

FORUM

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The Holy Father to Participants of an International Congress on NFP

On November 8, 1996, the Holy Father wrote to Bishop Elio Sgreccia on the occasion of an international congress sponsored by the Centre for Studies and Research on the Natural Regulation of Fertility of the Catholic University of the Sacred Heart. The theme of the congress was "At the Sources of Life." The text was first printed in L'Osservatore Romano.

To my venerable brother bishop Elio Sgreccia, Titular Bishop of Zama Minor, Director of the Institute of Bioethics of the Catholic University of the Sacred Heart,

I have learned with great satisfaction that an international congress on the theme "At the Sources of Life," sponsored by the Centre for Studies and Research on the Natural Regulation of Fertility of the Catholic University of the Sacred Heart, is taking place in these days.

I express my appreciation of this initiative and I would like to address my cordial greetings to you, to Archbishop Carlo Caffarra of Ferrara, to the Rector, Prof. Adriano Bausola, to Prof. Anna Cappella, Director of the Centre, as well as to the distinguished speakers and all the participants.

The crisis of values and ideals, which has taken hold of contemporary society, challenges believers to undertake widespread and persevering formational activity: this is the frontier advanced by the new evangelization, to which they must be committed on the threshold of the third Christian millennium.

The family, the heart of human society and the nucleus of the ecclesial com-

munity itself, is one of the subjects that demands the greatest attention from the Church and from those responsible for the destinies of peoples. Unbridled hedonism and disregard for human life, which is weak and unproductive at its mysterious and delicate beginnings, require the proclamation of the "Gospel of Life" to be supported by a constant commitment to teaching spouses to be aware of their own vocation as servants of life, in responsible collaboration with the Creator's provident wisdom.

This convention marks an important stage in the silent and painstaking work which the Centre has been doing for more than 20 years, in the delicate area of responsible procreation by the promotion of natural methods. The courageous effort to promote these methods in obedience to the teaching of *Humanae vitae*, *Familiaris consortio*, and *Evangelium vitae*, after a difficult start surrounded by the misunderstanding of public opinion, today enjoys growing scientific rec-

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In this issue. . .

we highlight the debate on contraception and U.S. foreign aid policy with an article by Susan Wills, Esq. and a statement by some bishops of the Caribbean, Philippines, and Latin America. The problems which the contraceptive world view has created are serious, and we must work and pray to overcome them. Meanwhile, we can not lose heart, the winds of positive change are blowing—there are Catholic doctors who do not prescribe contraception (p. 6) and the new push for parish nursing (p. 10) seems to present another vehicle for NFP promotion.

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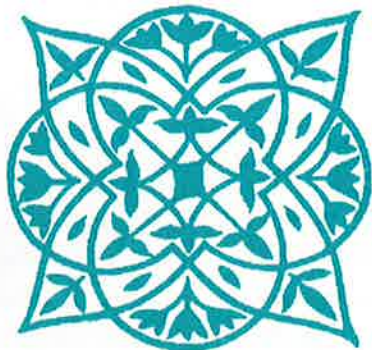
ognition and is confirmed in the serenity and peace of married couples who are committed to living periodic continence and understand its value and spirit.

These results can instil new courage in the face of the worrying consequences of a false sexual freedom for which contraception provides the incentive and means, increasing the dulling of consciences and the eclipse of values.

The harmful campaigns of certain demographic policies, which attempt to pass off contraception as licit and right, and which spread and impose on individuals and peoples an instrumental and utilitarian view of life, must be answered with every initiative that can support scientifically and with correct information the validity of natural methods, in accordance with the Church's constant teaching.

In this task the certainty of accomplishing a valuable and meritorious work in defense of the human person, the dignity of woman, and the basic value of human life will not be lacking.

As I hope that the scientific world and the Christian communities, each in its own capacity, will become ever more closely involved in this task of research, formation and evangelization, I express my gratitude to all those who are already working in this direction, especially at the Catholic university of the Sacred Heart. As a pledge of divine assistance for the work of the congress, I send a special Apostolic Blessing to you, to those in charge of the centre, to the distinguished speakers and to all the participants. ■



Altruism or Genocide— You Make the Call

Susan Wills, Esq.

"This is not altruism. This is genocide," declared Rep. Jay Dickey (R-AR) during a recent Congressional debate. He was commenting on a House vote to release family planning funds to international organizations that perform and promote abortions worldwide. How did we arrive at this juncture?

