailto:customerservice@ifcweb.com)



# NEWS & MORE

## NFP Events

**March 6, 13, 20, & 27**, the Lenten series “Created and Redeemed,” sponsored by the Archdiocese of Newark’s NFP program. Christopher West leads this series which will explore Pope John Paul II’s Theology of the Body. *Contact: Damon Owens, tel, 1-866-420-3017; e-mail, [events@joyfilledmarriageenj.org](mailto:events@joyfilledmarriageenj.org); Joy Filled Marriage–NJ, PO Box 510, West Orange, NJ 07052-0510.*

**March 26, 2007**, Family of the Americas Ovulation Method Teacher Training sponsored by One More Soul in Dayton, OH. Master teacher, Janet Bettcher, RN, BSN will offer the training at One More Soul, 1846 N. Main St., in Dayton, Ohio. Cost is \$400/individual or \$550 for a married couple. Drs. Daniel and Lili Bejarano, Ann Moell, and Steve Koob will assist with Spanish instruction, personal witness, medical/physiological, and theological topics. Continuing education credits (25.0 contact- hour credit) for nurses is provided by the Ohio Board of Nursing through the OBN Approver Unit at UVMC OBN-005-92. This activity has been reviewed and is acceptable for up to 15.25 Elective credits by the American Academy of Family Physicians. *Contact: One More Soul, [www.OMSoul.com](http://www.OMSoul.com); Tel.1-800-307-7685.*

**April 13 – 17**, Billings Ovulation Method Association’s (BOMA) teacher training in the Diocese of Memphis, Our Lady Queen of Peace Retreat Center, Dancyville, TN. Room/board is \$65 per day, per person (all meals included). Teacher Training fee is \$575 per person or \$675 per couple (training materials included). *Contact: Sue Ek at BOMA-USA, [boma-usa@msn.com](mailto:boma-usa@msn.com); or Tel., 651-699-8139 (Central Time). BOMA-USA is the official delegate office in the U.S. representing WOOMB-International (the world headquarters of the Billings Ovulation Method in Melbourne, Australia).*

**May 25-29**, BOMA’s teacher training in the Diocese of Dallas/Fort Worth, American Airlines Training & Conference Center (near the DFW Airport, free airport shuttle). Room/board is \$108 per person, per night (includes daily breakfasts, lunches and breaks, dinners on your own). Teacher Training fee is \$575 per person or \$675 per couple (training materials included). *See above for contact information.*

## Announcements

*Married Love and the Gift of Life—audio resources* (English and Spanish) are available to download to an MP-3 player from:

<http://www.usccb.org/prolife/issues/nfp/cathteach.shtml>.

Orders for the document can be taken by USCCB Publishing at the toll free number, 1-800-235-8722. Please note, the document is sold in packets of 10 at \$20.00 per packet. Bulk orders of 1,000 individual copies and more are 80 cents each. Individual copies for \$2.00 a piece can be purchased from the Pro-Life Secretariat at the toll free number 1-866-582-0943 or [customerservice@ifcweb.com](mailto:customerservice@ifcweb.com).

## New Novena Prayer Card! The Feast of the Annunciation

(see cover on p. 19 above) The Feast of the Annunciation is dear to many in the NFP community. We are happy to have developed a novena honoring the feast. Prices are: 1-99 = 30 cents each; 100 and up = 20 cents each; call toll free number, 1-866-582-0943; ask for publication #0726.

The Spanish translation of the novena can be downloaded from page 15 of the 2006-2007 Respect Life Liturgy guide at: <http://www.usccb.org/prolife/programs/rlp/LitGuideSp.pdf>.

## Ministry opening – Diocesan Marriage and Family Life/NFP Position—Spanish Language Programs Coordinator

The Archdiocese of New York Family Life/Respect Life Office is seeking a dynamic person for a full-time position.

