Dignitas Personae (Instruction on Certain Bioethical Questions) – Excerpts

Congregation for the Doctrine of the Faith

On September 8, 2008, the Congregation for the Doctrine of the Faith issued the long-awaited instruction on assisted reproductive technologies, Dignitas Personae. Below are excerpts. The complete document can be read at: http://www.usccb.org/comm/Dignitaspersonae.

1. The dignity of a person must be recognized in every human being from conception to natural death. This fundamental principle expresses a great “yes” to human life and must be at the center of ethical reflection on biomedical research, which has an ever greater importance in today’s world.

3. In presenting principles and moral evaluations regarding biomedical research on human life, the Catholic Church draws upon the light both of reason and of faith and seeks to set forth an integral vision of man and his vocation, capable of incorporating everything that is good in human activity, as well as in various cultural and religious traditions which not infrequently demonstrate a great reverence for life.

3. The Magisterium also seeks to offer a word of support and encouragement for the perspective on culture which considers science an invaluable service to the integral good of the life and dignity of every human being. The Church therefore views scientific research with hope and desires that many Christians will dedicate themselves to the progress of biomedicine and will bear witness to their faith in this field.

4. The body of a human being, from the very first stages of its existence, can never be reduced merely to a group of cells. The embryonic human body develops progressively according to a well-defined program with its proper finality, as is apparent in the birth of every baby.

(Continued on p. 2)
Recalling *Donum vitae*, the Instruction repeats)

“The human being is to be respected and treated as a person from the moment of conception; and therefore from that same moment his rights as a person must be recognized, among which in the first place is the inviolable right of every innocent human being to life.”  
(DV, I, 1)

7. In the mystery of the Incarnation, the Son of God confirmed the dignity of the body and soul which constitute the human being. Christ did not disdain human bodiliness, but instead fully disclosed its meaning and value . . . .

9. These two dimensions of life, the natural and the supernatural, allow us to understand better the sense in which the acts that permit a new human being to come into existence, in which a man and a woman give themselves to each other, *are a reflection of trinitarian love*. “God, who is love and life, has inscribed in man and woman the vocation to share in a special way in his mystery of personal communion and in his work as Creator and Father” (DV, #3).

10. The Church, by expressing an ethical judgment on some developments of recent medical research concerning man and his beginnings, does not intervene in the area proper to medical science itself, but rather calls everyone to ethical and social responsibility for their actions. She reminds them that the ethical value of biomedical science is gauged in reference to both the *unconditional respect owed to every human being* at every moment of his or her existence, and the *defense of the specific character of the personal act which transmits life*.

12. With regard to the *treatment of infertility*, new medical techniques must respect three fundamental goods: a) the right to life and to physical integrity of every human being from conception to natural death; b) the unity of marriage, which means reciprocal respect for the right within marriage to become a father or mother only together with the other spouse;19 c) the specifically human values of sexuality which require “that the procreation of a human person be brought about as the fruit of the conjugal act specific to the love between spouses” (DV, # II, B, 4).
Dignitas Personae – Questions and Answers continued

3. Does it have precedent in other Church documents?

Yes. Chiefly it is a sequel to “Donum vitae: Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation,” issued by the Congregation in 1987 to address human “in vitro” fertilization (IVF) and the abuse and manipulation of human life in its earliest stages that this technology made possible. Other judgments in the document – on human cloning, embryonic and adult stem cell research, genetic engineering, drugs and devices for preventing implantation, etc. – confirm and elaborate statements made in past speeches or other documents from Pope John Paul II or Pope Benedict XVI, or in the Holy See’s interventions at international forums such as the United Nations. In recent years these topics have also been the subject of symposia and/or documents from the advisory body, the Pontifical Academy for Life.

4. Why is the Catholic Church opposed to reproductive technologies such as “in vitro” fertilization?

The child conceived in human procreation is a human person, equal in dignity with the parents. Therefore he or she deserves to be brought into being through an act of total and committed marital love between husband and wife. Technologies that assist the couple’s marital union in giving rise to a child respect this special dignity of the human person; technologies that replace it with a procedure by a technician in a laboratory do not. The moral problem is aggravated by efforts to introduce gametes (sperm or egg) from people outside the marriage, to make use of another woman’s womb to gestate the child, or to exercise “quality control” over the child as though he or she were a product. IVF as practiced today also involves a very high death rate for the embryos involved, and opens the door to further abuses such as embryo cryopreservation (freezing) and destructive experimentation.

5. What topics in this document have not been specifically addressed in past teaching documents?

Some very new issues are discussed here for the first time. Some proposed methods for altering the technique for human cloning so it will produce embryonic stem cells but not an embryo (e.g., “altered nuclear transfer”) are judged to require more study and clarification before they could ethically be applied to humans, as one would have to be certain that a new human being is never created and then destroyed by the procedure. (These cautions do not apply to an even newer technique, using genetic or chemical factors to reprogram ordinary adult cells directly into “induced pluripotent stem cells” with the versatility of embryonic stem cells. This clearly does not use an egg or create an embryo, and has not raised objections from Catholic theologians.) Proposals for “adoption” of abandoned or unwanted frozen embryos are also found to pose problems, because the Church opposes use of the gametes or bodies of others who are outside the marital covenant for reproduction.

Behind every “no” in the difficult task of discerning between good and evil, there shines a great “yes” to the recognition of the dignity and inalienable value of every single and unique human being called into existence.
(Dignitas Personae, Conclusion)
The document raises cautions or problems about these new issues but does not formally make a definitive judgment against them. The document also goes into far more detail than past documents in raising moral concerns about use of “germ-line” genetic engineering in human beings, for treatments and especially for supposed “enhancement” or tailoring of human characteristics.

6. Do the cautions or negative judgments on such developments indicate a suspicious attitude toward modern biotechnology in general?

On the contrary, the document says that in making use of these new technological powers the human being “participates in the creative power of God” and acts as “the steward of the value and intrinsic beauty of creation.” It is because this power carries with it great responsibility that we must never misuse technology to demean human dignity, but always to serve the value and dignity of every person without exception. Misuse of genetic technology may make possible new forms of discrimination and oppression of the weak by the strong, in which some human beings exert ultimate control over others – creating and destroying them for supposed benefit to others, manipulating them to make the “better” human being, or denying them their most fundamental rights because they do not measure up to someone’s standard for human perfection. Because science and technology have a great potential for doing both good and evil, they must be guided by an ethic grounded in human dignity.

The above text can be downloaded for free from: http://www.usccb.org/comm/Dignitaspersonae/Q_and_A.pdf.
Where’s the Dignity?  
Mother of Fourteen Becomes Media’s “Octomom”  

Helen Alvaré, J.D.