For thirty years or more some advocates of abortion as birth control have made melancholy predictions of a population explosion that will cause worldwide famine, starvation deaths on a scale never seen, wars, and general chaos. Paul Ehrlich's 1968 *The Population Bomb* warned that: "the battle to feed all of humanity is over. In the 1970s the world will undergo famines—hundreds of millions of people are going to starve to death." Later the doomsday predictions were disproved by reputable studies, accurate models, and—most significantly—the non-occurrence of the aforesaid dire events. Yet, the threat to "life as we know it" posed by hordes of brown, black, and yellow babies remains firmly fixed in the public psyche.

Granted, the language of the debate has become more sophisticated since the days when Margaret Sanger railed against unwashed immigrants from the Mediterranean and Eastern Europe. Now the effort to curb Third World populations is couched in terms of "reproductive freedom" and even "safe motherhood." But whatever the euphemism du jour, arguments framed in the context of the "earth's carrying capacity" during the recent congressional debate proved that the population bomb myth still prevails.

A brief recap of the congressional action is in order here. A portion of U.S. foreign aid has been earmarked for family planning services for decades. Beginning with the 1984 U.N. population conference in Mexico City, the U.S. enforced

the policy that family planning funds would not be available to nongovernmental organizations which perform and promote abortion as a means of family planning. Most family planning organizations accepted this restriction, with some notable exceptions, including the behemoth International Planned Parenthood Federation (IPPF) and the Pathfinder Fund. The Mexico City policy remained in effect until President Clinton's second day in office, January 22, 1993, when he scuttled it by Executive Order. Since then, IPPF has raked in U.S. money and Pathfinder (according to a recent Administration white paper) has become "the largest worldwide family planning service provider funded by USAID."

In the intervening years, the House has voted repeatedly to restore the Mexico City policy in foreign aid appropriations bills, only to see the provision stall in Conference Committee. Last year's stalemate produced a compromise under which total funding for family planning would be reduced 35% and postponed until July 1997, unless the President issued a finding by February 1, 1997 that further delay in the release of funds would cause irreparable harm to family planning programs. Congress would then have to vote separately on the issue of funding, with no Mexico City amendment and none of the leverage typically provided by the appropriations process.

The "privileged resolution" to release funds under the President's finding was passed by the House on February 13 by a vote of 220-209. Reps. Chris Smith (R-NJ), James Oberstar (D-MN), and Henry Hyde (R-IL) offered a second proposal that was designed to call the bluff of population control advocates. The Smith/Oberstar/Hyde bill would allocate much more for international family

planning than the Clinton proposal, but with the proviso that the Mexico City policy would be reinstated with respect to all family planning funds. A legislator whose interest truly lies in providing contraceptive services to developing nations would vote for the higher funding level under the Smith proposal. A legislator whose goal, rather, is to insure IPPF's worldwide hegemony would vote for the President's abortion-supportive version, despite \$170 million less in funding. Thus are the extremist intentions of population control advocates unmasked.

The Smith alternative passed, 231-194. But since the House also approved the President's unrestricted funding package, he intends to sign his own proposal into law while vetoing the package containing "Mexico City" safeguards even if it is approved by the Senate.

Many consider the vote on the President's resolution to be a significant pro-life defeat. One might fairly hope, however, that pro-abortion votes were cast due to ignorance and the misinformation distributed during an intensive lobbying campaign by the President, Vice President, the First Lady, and the Secretary of State right up to the vote. The ignorance is something the pro-life community must urgently address, because the Mexico City policy will again be under consideration in the late spring and early summer when appropriations bills for 1998 are debated. You, too, can do your part to educate congressmen and the general public on the truth about population issues. A brief discussion of key points follows.

THEY SAY: "If the Congress persists as it has for two years in trying to derail this program ... our ability to preserve life on this planet will be seriously affected," says pro-abortion Rep. James Greenwood (R-PA).

WE SAY: According to Joseph Chamie, director of the United Nations Population Division: "The world's population is stabilizing sooner than we thought." He cites "steady, continuous fertility declines in every region" of the world. ("World Is Less Crowded than Expected," *New York Times*,) Nov.

17, 1997). The United Nations' "World Population Prospects: The 1996 Revisions," shows global fertility rates are continuing a downward spiral that began more than 25 years ago. World-wide fertility rates of 5 children per woman (cpw) in the early 1950s persisted at 4.9 cpw even in the late 1960s. Since then, however, the rate has plummeted to less than 3 cpw. This decrease has brought us roughly two-thirds of the way toward demographic stability (the "replacement level" of 2.1 children per woman).