The position requirements include fluency in Spanish, ability to translate, good knowledge of Church teaching on Marriage & Family, Theology of the Body, NFP and Pro-Life issues. Some studies in marriage and family life or previous experience are necessary (Masters

degree preferred). Strong organizational skills, ability to work independently, to teach and to motivate others. Three-five year commitment please. Interviews begin March 26. *Please send cover letter and CV to [nfpinfo@archny.org](mailto:nfpinfo@archny.org); Programas en Español, Oficina de Vida Familiar † Respeto a la Vida; Arquidiócesis de Nueva York; 1011 First Ave.; New York, NY 10022; [www.flrl.org/Espanol](http://www.flrl.org/Espanol); Tel. 212-371-1011, ext. 3197.*

**Ministry opening – Diocesan NFP & Marriage Preparation Coordinator.** The Archdiocese of Washington is seeking a full time coordinator for NFP and Marriage Preparation programs. Minimum educational requirements: BA in Theology or related field. Minimum experience required: three – five years working in ministry. Must demonstrate strong interpersonal and presentation skills. Have excellent oral and written communication skills. Must also be proficient in MS Word and database management. Bi-lingual preferred. *Send cover letter and CV: [ArchdioceseHR@adw.org](mailto:ArchdioceseHR@adw.org); FAX, 301-853-7680; Director*

*of Human Resources, PO Box 29260, Washington, DC 20017-0260.*

**Ministry Opening -- Director of the Office for Family and Youth Ministry.** The Diocese of Springfield, Il, is seeking a dedicated person with the following qualifications and skills: 3 years as associate director or director of family ministry, solid understanding of the Catholic faith particularly Church teaching related to sexuality, chastity, marriage and family. Lives the Church's teaching on the virtue of chastity according to his/her state in life. Possess excellent organizational skills in planning large and small group events and program administration. Good relationship skills working with clergy, adults and youth to plan programs, retreats, networking and training with NFP teachers, working with bereavement and divorce ministry personnel, and marriage prep teams. Good communication and group dynamic skills to facilitate and train youth or adults, marriage prep couples, parish teams and ministers. Serve as adjunct faculty for the Family Life Specialization of the Lay Ministry Formation Program, year 3. Meets the requirements for a NFP coordinator as set by the USCCB *Standards for Diocesan NFP Ministry*. Has a good understanding of the liturgical norms for Masses and other liturgical celebrations for family ministry events. *Resume and references to: Office for Human Resources, P.O. Box*

*3187, Springfield, IL 62708-3187, or email to [HR@dio.org](mailto:HR@dio.org).*

**Prenatal Partners for Life** is a new Pro-Life support organization for parents who receive a difficult prenatal diagnosis for their baby or deliver a special needs child. *Contact: Cathy Deeds, 1-703-931-1512 or Mary Kellett, 1-763-772-3868; see also, [prenatalpartnersforlife.org](http://prenatalpartnersforlife.org).*

### **Know a Pro-Life Physician?**

If so, you could potentially help shape our culture into a Culture of Life. K&B Underwriters, experts in medical malpractice and elder care insurance, is looking for pro-life physicians to take a brief online survey.

K&B Underwriters hypothesize that pro-life physicians, because of their pro-life medical philosophy and practices, have lower medical malpractice claims than physicians in general.

If their hypothesis proves true, K&B Underwriters can work with the insurance industry to create a pro-life insurance product that could potentially lower medical malpractice premiums for pro-life physicians. In addition, this could give other physicians a business reason to join in the Culture of Life.

If you know a pro-life physician, let K&B know who they are by going to [www.kbunderwriters.com](http://www.kbunderwriters.com) and clicking on *Culture of Life Physician Contact Information*. Feel free to send physicians directly to the website as well where they can read a White

Paper explaining K&B Underwriters' Culture of Life hypothesis and complete the *Physician Survey*. The survey takes less than 10 minutes to complete!

Rarely is an opportunity like this available to directly impact our culture. Your participation will help move our culture towards a Culture of Life!