The headlines blared “Octomom fell fast from miracle mom to punch line,” and “Octomom erupts.” The stories were referring to a woman, Nadya Suleman, who had given birth to eight living babies by means of in vitro fertilization using donor sperm. The search for the identity of the father was not long in coming: “Man Gave Sperm 3 Times, Believes He May Be Octuplets’ Dad” (followed by the subheading: Tune in to ABC News’ “Good Morning America” Monday Feb. 23 to learn the identity of the man who possibly fathered the Suleman octuplets.”) This was followed by the response headline: “Octo-Mom: He’s Not the Dad” a story which ended with the observations “But it looks like his 15 minutes of fame are over before they began!” Social networking websites are hosting “clubs” supporting or bashing Ms. Suleman, and a YouTube music video features a Suleman impersonator spewing babies while a doctor catches them in a baseball glove.

Where’s the dignity of new life in this story? Where’s the dignity of motherhood and of the family? Surveying the media carnage, there doesn’t seem to be a shred of dignity left to anyone involved with this story. We have an impoverished, multiparous, single mother with a baby-fetish, in an impoverished extended family, who meets up with an irresponsible fertility doctor willing to implant more embryos than can ordinarily safely develop or be carried to term. If you think about the scenario a bit more deeply, it is not difficult to conclude that once law and society allow human conception to take place in a retail setting, outside of an intimate marital relationship, and thus vulnerable to the tender mercies of the “laws” of the market and of fallible human desires, it’s not at all surprising that mothers and their children so conceived would be treated as legitimate objects of public commentary, scrutiny and even scorn. Decisions about how many children to have, whether to bear them serially or all at once, how to conceive them, who will be the daddy, and whether or not to get married first, all become like “preferences,” any of which can be acted upon legally, and each of which might alternatively appeal to or disgust different onlookers.

In the United States, state and federal lawmakers have contributed importantly to this state of affairs by deciding not to decide. They have not taken the trouble discern or to form any social consensus about the wisdom of any of these “preferences.” Unlike their behavior in other areas of the law involving children, they have not even mandated a floor below which adults’ behavior may not fall – a floor ordinarily called the “best interests of the child.” All has been left to the market to decide. And not surprisingly, the adults who constitute and run the market – and who influence the lawmakers -- have decided both that they want babies technologically if they have difficulty bearing them naturally, and that there’s a boatload of money to be made providing babies to would-be parents. Experts estimate the size of the U.S. fertility industry to be in the billions of dollars. (see Debora Spar, The Baby Business: How Money, Politics and Commerce Drive the Science of Conception (2006)). Thus no state has any law restricting the use of assisted reproduction to married versus single persons, or restricting the number of embryos that may safely be artificially implanted into a woman. All of this has brought us to the question with which I began this paragraph: “where’s the dignity?”
The short answer is that human dignity cannot be destroyed. We are made in God’s image and likeness and can never become in essence “contemptible.” Nadya Suleman and her children are human beings made in God’s image and likeness. But indeed their dignity has sadly been obscured. In the case of the children, it has been assaulted from the beginning of their very existence.

The Suleman story and the public’s vociferous response helps us understand quite clearly why the Vatican’s recent instruction (December 2008) about technological interventions upon nascent human life, was entitled *Dignitatis Personae*, On the Dignity of the Human Person. What is at stake is nothing less when technology intervenes in human procreation. The instruction reminds us that the dignity of every human person is real but fragile. So fragile that it is very easy for even a brilliant scientist or loving, would-be parents, to misunderstand or ignore it. Humanity’s capacity for moral understanding, and for love and disinterested sacrifice, images but cannot equal God’s.

Which is why social practices and laws need to work hard to affirm and promote this dignity. Particularly to recognize the demonstrable fact that children’s and parents’ dignity is naturally upheld when procreation takes place via an act of love between committed, married parents. Consider just three aspects of this dignity that are naturally upheld when the latter situation obtains: the children are “made by love,” the only fit beginning for a human being, and within a setting naturally inclined to provide them the long-term and intensive care that human infants require. The child knows both of his or her parents, and has before him or her, an example of committed love by which to understand God’s love and to learn how to love others in the world. Finally, natural conceptions result usually in one or several children who can be carried safely to term. Questions about how many children parents decide to have, the “safety” of the method of conception for both the child and the parents, and the desirability of the “family form” into which the child is brought are almost never troubling. The law responds to this by easily leaving these matters to the natural and private choices of the parents. The parents’ and children’s dignity is almost never called into question by outsiders.

Now contrast this setting with laboratory assisted conception. The latter setting raises red flags at every turn. For example, the twin rate for assisted conception patients in the year 2000 reached 444.7 per 1000 live births; the triplet rate in 2000 was 98.7 per 1000 live births. (See *Trends in Multiple births Conceived using Assisted Reproductive Technologies, United States: 19970-2000, 111 Pediatrics 1159 (May 2003)*) When the number of unborn children conceived artificially is sufficiently high, doctors will recommend, even insist upon, “selective reduction” (abortion of one or more of the gestating children.) Doctors encourage women to accept the implantation of multiple embryos so that the fertility clinics’ “success rates” will appear high.

But multiple conceptions are dangerous for the babies involved and for their mothers, and raise the question of parents’ entire original disposition toward these new lives they are carrying. Recent findings indicated that even “singleton” pregnancies via IVF carry higher risks for the child’s well-being as compared with natural conceptions. (See Gina Kolata, Picture Emerging on Genetic Risks of IVF, New York Times, February 16, 2009) Finally, childbearing outside of marriage is closely associated with difficulties for mothers and children. It is robustly correlated with poverty and with emotional and educational difficulties for the children. Planned single-parenthood, costing thousands of dollars (millions in the case of the Suleman octuplets; see Kim Yoshina
and Jessica Garrison, Octuplets could be costly for taxpayers, Los Angeles Times, Feb.11, 2009) and months of efforts, seems even more quixotic, more apparently adverse to the children’s best interests in the eyes of many.

Is it any wonder then that a pregnancy that began without due respect for the dignity of the lives involved would come to be associate with a most undignified media circus? Or that the public felt free to question whether a person who appeared to act like a “consumer” respecting children, made the right “consumer decisions?” They asked whether she had a right to have so many children in a world of limited resources, whether the children should receive any public monies, and whether the medical provider had a right to offer such services? Because human procreation has been reduced to a commodity for purchase questions particularly about the number of children per family can almost appear reasonable.

_Dignitatis Personae_ urges us to “recognize[] the legitimacy of the desire for a child and understand[] the suffering of couples struggling with problems of fertility.” But it reminds us that “[s]uch a desire… should not override the dignity of every human life to the point of absolute supremacy. The desire for a child cannot justify the “production” of offspring.”

The Suleman saga makes manifest the assault on the dignity of human live brought about by assisted reproduction. It allows us to see clearly the risks of abandoning the natural protections for dignity offered by marital procreation. It alerts us to the inadequacy of our current laws and policies for shielding fragile human dignity. Lawmakers may respond to this

current saga with proposals for restricting the simultaneous creation high numbers of embryos, or limiting the numbers of embryos which may be transferred into a woman’s uterus, or even restricting such technology to married or working parents (though I seriously doubt the latter). Such a response would be useful, but inadequate for protecting the full measure of dignity granted by God to each human person, but it would be better than this sorry state of affairs. Human beings deserve always to be brought into existence through a personal act of marital love.