Ben Wattenberg, senior fellow at the American Enterprise Institute, calls this phenomenon the "birth dearth." Reviewing the United Nations report in a recent editorial, he describes the new data from Europe as "somewhere between astounding and terrifying": the populations of European nations continue to drop well below replacement levels. Italy, Germany, and Spain have rates in the 1.2 to 1.3 children-per-woman range. Almost every developed country in the world has rates below replacement levels (including the U.S. at 1.97 for 1996) and even 27 developing countries have fertility rates below replacement levels. The resultant "graying" of the population will cause severe economic and social strains as the diminishing labor force must support an ever-larger population of retired elderly. For this reason Taiwan, for example, after decades of granting incentives to families to have fewer children, now offers incentives to families to bear more children. (William McGurn, "Population and the Wealth of Nations," *First Things*, Dec. 1996).

THEY SAY: It is due to the success of family planning programs in meeting the needs of women for contraception that fertility rates have declined. We need still more government funding to fill the "unmet needs" that exist.

WE SAY: Most experts attribute declining fertility rates mainly to greater educational and career opportunities for women: "Something over two-thirds of the world's fertility decline

can be accounted for by simple modernity, as women marry later, have greater educational opportunities and work outside the home," according to Steven W. Mosher, president of Population Research Institute, in a Feb. 11, 1997 *Wall St. Journal* editorial. Even a study produced by the abortion industry's own Alan Guttmacher Institute attributes the decline in teen births in developing countries to education for females. (*Christian Science Monitor*, Feb. 13, 1997).

The "unmet need" figure cited by family planning groups of 120 million women worldwide is bunk. Lant Pritchett, a senior economist at the World Bank, points out that the surveys from which this figure is drawn include every married woman who says she does not want another child immediately and is not using contraception. The surveys do not exclude women who are infertile, not very sexually active, and those who for religious scruples would not use artificial methods of contraception even if available. (*Population and Development Review*, March 1994). It is not access to contraception Mr. Pritchett explains, but "desired levels of fertility [that] account for 90% of differences across countries in total fertility rates." This means that people in developing countries have large families mainly because they want to.

Mr. Mosher also questions the "unmet needs" claim. He has found that "the only population control programs that have enjoyed conspicuous success have relied on the more or less compulsory sterilization of large numbers of women. The most notorious example is China, where for a decade and a half the government has mandated the insertion of intrauterine devices after one child, sterilization after two children, and abortion for those pregnant without permission." (Mosher, op. cit.) In Mexico, too, doctors in government hospitals were under orders to insert IUDs in women who have three or more children (often immediately after birth without the

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mother's foreknowledge or consent). Peruvian government doctors, according to Mosher, "must meet a quota of six sterilizations a month or lose their jobs." Peruvian women are offered 50 pounds of food to undergo a tubal ligation.

THEY SAY: *The Congressional vote is not about abortion; it only concerns funding of contraceptive services.*

WE SAY: IPPF and Pathfinder may keep separate accounting ledgers on abortion and contraceptive services, but the net result of funding either group is to send it into countries to undermine laws and attitudes about abortion. As the *New York Times'* Tamar Lewin wrote: "[A]ny government financing for Planned Parenthood's family planning services indirectly subsidizes abortion." (April 9, 1996). In fact, abortion and contraceptive services are "inextricably bound" in the minds and modus operandi of these organizations. Examples follow below.

THEY SAY: *Greater access to contraceptives in developing nations will reduce the number of abortions. When contraceptives became available in Russia, the number of abortions dropped by 600,000.*

WE SAY: Many in Congress seem to have accepted this assertion as "conventional wisdom." On its face, it seems to make sense. But family planning advocates know that contraceptive access can actually drive up abortion rates due to increased sexual activity, the failure rate and unreliable use of contraceptives, and the mentality that labels the eventual baby "unwanted." The Russian experience has no bearing on the situation in other nations. Abortion has been legal in the Soviet Union since 1955, in contrast to most of the rest of the world. About 95 U.N. member states have laws that permit abortion only in narrowly defined circumstances—usually only to save the life

of the mother. The abortion rate in the Soviet Union has been unimaginably high for decades: two abortions for every live birth; women averaging six abortions each over their lifetime; sixteen million or more abortions per year (some estimates put that figure at 20-30 million). Thus, the introduction of contraceptives could scarcely make the rate worse. In much of the rest of the world, the introduction of contraceptives will serve to break down religious and cultural taboos and provide impetus for the liberalization of abortion laws. Family planning advocates understand this, for

THEY ADMIT: "Abortion and contraception are inextricably intertwined in their use. As the idea of family limitation spreads through a community there appears to be a rise in the incidence of induced abortion at the point where the community begins to initiate the use of contraceptives." (Former medical director of IPPF, Malcolm Potts, et al., *Abortion*. London: Cambridge University Press, 1970, p. 230).