### **On-line NFP chat group in the Washington, DC area.**

Therese Rodriguez, RN, a STM teacher with the Archdiocese of Washington has started an NFP chat group through her parish, St. Martin of Tours, Gaithersburg, MD. *Contact: tkcrodrig@yahoo.com; see also www.stmartinsweb.com.*

## **Resources**

### *Books*

**Dawn Eden, *The Thrill of the Chaste: Finding Fulfillment While Keeping your Clothes On*** (Nashville: W. Publishing Group, 2006). Author, Dawn Eden, a self-identified agnostic Jew who converted to Christianity, provides a down-to-earth honest discussion on why chastity is empowering and the philosophy of the casual sex culture is not.

**Anonymous, MD, *Unprotected, A Campus Psychiatrist Reveals How Political Correctness in Her Profession Endangers Every Student*** (New York: Sentinel, 2006). The author, Dr. Miriam Grossman, a psychiatrist in the UCLA health services, provides a candid discussion of the problem regarding college health care and the real state of students' sexual health. Campus health care centers are "white-washing the painful consequences of casual sex, STDs and abortion," said Dr. Grossman in a radio interview. This book asks for an end to the social silence on the dangers of casual sex. This is "must" reading for all parents and especially chastity educators.

### *Audio*

***The Smart Sex CD Series.*** In this new 3 CD set, Dr. Jennifer Roback Morse shows why the sexual revolution has been so disappointing, and how traditional Catholic Christian teaching predicted this all along. The series includes three CDs:

**CD 1. What's the Difference Between Smart Sex and Safe Sex?** Includes . . .

4 Examples of Dumb Sex.

What Smart Sex Really is.

3 Secrets of Smart Sex.

**CD 2. Science Shows that the Church has been right all along!** Includes . . .

Why the Church's teaching is more than NO!

The secret "yes" that all the "no's" point to!

How neuroscience shows that kids need their mothers.

How social science shows that marriage is good for adults and kids.

**CD 3. Why Contraception is NOT the answer.** Includes . . .

How Contraception makes Dumb Sex possible.

The Ideology of Contraception.

How contraception affects relationships.

How contraception disrupts the natural cycles of women's lives.

The social costs of postponed fertility.

*Contact: [drj@jennifer-roback-morse.com](mailto:drj@jennifer-roback-morse.com) or call 760-295-9278. (See ad below)*

## The Sexual Revolution has not made people happy.

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### About Dr. Morse

*Jennifer Roback Morse, Ph.D. brings a unique voice to discussions of love, marriage, sexuality and the family. A committed career woman before having children, she earned a doctorate in economics, and spent fifteen years teaching at Yale University and George Mason University. Born into a Catholic working class family, Dr. Jennifer Roback Morse lapsed from the Catholic faith for twelve years. The devastating experience of*

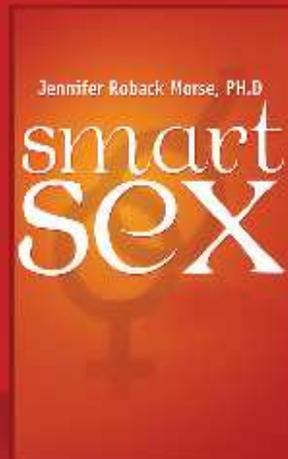
*infertility brought her to her knees and back to the practice of the Catholic faith. In 1991, she and her husband adopted a two year old Romanian boy, and gave birth to a baby girl. She left her full-time university teaching post in 1996 to move with her family to California. She is now a part-time Research Fellow at the Acton Institute for the Study of Religion and Liberty, and writes and speaks about love, marriage, sexuality and the family.*

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## Prayers Requested . . .

As this newsletter was completed we received word that Dr. John Billings, co-founder of the Billings Ovulation Method, is dying. His wife Lynn and their family are with him. We ask you to keep him and the Billings family in your prayers.

John Billings is a giant in Natural Family Planning history. His dedication and deep faith have been and will continue to inspire us all. Let us pray that our loving Father will receive him with great joy that His servant has come home after a job well done!

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