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During an interview with the press en route to Africa, Pope Benedict was asked about the use of condoms to combat AIDS in Africa. He answered that the epidemic “cannot be overcome by the distribution of [condoms]: on the contrary, they increase it.”

Many assumed that Pope Benedict’s comments reflected only the Church’s moral opposition to contraception and to sexual activity outside marriage and had nothing to do with sound science. He was harshly criticized for calling into question the central dogma of the sexual revolution that “safe sex” is free of consequences. Many AIDS experts have found that condoms do not work and, as Benedict observed, may be “exacerbating the problem” in Africa. Harvard researcher Edward C. Green—who spent 25 years promoting the use of condoms in Africa to combat AIDS—is just one who has publicly defended the Pope’s viewpoint.

Part of the explanation for why condoms aren’t the answer to the AIDS epidemic in Africa is the phenomenon of “risk compensation,” a person’s greater willingness to engage in potentially risky behavior when he believes his risk has been reduced through technology. Someone who uses sunscreen is likely to stay in the sun longer, and studies have shown an increase in melanoma among sunscreen users. Seat belts “save lives,” but in 23 months after mandatory seat-belt laws went into effect in the United Kingdom, traffic fatalities increased due to more careless driving.

Similarly, experts in sexually-transmitted diseases have found that risk compensation may occur with condom use. As noted in a 2006 study co-authored by a senior advisor in the USAID Office of HIV/AIDS, many HIV researchers have reported that “the perception that using condoms can reduce the risk of HIV infection may have contributed to increases in inconsistent use, which has minimal protective effect, as well as to a possible neglect of the risks of having multiple sexual partners. Thus, the protective effect of promoting condoms … could even be offset by aggregate increases in risky sexual behavior” (emphasis added). The authors stress that behavior change (abstinence, monogamy, fewer partners), which has proven “a feasible and effective approach to preventing new HIV infections,” must be promoted in any HIV/AIDS prevention program.

The many problems with condoms

Although some claim condoms are 80-90% effective in preventing HIV transmission, that assumes perfect condition, and correct and consistent use. Studies have shown them far less effective among younger and less experienced adults.

The reality of “cumulative risk exposure” is also ignored by condom promoters. For example, with “repeated exposures to an infected partner, such as a man visiting a sex worker [sic] in Nairobi or Johannesburg once a month, the man will likely be infected within five months, even with consistent condom use.”

What works?

In 2004, 150 AIDS experts signed a Comment in the medical journal *The Lancet* calling for an evidence-based approach to preventing the sexual transmission of HIV/AIDS, with primary emphasis on changing behavior rather than promoting condoms to halt generalized epidemics. One co-author later testified to Congress: “No generalized HIV epidemic
WASHINGTON—A doctor, a nurse and two medical students gave testimonials on the importance of conscience protection in the medical field in four videos available on the Web at http://www.usccb.org/conscienceprotection. Their testimonies are part of an effort by the U.S. Conference of Catholic Bishops (USCCB) urging Catholics to tell the Obama Administration to retain Health and Human Services regulations governing conscience protection for health care workers.

Giving her testimonial in English and in Spanish, Sally Sanchez, R.N. of Provena Mercy Medical Center in Aurora, Ill., said of the nursing profession, “As part of our every action, I have to make a decision. Here I draw on my education, my life’s experience and my conscience.” She added, “If our government will not respect my right to follow my conscience, I can’t be the kind of professional you want at your bedside.”

Myles Sheehan, M.D., who practices internal medicine and geriatrics, spoke on the responsibilities of his field, noting that he and his colleagues “hold the extraordinary power of medicine in our hands.”

“We depend on our conscience for guidance as we work with our patients. For years, our government has recognized the importance of protecting conscience in a democratic society, especially in the field of medicine where human lives hang in the balance,” said Dr. Sheehan, who is also a Jesuit priest.

Medical students Michael and Kathryn Redinger of the Stritch School of Medicine at Loyola University in Chicago mentioned the Hippocratic Oath to do no harm to their patients. “We’ll rely on conscience so we never violate this oath,” said Kathryn.

These videos can be found along with other USCCB resources and a link to contacting Health and Human Services at http://www.usccb.org/conscienceprotection.
St. Joseph has always occupied an important place in the piety of Italian Americans. While I was raised in this tradition, my appreciation of Joseph has deepened over the years. Now the father of two daughters and a husband of seventeen years, I increasingly return to those Old World roots and to Joseph’s example for strength as I confront the unique challenges and responsibilities of middle adult life.

**True Manliness**

The contemporary decline of manliness in our society parallels the decline of the family. Our reverence for St. Joseph once served as an important reminder of the connection between true manliness and fatherhood and family, a connection that today is increasingly broken. The feminist crusade to replace masculinity with gender neutrality has stripped boys of positive male role models that would inform their moral imaginations and inspire them to fulfill honorably their responsibilities as husbands, fathers, and patriotic citizens.

At one time the absence of a father was viewed as tragic; today it is accepted as a legitimate alternative way to raise children. In some circles, fatherlessness is even planned and welcomed. Our commercial and popular culture ridicules fathers as bloated buffoons, epitomized by the cartoon character Homer Simpson. The father figure of our time is no longer an authoritative sage, as he may have been in times gone by. Consider the following versions of masculinity sold to us by today’s mass culture: the haughty CEO, the emasculated wimp, the charming gangster, the prima donna athlete, the psychopathic warrior, the postmodern cynic, and the playboy for whom sex has become sport. Each path descends to the lowest common denominator of vulgarity.

In *Manliness*, Harvey C. Mansfield decries the gender neutrality of contemporary culture. Unfortunately, this otherwise excellent book fails to mention any Christian models of manliness and the crucial role of Christianity in transforming pagan notions of manliness. It is within this context that I see a particular urgency to reaffirm St. Joseph as a positive masculine role model for our times.

**Tests of Character**

The strength of Joseph’s manly character was tested when he discovered that his betrothed was pregnant even though he had not yet “known her.” This was a situation that, to put it mildly, would have bruised anyone’s manly honor. As yet, the angel had not reassured Joseph that this was part of God’s plan. A lesser man, seeking only to defend his personal honor, might have demanded that Mary be stoned as an adulteress. Consider that “honor killings” still occur in the Middle East. Instead, the Gospel tells us that Joseph was “unwilling to expose her to shame” and that “he decided to divorce her quietly.” Putting aside his own bruised ego, Joseph acted charitably and without malice. He sought to handle the matter discreetly without further harm or humiliation to Mary.

Joseph’s restraint in this regard provides an important lesson in learning how to manage one’s impulsive rage and to control one’s temper. This is a particularly important lesson for those of us who were inclined in our youth to be “hot-blooded.” A spiritually mature man, like Joseph, is not governed by the tempests of...
wounded masculine pride. Patience and circumspection may lead us to discover that our initial judgment was wrong. This means standing back from the heat of the moment to listen to God, to our spouse, and to our children, just as Joseph listened to the angel and Mary, rather than succumbing to impulse and “snap judgments.”