A 1995 IPPF publication gives a recent concrete example: When Romania abolished restrictions on the use of contraception and abortion, contraception usage rose 20%, but the abortion rate rose 100%! (*Open File*, June 1995, p. 8).

Mariano Requena, M.D., recounted this phenomenon in Chile: "Once the lower [socio-economic] stratum is made aware of the need for and the possibility of family planning, it will resort first to induced abortion." (M. Requena, "Abortion in Latin America," in Robert Hall (ed.), *Abortion in a Changing World*. N.Y.: Columbia University Press, 1970, pp. 338-52 at 349-50.)

A later study by Emily C. Moore-Cavar examined what she termed this

same "unanticipated and undesirable event" in family planning programs: "Introduction of a family planning program raises abortion incidence.

There is evidence in South Korea, Taiwan, and Chile to suggest this unanticipated and undesirable event. The discovery that abortions may increase after the introduction of measures designed to cause abortions to decrease must be a disappointment to pro-

gram administrators." (Emily C. Moore-Cavar, "Induced Abortion and Contraception in Sociological Perspective," in Henry P. David (ed.), *Abortion Research: International Experience*. Toronto and London: Lexington Books, 1974, pp. 117-128 at 123.)

What IPPF and others have done is re-define abortions as family planning so they never need to feel such "disappointment" again. Now a program that ends up increasing abortions can be judged a success, not a failure. See the official proceedings of a 1990 conference co-sponsored by IPPF, *Progress Postponed: Abortion in Europe in the 1990s* (1993), edited by Karen Newman, Programme Advisor for IPPF Europe Region. Marge Berer, an IPPF consultant, rejects the notion "that contraception is always preferable to abortion, or that abortion is inferior to contraception as a means of birth control" (p. 43). She explains: "One of the consequences of widespread condom use is that the unconditional back-up of safe abortion is absolutely necessary. ... There is no doubt that widespread use of condoms means a higher abortion rate. ... [T]he combination of condoms with safe, early abortion is—from a health point of view—the safest and most effective contraceptive [sic] method available for women" (p. 45). She declares that "as a means of reducing unwanted pregnancies, I believe we should recog-



nize both contraception and abortion as essential women's health services and work to implement laws and policies which will facilitate women's access to both ..." (p. 45).

Deborah Rogow of the International Women's Health Coalition seconds these views: "[T]he sharp distinction between abortion and contraception is more an ideological construction than a logical response to clients' needs. Abortion and contraception services must be integrated rather than dichotomized" (p. 47). She sees abortion and contraception merging in identity: "Perhaps the advent of early abortifacients and the widespread use of menstrual regulation will erode the current tendency to dichotomize fertility control before and after conception" (p. 49). Menstrual regulation was also hailed by other conference participants: "In the absence of legal induced abortion services, several countries have adopted menstrual regulation (MR) services—early uterine evacuation to bring on delayed menses—as a safe, effective, culturally appropriate approach to fertility regulation. ... In most instances, the presence or absence of pregnancy is not determined prior to performing the procedure, thereby avoiding the stigma often attached to induced abortion" (Katie Early McLaurin, Charlotte Hord, and Merrill Wolf Noyes of International Projects Assistance Services, p. 114). Along with avoiding "the stigma," these family planners are also avoiding prosecution for breaking their host countries' laws—and avoiding the scrutiny of the U.S. Congress, which continues to fund their endeavors in the myopic hope that their activities are limited to contraceptives. ■

Susan Wills is a wife and mother of five children. She is the Associate Director for Program Development of the NCCB's Secretariat for Pro-Life Activities. This article was published in the Jan./Feb. 1997 issue of Life Insight.

Statement on U.S. International Funding of Family Planning Programs by the Bishops from Latin America, the Caribbean, and the Philippines, Dallas, Texas, 6 February 1997

At the Bishops' Workshop sponsored by the Pope John XXII Medical Moral Research and Education Center of Braintree, Massachusetts, the following statement was issued by the attending bishops from Latin America, the Caribbean, and the Philippines. The bishops wrote with regard to the United States government's international policy of promoting family planning.