Joseph further embodies Christian manliness in his role as protector of the Holy Family. Tradition refers to him as custos Domini (guardian of the Lord). One can point to Joseph as the greatest advocate of adoption, which is often ridiculed today and asserted to be a cause of dysfunctional families. Joseph testifies to the nobility of a self-giving love that transcends blood and genetics.

After accepting Mary as his wife, he seemingly failed in his role of provider to find a suitable place for Mary to give birth. To his frustration, humiliation, and disappointment, the inn was closed to them. It is highly unlikely that a wealthier, more powerful man would have been turned away with the same contempt and disregard. The closed inn remains a poignant symbol not only of marginalization and disappointment, but also of perseverance. Ultimately, Joseph found a place for the savior to be born, though it was a lowly stable.

Joseph was soon confronted with another major challenge to the security of his family. He was informed that he must take his family and flee to Egypt since Herod was seeking to destroy the child. Now he was a refugee. Yet this duty, too, he performed in obedience and trust.

Work & Faith

By trade, Joseph was a carpenter, a simple artisan, not an intellectual, not a scribe, not a prophet, not a priest. The passing of this craft to Jesus Christ affirmed for Christians the dignity of work and of manual labor. Pagan philosophy deprecated mechanical labor as suitable only for vulgar types and unbecoming for “gentlemen.” From the example of Joseph and his young apprentice in the carpentry shop, unschooled craftsmen and laborers could take heart that their vocations were honorable, and that they were following in the footsteps of their Lord and his foster father.

Joseph was responsible for passing on to his adopted son not only his trade as carpenter, but also his Jewish faith. His example challenges us fathers today to embrace our crucial responsibility in teaching and raising our children in the Christian faith. A sustained effort is required in view of the busyness of everyday life and the hostility of secular culture to Christian values.

Measured by today’s standards of manliness, Joseph may seem like a failure. His fiancée was pregnant with someone else’s child, he was unable to provide a suitable place for her to give birth and he was forced to take refuge in Egypt rather than fighting Herod’s minions. Indeed, Joseph’s humility and “ordinariness” stand in contrast to the commanding manliness of today’s wealthy CEO or to the haughty, intellectual snobbery of a university professor.

Yet Joseph embraced his responsibilities with manly fortitude, humility, righteousness, charity, and self-sacrifice. Despite great adversity and humiliation, which may have broken a man of less strength of character, he persevered, trusting that God would strengthen him in his efforts to provide for the Holy Family. He consistently put aside his own ego in the service of God and family. Those of us who are husbands and fathers can look to Joseph’s example when we experience our own frustrations concerning reputation, career, and material well-being. Images of St. Joseph frequently portray him holding a carpenter’s rule, which to me, symbolizes not only his craft but also his ability to rule and measure spiritual things.
**Joseph Needed Today**

Perhaps a future poet will be able to capture St. Joseph’s extraordinary ordinariness in the context of our time. As assimilation to modern culture has taken place, devotion to St. Joseph among Catholics seems to have waned. With some exceptions, his feast day has become just another day. His statue no longer appears in my parish church. Mary often stands alone, apart from her husband and family.

In forgetting Joseph, we deprive ourselves of a manly Christian role model sorely needed today. If our loss of reverence for St. Joseph is related to the decline of manliness and fatherhood in our culture, perhaps a renewal of that reverence will help us discern and cultivate what is truly best about ourselves as fathers and husbands.

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**“Be Her Joseph!”**

Tom Mealey

When we first married, my wife, Misty, and I were the typical secular couple. We relied on hormonal contraception. Due to bad side effects, that didn’t last long. Misty found out about Natural Family Planning (NFP) through a Catholic friend. Admittedly, I was suspicious of all the “hocus pocus” involving thermometers at o’ dark-thirty in the morning and observations written down in cryptic symbols on the NFP chart. That would all change in surprising ways once we got into living the NFP lifestyle.

Before having children, Misty had been an atheist and I had been an agnostic. With our first child, the miracle of life spurred a spiritual awakening in us. We realized the Holy Spirit had already led us into a Catholic life. Even after our conversion, however, NFP grew our relationship with each other and with God in ways we never expected.

We studied Pope John Paul II’s “theology of the body” and became excited about living out our faith and sharing it. It was thrilling to learn the compelling reasons behind the Church’s beautiful teachings on sex and marriage.

Much to my surprise, I also learned how grateful my wife was that I was willing to learn how her body worked. Sharing the family planning responsibility, as well as finding non-sexual ways of expressing affection and intimacy when we had good reasons to postpone pregnancy, strengthened our marriage and made me a better husband and father.

When we became Catholic, I knew I wanted to be the spiritual leader of our family, but I didn’t understand what that entailed besides herding our children to church on Sundays.

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Through NFP and Scripture, I discovered that I had a choice in the kind of man—the kind of husband—I was going to be.

We often blame Eve for eating the forbidden fruit. But in Genesis, we learn that after taking a bite, she turned and offered the fruit to Adam, who was with her.

Adam didn’t stop her and say, “This is a bad idea, let’s go.” He did not protect his wife, but stood by silently while the serpent convinced her to surrender her holiness and damage her relationship with God.

Then there was St. Joseph. When Joseph obeyed the angel who told him to bring Mary into his home, he was accepting the public shame and embarrassment of a pregnant fiancée. He sacrificed his personal honor and reputation to obey God and protect Mary and Jesus.

The choice for a husband is clear: he can be his wife’s Adam or he can be her Joseph. A man can stand by silently and allow his wife to suffer the physical and spiritual consequences of contraception. Or he can defend her virtue, body, and soul by using NFP. Today, contraception is accepted and expected. Any man who forgoes it for NFP will likely be exposed to ridicule and criticism. But as St. Joseph taught us, there are some things more important than the opinion of others. May we husbands choose to be Joseph to our wives!

Tom and Misty Mealey have four children and live in the Diocese of Richmond. This article is one of the new featured “Couples’ Stories” for National NFP Awareness Week, see: http://www.usccb.org/prolife/issues/nfp/nfpweek/index.shtml.

A Pioneer in NFP Science—Dr. Kevin Hume

Saturday, January 3, 2009 marked the death of Dr Kevin Hume, a pioneer scientist in NFP research. The directors of WOOMB International wrote the following upon the death of Dr. Hume:

Many of us knew Dr. Kevin as “Uncle Kevin,” the benevolent “uncle” who did so much to ensure the spread of the Billings Ovulation Method™ throughout the world. Dr. Kevin was a respected colleague of Drs. John and Lyn Billings. Dr. Kevin and his wife Peggy, accompanied Drs. John and Lyn on many of their trips to various countries, to teach the Billings Ovulation Method™ and to set up teaching centers.

Dr. Kevin was the person who introduced Professor Erik Odeblad to the Drs. Billings. As many know, that was the beginning of an important collaboration for the Billings which yielded an increase in our scientific knowledge about cervical mucus. Dr. Kevin was also the instigator of the Billings’ team to attend the United Nation’s Women’s Conference in Beijing. That tradition has been carried by others to ensure our presence at other U.N. meetings.

In the last six months of his life, Dr. Kevin was cared for by his family and the Little Sisters of the Poor. We know he will now be rejoicing in the reunion with His Creator as well as his beloved Peggy and John Billings.

We pray for the repose of the soul of Dr. Kevin Hume and give thanks for this wonderful man and for his valuable contributions to the development and spread of the Billings Ovulation Method™!
The late Most Rev. George H. Speltz knew and understood the wisdom of Humanae vitae when others rejected it. In the Church he courageously promoted the teaching of the papal encyclical and the use of Natural Family Planning (NFP).

Bishop Speltz led the Diocese of Saint Cloud from 1968 to 1987. He initiated bringing the Billings Ovulation Method of NFP to our diocese and was among the first Bishops in the United States to support NFP so completely that it became part of the diocesan structure. In fact, we are proud to say that the Diocese of St. Cloud was among the pioneer dioceses that quickly established NFP ministry soon after 1968.

In 1972 Bishop Speltz hosted a symposium about NFP at Saint John's University in Collegeville, Minnesota. Fr. Paul Marx opened the session and introduced Dr. John Billings, founder of the Billings Ovulation Method. Attendees were very impressed and eager to learn more about this new scientific method of Natural Family Planning.

Later that year, on October 8, the Billings Ovulation Method was presented to Catholic women in the diocese, at their 19th Annual Convention for the Diocesan Council of Catholic Women. Many were surprised to see Bishop Speltz in attendance. He humbly asked, “May I listen?”

Interest in the Billings Ovulation Method was immediate. Under the direction of Bishop Speltz and Reverend Edwin Kraemer (Director of the Family Life Bureau), Kay Ek and Mary Hughes traveled to New Orleans for the “first ever” Billings Ovulation Method Teacher Training in the United States. Unwavering support by Bishop Speltz and consistent backing by later bishops in the Diocese of St. Cloud have allowed our diocesan NFP ministry to flourish.

Bishop George H. Speltz was a brave and valiant NFP Pioneer. His entrance into the “USCCB NFP Hall of Fame” is a fitting gesture of gratitude from the Body of Christ!

Sheila Reineke, OTR/L, is the NFP Program Coordinator for the Diocese of Saint Cloud (sreineke@gw.stcdio.org)
Msgr. William Smith, Defender of Life

Brian Caulfield

The first weeks of 2009 marked profound losses for Catholics in New York and beyond.

As most of you know, Father Richard John Neuhaus, a leading voice for Catholic truth through his magazine First Things, passed away on January 8th after a second bout with cancer. A former Lutheran minister, he marched with Martin Luther King for civil rights in the 60s and was a pro-life leader after the 1973 Roe v. Wade decision. In 1990 he was received into the Catholic Church by John Cardinal O'Connor and ordained a priest by him a year later.

Less well known on the national level, but every bit as eloquent a defender of life, was Monsignor William B. Smith, a professor of moral theology for more than 30 years at St. Joseph's Seminary (Dunwoodie) in Yonkers. The venerable monsignor died on Saturday (Jan. 24) after a 10-day hospital stay. He had been teaching his regular schedule of classes up until he was admitted to the hospital on the day of Father Neuhaus' Funeral Mass. I have word from a Dunwoodie priest that Monsignor Smith had not been feeling well for some time, and that he was conscious and aware of his dire condition the day before his death, at the age of 69. Ordained in 1966, he was a priest for nearly 43 years.

Monsignor Smith was not an influential editor or adviser of presidents, as was Father Neuhaus, but he was an inspiration to countless Catholics in the pews, particularly pro-lifers and NFPers, who looked to him for guidance and encouragement for more than 30 years. Monsignor Smith was the North Star of Church teaching on contested issues such as contraception, abortion and the assorted ethical issues that have come with biotechnology.

He was known for his direct manner and what he described as "sandpaper" personality, and also for great patience with his students and seminarians. He was not impressed with himself or his position and thus was not afraid to speak his mind to those of high office.

In the 1980s, he had dialogues with New York Gov. Mario Cuomo, when the latter was loudly voicing his "personally opposed but..." stance on abortion, in opposition to Cardinal O'Connor. After one such encounter with the Governor, Monsignor Smith said that he hoped Cuomo would be voted out of office, but not for political reasons. He hoped that, away from politics, Cuomo would join Gov. Hugh Carey, a fellow Catholic, in renouncing his pro-abortion stance in the more reflective moments of retirement. To Monsignor Smith, the state of the soul was more important than the governing of the state.

Monsignor Smith was also known for his quick wit and dry, sometimes biting humor. "I see from the fact you are here that you have escaped the abortion holocaust," he would begin many a lecture. "But don't take comfort, because we are all candidates for the coming euthanasia holocaust." It was his startling way to warn whoever would listen that the price of liberty is eternal vigilance.

Like an effective prophet, he often was disarming in speech and manner. Like a good priest, he loved the sacraments and conveyed this love to others. May he soon see the Lord whom he served so well, and may he pray for us, who suffer from the loss of his presence.
Teaching the Non-Traditional Couple

Misty Mealey

Natural family planning services are increasingly sought by couples who intend to use the method illicitly. How can NFP providers conscientiously serve these clients?

The man sitting across from FertilityCare professional Mary Knutson was clearly upset. After suffering a divorce, Jeff* hoped to use the Creighton model to conceive a child with Jean, who had three children from a previous marriage. The couple was engaged, but had not set a date to be married. They lived together with Jean’s children in a nearby rural community.

Jeff told Knutson he didn’t feel close to Jean’s children, and had no intention of adopting them after they married. When sharing his desire for a child of his own, he became highly emotional, raising his voice and emphatically pointing at Knutson. At times he fought back tears. His desperation was no doubt fueled by the couple’s miscarriage six weeks earlier.

After talking to Jeff and Jean about their situation, Knutson found herself in the midst of an ethical quandary with no easy answers. There were plenty of good reasons to teach the couple to chart their fertility. Jean had recently gone off hormonal contraception and without the cycle information provided through charting, she was vulnerable to another miscarriage.

Teaching the couple also could help Knutson complete her Natural Family Planning Practitioner Certification through Creighton University/Pope Paul VI Institute in Omaha, Nebraska. Her practicum required her to teach nine couples to qualify to take her final exam.

And then there was the chance to evangelize Jean and Jeff, which might be lost if Knutson refused to provide services.

Despite these potential benefits, however, Knutson still struggled with whether to help the couple conceive a child under such unstable circumstances. Jeff had continuously refused to set a wedding date, indicating a lack of commitment to Jean. He felt little responsibility to or affection for Jean’s existing children. Combined with his emotional intensity, Knutson questioned whether Jean and her children would be vulnerable to abuse if the couple had a child together. “I had the feeling he was using Jean as last-ditch effort to have a child,” says Knutson.