In Latin America and other countries of the Third World we have suffered for many years of a campaign against births. There have been massive sterilizations in many countries. There has been the distribution of contraceptives, some of these forbidden in First World countries because they are dangerous to the health of women. Many organizations in the First World finance these campaigns with great amounts of money. Now they have gone a step further proposing abortion as a means of population control. We know that abortion is a horrible crime.

That is why we oppose the proposal of President Clinton to allocate funds from the United States for this. This proposal is unjust, offensive and criminal. We believe the people of the United States should not contribute to these contraceptive campaigns and must not include abortion as though it were a contraceptive method. As Catholic pastors we must teach responsible parenthood using the natural methods the Church recommends.

As bishops of Latin America, the Caribbean, and the Philippines we protest this proposed action of the government of the United States.

- S.E. Card. Juan Sandoval Iñiguez, Arzobispo de Guadalajara, México*
- S.E. Mons. Jesus Y. Varela- Obispo de Sorsogon, Philippines*
- S.E. Mons. Julio Teran Dutari, S.J., Obispo Auxiliar de Quito, Ecuador*
- S.E. Mons. Rafael Romo, Obispo de Tijuana, México*
- S.E. Mons. Daniel E. Núñez, Obispo de David, Panama*
- S.E. Mons. Juan Carlos Maccarone, Bishop of Chascomus, Argentina*
- S.E. Mons. Samuel E. Carter, S.J., Archbishop Emeritus of Kingston, Jamaica*
- S.E. Mons. Fernando C. Gamalero, Obispo de Escuinta, Guatemala*
- S.E. Mons. Virgilio Lopez, O.F.M., Obispo de Trujillo, Honduras*
- S.E. Mons. Juan Gerardi Obispo de El Quich, Guatemala*
- S.E. Mons. Pablo Galimberti de Vietri, Bishop of San José de Mayo, Uruguay*
- S.E. Mons. Carlos Camus, Bishop of Linares, Chile*
- S.E. Mons. Carlos Talavera, Obispo de Coatzacoalcos, México*
- S.E. Mons. Jacinto Guerrero, Obispo de Tlaxcala, México*
- S.E. Mons. Renato Ascencio, Obispo de Ciudad Juárez, México*
- S.E. Mons. Ricardo Watty, M.S.P.S., Obispo de Nuevo Laredo, México*
- S.E. Mons. Hilario Chávez, Obispo Prelado de Nuevo Casas Grandes, México*
- S.E. Mons. Cados Quintero Arce, Arzobispo Emeritus de Hermosillo, México*
- S.E. Mons. Fabio M. Rivas, S.D.B., Obispo de Barahona, Dominican Republic*
- S.E. Mons. Antonio Camilo, Obispo de La Vega, Dominican Republic*
- The Most Reverend Paul Schmitz Sunon, O.F.M. Cap. Bishop of Bluefields, Nicaragua*
- The Most Reverend Donald J. Reece, Bishop of St. John's, Antigua*
- The Most Reverend Robert J. Kurtz, C.R., Bishop of Hamilton, Bermuda*
- The Most Reverend Malcolm Galt, C.S.Sp., Bishop of Bridgetown, Barbados*
- The Most Reverend Kelvin Felix, Archbishop of Castries, Saint Lucia*
- The Most Reverend Anthony Pantin, C.S.SP., Archbishop of Port-of-Spain, Trinidad*
- The Most Reverend Edgerton R. Clarke, Archbishop of Kingston, Jamaica*
- The Most Reverend Mendes, Auxiliary Bishop of Port-of-Spain, Trinidad*
- The Most Reverend Lawrence Burke, S.J., Bishop of Nassau, Bahamas*
- The Most Reverend Robert Rivas, O.P., Bishop of Kingstown, St. Vincent & Grenadines*
- The Most Reverend Charles Dufour, Bishop of Montego Bay, Jamaica*

Tracking the Counter Revolution

Bill Murray

In March 1996, I was interviewing Dr. John Bruchalski of Fairfax, Va., to write a profile of him for *Catholic Twin Circle*. Dr. Bruchalski is a 36-year old obstetrician/gynecologist who does not prescribe birth control pills for patients or sterilize them because these practices violate his religious beliefs. When I asked Dr. Bruchalski if there were any other OB/GYNs around the country who practice as he does, he said that there were only a handful of Catholic OB/GYNs who didn't prescribe the Pill. "There are a larger number of Protestant OB/GYNs who won't do it," he told me. "The Bible tells them that children are a blessing from the Lord." During the past year of research, however, I have found that Dr. Bruchalski greatly underestimated the number of Catholic OB/GYNs who promote Natural Family Planning as the exclusive family planning method for their patients. There are at least 31 practicing OB/GYNs around the country who refuse to accept a credo in the medical establishment: that artificial contraception is an accepted health care practice that doctors should encourage their patients to use. These doctors are all Catholic.

Part of the reason why I want to complete my book is to encourage the Catholic doctors who take such a courageous stand.

Thirty-one doctors out of 40,000 OB/GYNs in this country is not a big number. But NFP practitioners and teachers should take heart: the average age of the non-prescribing OB/GYNs is about 45. Only two doctors are near retirement age. The generation of Catholic OB/GYNs who courageously fought the good fight in the years after the introduction of the Pill and the issuance of *Humanae vitae* in 1968, is giving way to a younger group of doctors. A majority of these 31 doctors used to prescribe the Pill for patients and later changed their practices because they became convinced that contraception is medically and morally wrong. In 1992, only eight of these doctors were non-prescribing OB/GYNs.

I am interviewing these doctors, and speaking with other health care professionals in addition to NFP practitioners and teachers, in order to write a book-length manuscript. Two of the most common questions people ask me about this project are how I became interested in writing about these physicians and how I got their names.

Interviewing and writing about Dr. Bruchalski piqued my interest in non-prescribing OB/GYNs. When more than 80% of Catholics who are of child-bearing age practice artificial contraception or are sterilized, I thought it would be incredibly difficult—some would say brave, while others would call it crazy—for a doctor like John Bruchalski to make a living. I was wrong, more or less. There's a surging demand for these doctors. One of the biggest problems that Drs. Bruchalski, Kim Hardey of Lafayette, La., and Anne-Marie Manning of Camp Hill, Pa., face is hiring partners or assistants who don't prescribe contraceptives. Dr. Manning recently hired a non-prescribing doctor from Georgia who is a Bible Christian; Drs. Bruchalski and Hardey haven't had such luck. Dr. Jim Linn from Milwaukee hired Dr. Julie Nicholson, fresh out of her residency in Phoenix.

I was able to get the names of these doctors from One More Soul (a Dayton, Ohio non-profit that's dedicated to spreading the message that children are a blessing), various NFP offices, and from doctors who referred me to other physicians. The working title of my book is *Prescribing the Truth*, which focuses on the doctors and their work, but also includes background information on the cultural, medical, philosophical, social, and theological trends in this country that led so many people to accept artificial contraception. I'm trying to write the book so that it interests not only NFP practitioners but those who have an open mind about NFP. The project combines anecdotal information based on the interviews—these doctors have very interesting stories to tell—with factual data and information to give the story some perspective.

I am writing about several issues that seem to interest people within the NFP community. For example, is it moral for non-prescribing doctors to work with partners who do prescribe or sterilize but will let the non-prescriber practice as he wants? How much support can and should the diocese give each doctor? Does the Church—or some Catholic group—need to charter a medical school that respects the natural law and Church teaching, or is it necessary to reform the existing Catholic medical schools?

In addition, I am trying to find out how many general practitioner physicians also do not prescribe contraceptives, and how many non-Catholic doctors encourage their patients to use NFP as the sole family planning method. I am designing a survey to send to OB/GYNs and general practitioners who consider themselves pro-life to find out roughly how many work with intrauterine devices, sterilize patients, or prescribe the Pill.

The doctors who I have already contacted practice in 17 states and the District of Columbia. They work in twelve of the largest cities in the country: Dr.

Martha Garza in San Antonio, TX; Dr. Arthur Stehly in Escondido, CA, near San Diego; Drs. Bruchalski in Fairfax, VA, Cheryl Ortel in Leesburg, VA, and Gary Smith in Hagerstown, MD, all near Washington; Drs. John Brennan, Linn, and Nicholson in Milwaukee, WI; Dr. Anthony Pivarunas in Buffalo, NY; Dr. Tom Gorman works near Chicago, IL; Drs. Michael Dixon and Mark Stegman in St. Louis, MO; Dr. Joe Pastorek in New Orleans, LA; Dr. Suzanne Regul in San Jose, CA; Dr. Jim Statt in Phoenix, AZ; Dr. Kathleen Raviele in Tucker, GA, near Atlanta; and Dr. J. Patrick McCarty in Dallas, TX. Almost all the rest of the doctors practice in medium-sized cities with metropolitan populations of 100,000 to 500,000. Dr. Kim Hardey works in Lafayette, LA; Dr. Steve Hickner practices in Grand Rapids, MI; Dr. Lorna Cvetkovich is in Wichita, KS; Dr. Beverly McMillan, who used to perform abortions, is in Jackson, MS; Drs.