As a Catholic, Knutson also had her own convictions to consider. “Although it was apparent they really didn’t need my teaching or approval to have sexual relations, I didn’t want to help them to achieve pregnancy before they were married,” says Knutson, who is currently a nurse in Caledonia, MN.

Knutson discussed the situation with faculty at Pope Paul VI Institute, and decided to discuss her dilemma at the next follow-up meeting with Jeff and Jean. It was during that meeting that Jeff became visibly angry and accused her of trying to rob him of his chance to be a father. Two days later, Knutson called to offer what she believed was a reasonable compromise: she offered to teach just Jean to chart to help avoid further miscarriages, but insisted on delaying instruction that would help the couple conceive until after they married.
But by then, Jean and Jeff had decided to pursue artificial fertility treatment through a local medical center instead. Knutson never heard from them again.

Knutson’s situation illustrates the increasingly murky waters NFP professionals wade into when promoting NFP. While most couples who seek services are married or engaged to be married, it’s not unusual to encounter a decidedly non-traditional couple seeking to learn NFP. Providers must then struggle with whether the good of teaching the couple the beauty of fertility awareness and exposing them to the Church’s vision of marriage outweigh the scandal of helping the couple use their fertility illicitly. Not to mention the possibility of becoming complicit in the couple’s immoral behavior.

“Natural Birth Control”

An especially common situation NFP instructors are likely to encounter is the unmarried couple seeking to use the method to avoid pregnancy. These couples are usually attracted to NFP because it is healthier than hormonal contraception. But because they typically view NFP as “natural birth control,” they can balk when the instructor advises abstinence during the fertile time.

Kristin Colton once encountered such a situation when teaching a non-Catholic couple the Billings Ovulation Method. The couple insisted on using condoms during the fertile time in hopes of maximizing the availability of intercourse. Colton explained that barrier methods can affect the woman’s cervical mucus observations. She also shared the abysmal effectiveness rates of condoms and emphasized their likelihood of an unexpected pregnancy. Using barriers also would impede the woman’s ability to develop confidence in the method, she told them.

In the end, the couple decided to keep using condoms. Colton explained she could not properly teach and advise them as long as they were using barrier methods, so they all decided to amiably end their professional relationship.

Other providers are willing to work with couples who use barriers, as long as the couple is honest about their use and willing to concede that a surprise pregnancy would be a failure of the barrier and not NFP.

Lauren Fuller recalls working with such a couple. After making sure her clients understood the lower effectiveness rate of condoms, Fuller reviewed their first six charts and provided feedback on their use of the rules. The couple gave up condoms when they began using NFP to try to conceive later. “We developed a nice relationship, and I think that will allow me to bring up the subject once more if they are able to have a baby and begin using NFP to avoid again,” says Fuller, who is the NFP Coordinator for Northwest Family Services.

Still more challenging is the client who declines to give up hormonal contraception while learning NFP. Mary O’Connor was once contacted by a friendly young engaged couple who had learned about NFP during marriage preparation. The woman excitedly set up a class date with O’Connor, who teaches the Harrisburg Method in Roanoke, Va. After the first class, however, O’Connor learned the woman was cohabitating with her fiancé and was on the Pill. She explained to the woman that hormonal contraception suppresses ovulation and consequently, there would be no fertility signs to observe and chart. The couple still wanted to learn NFP.

“I went over everything, but there were no charts to review and I didn’t hear from them again,” says O’Connor. She sent the couple a card on their wedding day a few months later, with an added note to contact her if they needed help with NFP in the future.

Most providers agree that teaching an unmarried couple to use NFP does not imply permission for its illicit use. “Even when we review the couples’ charts, we never are ‘giving permission to have sex,’” said Rose Fuller, Executive Director of Northwest Family
Services. “We are simply describing how the rules of NFP apply to their circumstance.”

**Using NFP to Conceive**

While most couples seek NFP instruction to avoid pregnancy, occasionally one wants to learn the method to conceive a child. For the NFP provider, helping these clients participate in the creation of new life is a joy and a privilege.

Then there are couples like Jeff and Jean. Most providers are unsure whether it is moral for them to teach an unmarried couple how to chart fertility, knowing that couple intends to use it to conceive a child out of wedlock.

On rare occasion, a provider may even be approached by a same-sex couple seeking to conceive. Last year, Couple to Couple League (CCL) instructors Laura and Brian Hall received a call from Donna, a divorced woman who wanted to attend their course with her lesbian partner. Although Donna had children from her previous marriage, she hoped to conceive a child with her partner using donated semen. They wanted to take the NFP class to “experience the whole pregnancy and childbirth thing together.”

“We told her Catholic morality and theology would be presented, including that homosexual behavior is sinful,” said Laura, who is the NFP coordinator for the Diocese of Richmond. “She said she was used to that.”

The situation was diffused when Donna’s recent surgery precluded her from attending the upcoming class series. She promised to call back at a later date.

“I kept wondering if maybe I should have witnessed more, but I think we always second guess ourselves,” said Laura. She resolved to pray for the woman, her partner, and the woman’s children. “The conversation was friendly and I do feel like I was able to ‘love the sinner but hate the sin,’” said Hall.

The Halls responded appropriately, according to Ann Gundlach, project manager for CCL. Such dilemmas are the reason CCL strongly emphasized how to properly witness when revamping its teaching program in recent years. “Our teachers were finding the atmosphere in their classes changing once they started getting couples who were there solely for a premarriage requirement, since many of them are cohabitating and sexually active before marriage,” Gundlach said.

“We view these situations as an opportunity to expose couples to these truths for perhaps the first time,” said Gundlach. Although some might use the information immorally, “we believe it is wrong to withhold the truth from someone, especially a person who needs that truth more than ever,” she said.

**A Chance to Evangelize**

The consensus among NFP providers is that teaching the non-traditional couple is a unique opportunity to bring them closer to Christ and His Church. When providers speak about NFP within the context of marriage, it is an opportunity to witness to the beauty and dignity of the marriage relationship, according to Rose Fuller.

And while some couples will not respond to the invitation to live chastely, others will. David and Louise Aldred, CCL instructors in Great Britain, were once approached by an unmarried couple that had been cohabitating for several years. The couple sought to use NFP after experiencing dissatisfaction with other family planning options.

During their NFP course, the Aldreds shared the moral aspects of NFP and explained why premarital intercourse was wrong. Prior to the final class, the couple called to say they were finding it difficult to use NFP and were not planning to continue.

“We told them we believed it was probably the nature of their relationship that was the problem, rather than
NFP,” said David. “NFP focuses on the aspects of a relationship that are strong in marriage, and weak outside it, such as the complete gift of self.”

The couple completed the course, but hurried away at the end. Some time later, the Aldreds received an invitation to their wedding.

Challenging the couple had had a decidedly positive outcome. “They had decided to address the problem, rather than just its symptoms,” said David.

*All client names have been changed to protect their privacy.

Misty Mealey is a member of the NFP Advisory Committee for the Diocese of Richmond. She lives with her husband Tom and four children in Virginia.