Tom Hilgers and Paddy Jim Baggett are in Omaha, NE; Dr. Paul Hayes works in Lincoln, NE; and Dr. Manning in Camp Hill, PA, near Harrisburg. There are also doctors in Dayton, OH, Omaha, NE and Sioux City, IA, who asked me not to include their names on the list. I am also following up on leads that I have received about three other doctors and have been told that there are two more non-prescribing residents, but I do not know how to reach them.

Some people joke that NFP stand for "Not For Protestants." Drs. Bruchalski, Hardey and Hickner have told me that more than 40 percent of their patients are non-Catholics. Dr. Hickner, in fact, said that the majority of people in NFP classes in the diocese of Grand Rapids are non-Catholic. In the annual national survey which the Diocesan Development Program for NFP conducts of NFP services in the dioceses, some 25% of the clients are estimated to be non-Catholic.

With regard to the schools of NFP which the doctors have been trained in, the following is a rough break down: eight come from the Couple to Couple League; at least nine studied at Pope Paul VI Institute for Reproductive Medicine in Omaha, NE; and about three have been trained by Billings Ovulation Method Association, USA.

Two of the doctors are OB/GYN residents who are battling to stay true to their convictions. Fourteen of the doctors spend a majority of their time operating solo practices, while four physicians spend most of their time working in hospitals. One doctor, Dr. Joe Sypniewski of Pataski, MI, works in a Health Management Organization where other doctors perform abortions. Two of the doctors specialize in maternal/fetal medicine, which is also known as perinatology. Drs. Garza, Ortel and Raviele used to deliver babies but now focus exclusively on gynecology.

Catholic Medical Association & NFP

In November 1996 I met with about thirty doctors at the annual meeting of the Catholic Medical Association (formerly Catholic Physicians' Guild). One of the main reasons why we came together was to discuss how to evangelize Catholic doctors with regard to Church teaching on responsible parenthood.

Dr. Lorna Cvetkovich, of Wichita, KS, was the driving force behind the meeting. In addition to evangelization, Dr. Cvetkovich was especially concerned that Catholic doctors who wished to live their faith by not prescribing contraception to patients have little or no support. They need to know each other. They need to connect more clearly with the NFP community. And they need to be supported by Church structures more readily. At the meeting the doctors confirmed this need. They discussed the extreme pressure to promote contraception which the medical profession exerts not only on Ob./Gyns., but also on family practitioners. Stories were shared as to the great difficulties which doctors had to face as they reshaped their practices to reflect their religious beliefs. In addition, they underscored how practicing Catholic students of Gynecology have no leverage to oppose administering contraceptives in their training. They too need support.

Many ideas of ways to create such support were offered. As this issue of the newsletter went to press, one such project was already underway: identifying all Catholic doctors who do not prescribe contraceptives and who promote the methods of NFP. After the meeting, providentially, we discovered that a journalist (Bill Murry) has already begun writing a book about these Catholic doctors, and a small organization (One More Soul) was also in the process of identifying Catholic doctors who promote only NFP. The DDP/NFP has already contacted dioceses to ask for names of family practitioners as well as Ob./Gyns., who do not prescribe contraceptives. The names are slowly coming in. This is an extremely hopeful sign!

If you know any doctors who should be on our list please contact us: DDP/NFP, 3211 4th St., N.E., Wash., D.C. 20017. We will keep you posted on the outcome of this effort. Ed.

Part of the reason why I want to complete my book is to encourage the Catholic doctors who take such a courageous stand. In addition, I'd like to help them network with other people and to give each other moral support. I would also like to assist NFP teachers by making it easier for them to refer clients to these doctors.

Currently I am talking with a few Catholic publishers who are interested in printing or marketing the book, and I plan to finish my work by the end of the year. But I need your help, if I'm going to do this subject justice. If you know of any non-prescribing OB/GYNs whom I haven't listed here, or if you could recommend any books or materials I should review for background information, please contact me. One of the most startling things that I have found in researching for this book is that many leaders in the NFP community don't know these doctors exist. Clearly, the word needs to get out! ■

Bill Murray works for a trade publication in the computer industry and is a regular contributor to National Catholic Register. Bill can be reached at: 301-650-2153; E-mail, wmurray@capaccess.org; or 10401 Meredith Avenue, Kensington, Md. 20895.