“If all the world's families would spend a little time together in prayer, I believe we would have peace in the world.

Just as love begins at home, so peace begins at home - when a family is united through prayer.”

~Mother Teresa
In every Catholic wedding, the priest asks the question, "Will you accept the blessing of children lovingly from God," and the couple responds.

There isn't a caveat or a footnote or an asterisk to that particular answer or question, designed to explain away exceptions or alternatives. It is a promise a couple makes to God in the process of obediently submitting to the sacrament of marriage. The choice to have children was made on that altar amidst family and friends, prayers and flowers... "Yes."

As the mother of eight, soon to be nine children, even total strangers have remarked to me, "You must have wanted a large family." No. I have to confess, that wasn't my plan at all. I planned to get a Ph.D. and run a school, and maybe one day teach English at my alma mater. That was my plan. I loved my husband-to-be, and we had dutifully gone through the pre-marital inventory, had the interviews with our bishop, and spent the weekend at the Pre-Cana retreat in preparation for the sacrament. But we hadn't asked the specific question of each other, "How many kids do you want to have?" To be honest, the question had never occurred to either of us, in our youth and inexperience.

When I started on my doctorate, my advisor asked the question, "How do you hope to prevent yourself from becoming seduced by academia?" I said, "My husband and children (at that point I had only one), would be able to keep me humble and out of trouble." We laughed, but God saw the opening I had given Him and took it.

Prudence might indicate that, once kids became a part of our lives, we would have discussed numbers. But again, the question never came up. We couldn't argue with the consequences of the blessings of our marriage. We loved each new addition to our family fiercely and found the idea of not having known such unique amazing individuals as our sons and daughters, a horrid prospect.

Graduate school was postponed. These people had always been part of our family, though we had never laid eyes on them before they were born. It was as if pieces of our lives and our hearts, our personalities and our gifts, were being revealed to us for the first time in each of these new people. Whenever I would begin to yearn for what had been let go, God would immediately ground me in the present with the people around me. Maybe our family would be smaller if I hadn't been such a stubborn person, but I wouldn't wish it. It has been an amazing and unexpected journey these past 18 years.

God's plan included this ninth person Paul, a baby due on Sept. 27 who has Down's syndrome and a heart defect that will require surgery. His heart will have to be remade. Like most parents who discover they will have a child with disabilities the world can see, our hearts had to be remade, too. My son's heart has no walls on the inside. Our hearts had walls that had to be torn down. We didn't know they were even there.

Paul's heart will be examined by 35 pediatric cardiologists via the wonders of technology, so that the best possible care can be given to make the four chambers necessary for him to thrive. God has spent the last 42 years peering into our hearts to try and get us to submit to the surgeries of life necessary to make our souls flourish. Neither of us have been terribly cooperative patients, sometimes ignoring the prescriptions that
would make us spiritually stronger. There have been moments when we have wanted to say, "No." Or at the very least, "Why can't it be my plan?" or "Why this plan?"

I wouldn't argue with the 35 cardiologists about how to do this pending surgery; I have to trust they will do what is best for my son. Likewise, arguing with God about His plan seems a waste of energy. He's the expert. God's plan was for a different sort of doctorate, born of thus far, 15 years of study. Once one recognizes God's plan, acting within it becomes a condition of will, a choice based on trust that the Divine Physician knows more about what's best than the patient.

God's plan was much more interesting than mine. I still hope to one day get that Ph.D. if it is right for me to have it, but I must concede, in all honesty, not getting what I wanted thus far has been the greatest gift of my life. God tells us He will make for us whole new hearts, and that is what this journey of life is for, to give Him time to operate on our souls via the trials, triumphs and tragedies we experience. He came to heal us of the illnesses we do not even know that we have.

A dear person in my life asked the question, "How do you know God's plan?" At the time, I didn't have an answer but I do now, "If it stretches you beyond your own perceived capacity to love, it is God's plan. If it makes you devote your whole self to others, it is God's plan. If the fruits of your actions include joy, laughter, lightness, mercy, healing, hope, forgiveness, patience and peace for yourself and/or others, it is God's plan." All we have to do, is be willing to say "Yes." ≈

Sherry Antonetti is a freelance writer with past credits in the Washington Post, Catholic Standard, East Texas Catholic, Island Park News and Beaumont Enterprise. She, her husband Marc, and their nine children live in the Archdiocese of Washington. This article was first published in The Catholic Standard (September 11, 2008). It is reprinted with permission of the author.

Web Resources For Parents of Special Needs Children:

∞ http://www.ncpd.org
Official website of the National Catholic Partnership on Disability (NCPD). The mission of the NCPD is “Full inclusion of persons with disabilities -- in the Church and in Society.” NCPD was established in 1982 to foster implementation of the Pastoral Statement of U.S. Catholic Bishops on People with Disabilities (see: http://www.ncpd.org/pastoral_statement_1978.htm)

∞ http://www.childrensdisabilities.info
Created by parents of a special needs child, the Children's Disabilities Information website has a wealth of information for parents. It emphasizes the needs of preemies and young adoptees.

∞ http://downsyndrome.com
Comprehensive resource website for parents of Down syndrome children.

∞ http://hiddentreasuresthet21journey.blogspot.com/
Catholic parents of Down syndrome children provide personal testimonies. Inspiring.

∞ http://www.bridgets-light.com
Personal witness website from a family with a Down syndrome child.
The 2009 slogan, “Marriage and Natural Family Planning . . . a Divine Design!”, points to God as the author of marriage and to the methods of NFP as linked to that Divine design.

Copies of the posters will be available in May. To order, contact: 1-866-582-0943 or e-mail customerservice@ifcweb.com.

In addition to the poster, supportive materials, including homily notes, “Prayers of the Faithful,” a new “Litany to Mary, Mother of Life” and two new couples’ stories are now available on line at:


USCCB Delegation poses in front of statue of Pope John Paul II in the piazza of the Shrine of Our Lady of Guadalupe. Auxiliary Bishop, George Rassas, is second from the right.

The USCCB sent a delegation of staff, diocesan family life directors and NFP coordinators to the Sixth World Congress on the Family in Mexico City. The Congress was sponsored by the Pontifical Council for the Family. Among the delegates were Deacon Bill Urbine, director of Family Life in the Diocese of Allentown, Marie Widmann, director of NFP and Pro-Life Activities, Diocese of San Bernardino, and Stella Kitchen, Diocese of Savannah and member of the NFP National Advisory Board. The Congress featured an international list of speakers with diverse expertise in such disciplines as theology, law, sociology, and psychology. Carl Anderson, Supreme Knight, Knights of Columbus and Helen Alvaré, George Mason University School of Law, were among the speakers. The proceedings will be forthcoming.
ANNOUNCEMENTS

Richard Fehring, PhD, RN, Receives Vatican II Award
Congratulations to Richard Fehring, PhD, RN, Director of Marquette University’s NFP Institute, for receiving the Archdiocese of Milwaukee’s Vatican II Award on November 19, 2008. For the past twenty-five years, Dr. Fehring has dedicated his professional and personal life to helping the Church live out its commitment to married couples wishing to follow Church teaching on the sanctity of human life through the practice of NFP.

Pill Architect Admits Unforeseen Problems with Wide-Spread Use
By now our readers may have seen Carl Djerassi’s statement admitting the population implosion in many nations due, in part, to wide-spread oral contraceptive acceptance and use. Dr. Djerassi, the Austrian chemist who helped develop hormonal contraception, bemoaned the “horror scenario” where in most of Europe there was now “no connection at all between sexuality and reproduction.” Djerassi admitted that the fall in birth rates was an “epidemic” far worse, but given less attention, than obesity. The eighty-five year old Djerassi said that “national suicide,” was the consequence of young Austrians severely limiting or even rejecting procreation.

The 2009 Conference of the National Association of Catholic Family Life Ministers

June 25-28 – St. Paul, Minnesota
An exciting and timely agenda will include speakers: Barbara Dafoe Whitehead, John Grabowski, and Helen Alvare. Some workshops will offer NFP education. To view the schedule, visit: http://www.nacflm.org/associations/4090/files/MarriageBuildingGConferenceBrochureFinalweb.pdf?convnbr=6370

Register at: http://www.nacflm.org/displayconference?convnbr=6370

New Billings Center for Fertility and Reproductive Medicine in Oklahoma City
Dr. Mary Martin, MD, has established a research and education center for medical professionals at St. Anthony Hospital in Oklahoma City for the application and advancement of the Billings Ovulation Method of Natural Family Planning in contemporary clinical medicine.

St. Anthony Hospital has accredited residency training programs in Family Medicine and Obstetrics & Gynecology and provides clinical rotations for medical students, nursing, and advanced practice nursing students. The Billings Center will provide practical instruction in the use of the BOM as a diagnostic tool for fertility and gynecologic disorders, using more than 50 years of research conducted by the very grandfathers of reproductive medicine, whose contributions led to the development of oral contraceptives and assisted reproductive technology, but whose personal ethical convictions led them away from potentially abortifacient steroids into the field of natural fertility regulation. For additional information, contact:
Mary W. Martin, M.D., FACOG
Billings Center For Fertility and Reproductive Medicine
608 NW 9th Street, Suite 5000
Oklahoma City, OK 73118
1-405-272-7026
FAX 1-405-272-7027
NFP EVENTS

April 2009. Pope Paul VI Institute, Creighton Model FertilityCare Education Phase II programs in Omaha, Nebraska. This second phase of training is a six- to eight-day total immersion course covering more advanced system-related problems, advanced teaching skills, case management, basic ethical issues, and NaProTechnology. Only those students who have successfully completed Education Phase I may attend Education Phase II. Dates are:

April 18-25, 2009, for medical consultants, and educators/supervisors.

April 19-25, 2009, for medical consultants

April 20-25, 2009, for practitioners

Contact: education@popepaulvi.com; 1-402-390-9168; FAX 1-402-390-9851: www.popepaulvi.com.

June 22-24, 2009. Billings Ovulation Method Association—USA’s Teacher Training in St. Paul, Minnesota. This training will be held prior to the annual conference of the National Association of Catholic Family Life Ministers at St. Thomas University. Contact: BOMA-USA, boma-usa@msn.com; 1-651-699-8139; 1-320-654-6486.

October 10, 2009. Pope Paul VI Institute, Creighton Model FertilityCare Education Phase I, Omaha, Nebraska. This program is an eight day total immersion course covering introduction to the Creighton Model FertilityCare System, NaProTECHNOLOGY, basic teaching skills, case management, and basic ethical issues. Contact: education@popepaulvi.com; 1-402-390-9168; FAX 1-402-390-9851: www.popepaulvi.com.

October 16, 2009. Conference for priests and seminarians on Theology of the Body, sponsored by God, Sex and the Meaning of Life Ministry, in partnership with NFP Association, Canada. The conference will be held in Tronto, Canada. Christopher West is a featured speaker. Most Rev. Thomas Collins, Archbishop of Toronto will celebrate Mass for participants. Contact: 1-905-420-8696; stbreg@gmail.com

INTERNATIONAL EVENTS


This Symposium marks the 30th anniversary of John Paul II’s first papal audience on the Theology of the body. Scholars, teachers, students and catechists from around the world will come together to discuss the Theology of the Body. Washington, DC’s Mary Shivanandan, S.T.D., John Paul II Institute for Studies on the Family, is among the speakers. Contact: www.jp2tob.com; info@jp2tob.com

August 20-24, 2009. International Teen STAR meeting. In Ars, France at the retreat house La Providence. Ars is an hour’s drive from Lyons’ airport. Contact: Hanna Klaus, MD; 1-301-897-9323; hannaklaus@earthlink.net
Billings Ovulation Method Users . . .

Coming soon to an iPhone near you...
- Enter charting data from anywhere
- View all of your cycles on the road
- Name your cycles
- E-mail charting data to your teacher
- Leave notes for your teacher to read

Contact: BOMA-USA, boma-usa@msn.com; 1-651-699-8139; 1-320-654-6486.

BOMA-USA offers New Brochure on the Pill in Three Languages

BOMA-USA has recently published a new full-color brochure that features commonly asked questions about the Birth Control Pill. Mary Martin, M.D., Ob/Gyn of Oklahoma City provides the answers. The brochure is titled “Making Sense of the Pill.” It is available in English, Spanish and Portuguese. Review copies can be obtained by sending a self-addressed stamped business-size envelope to: BOMA-USA, PO Box 2135, St. Cold, MN 56302. Contact boma-usa@msn.com or 651-699-8139 to order

USCCB Publishing has Marriage Resources


On-line Human Sexuality and Church Teaching Courses

The Catholic Distance University (CDU) offers on-line degrees and courses that would be helpful for NFP teachers. A sample of their courses include:

- John Paul II: Theology of the Body
- *Humanae vitae* and the Culture of LIFE: Paul VI’s Prophetic Voice Forty Years Later
- Marriage and the Complementarity of Men and Women
- Parenting Skills for Catholic Families with Young Children
CDU is accredited by the Accrediting Commission of the Distance Education and Training Council, an accrediting agency fully recognized and approved by the U.S. Department of Education. CDU is certified as a degree granting institution by the State Council of Higher Education in Virginia. *For more information, contact: 1-888-254-4238, ext 700; admissions@cdu.edu; www.cdu.edu.*

**International NFP Archives now located in Florida**
Larry Kane of Woodbridge, VA former Executive Director of Human Life Foundation and his board of advisors have collaborated with Ave Maria University in Ave Maria, Florida to house historic NFP materials (including documents, publications, device, audio/visual materials, etc.) Any of the aforementioned and more may be donated to the NFP Archives. *Contact: J.Robert Vervesey, Director of Library Services, Ave Maria University 5251 Avila Avenue, Ave Maria, FL 34142-9505; jrv@avemaria.edu; 239-280-2590; www.avemaria.edu*

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