Congratulations!

The diocese of LaCrosse and the archdiocese of Washington, D.C. achieved Endorsement according to the *National Standards*. Congratulations are also to be given to the diocese of San Antonio, TX NFP teacher training program for achieving Approval!

One Doctor's Story

Karen D. Poehailos, MD

Natural Family Planning is often lauded as a lifestyle, rather than just a method of regulating family size. This statement could not bear more truth, if what has happened in my family's life over the past year reflects any others' experiences.

My husband and I were introduced to NFP through our involvement in the PreCana program of the diocese of Harrisburg, PA. We were a lead couple assisting in marriage preparation. In the beginning my husband and I dutifully listened to the explanations of NFP, but as two physicians, were rather skeptical of what sounded like the Rhythm method. Our perception was facilitated by the Catholic gynecologist who did my premarital exam and dismissed NFP as impractical before discussing the alternatives. I think what finally persuaded us to give it a closer look was the discussion given by our own pastor at one of the PreCana weekends, with the idea of giving God "room" to move in a marriage.

At the same time, I had been confronted by literature from Priests for Life. It had been inserted in our parish bulletin and it spoke of the abortifacient nature of the Pill, Norplant, and DepoProvera. This in conjunction with a homily from our pastor about the lies propagated by Planned Parenthood made me start thinking; although initially I confess, I was thinking that our pastor had really "over-reached" on that point and medically couldn't be right. I thought, "wouldn't I have learned that information in seven years of medical school and family medicine residency training?" (For those of you to whom this story sounds familiar, I am the phy-

sician referenced by Stella Kitchen in Coordinators' Corner of the Summer 1996 issue of this newsletter.)

To make a long story short, I immediately hit the books on the matter of the abortifacient effects of certain contraceptives. Finally, I had to come to the conclusion that my pastor was absolutely correct, as was the Priests for Life literature. The problem was, like any family physician (especially a female one), a good part of my practice involved providing

gynecologic care. Many of these patients were on the pill, which I justified in single patients by lowering the unplanned pregnancy rate, and thus abortion demand. Fortu-

I immediately hit the books on the matter of the abortifacient effects of certain contraceptives.

nately, I had become convinced of the efficacy of NFP by this point. My husband and I had been practicing it for several months, even during weaning our second child. Seeing how well I could interpret my body's signals, I knew that other women could do likewise. As a physician who always considered myself Pro-Life, I had to ask myself how I could continue to live with what I now knew. Yet, at the same time, how could I make the break from prescribing artificial contraception?

Fortunately, I lived in a diocese that is supportive of NFP. Stella Kitchen, the diocesan NFP coordinator, was a great help to me. In addition, several doctors in the diocese and nearby areas had also made similar decisions and offered great advice to me. I met with my pastor to discuss all this, and he referred me to a diocesan priest who has his doctorate in medical ethics. After all the data gathering, and a lot of prayer, I decided to stop prescribing or referring for artificial contraception, and told my partners during

Holy Week 1996. By being organized enough to arrange for the care of my patients who wouldn't go along with my change of heart, I made it possible for them to see that this would work without disrupting the practice, and they accepted my decision without difficulty.

So, there's the happy ending Stella mentioned last summer. But God's ways are not necessarily our ways. My family and I were to learn a lesson reinforcing all that we believed. I am now writing from Charlottesville, VA (diocese of Richmond). We moved here in September 1996 for professional reasons, and not without mixed emotions. On looking for a job here, I was able to find a practice where my not prescribing artificial contraception would not be a problem. However, there was really no NFP presence here. The nearest teaching couple is in Richmond, some 70 miles away. Now only one year into practicing NFP myself, I found myself looking into instructor classes. Again to my rescue came the NFP office in Harrisburg, where Stella and Aleta Lazur arranged for me to do a lot of reading at home, followed by a weekend-long immersion course in NFP instruction. I have since talked with most of the priests in the area and sent them flyers, as well as a few of the local doctors' offices. No clients here yet, but I am getting an opportunity to speak at the University of Virginia Family Medicine Dept. on NFP, as well as at a Pro-Life symposium at one of the Catholic parishes.

So, that's the end of the story, right? No, not yet. Thanksgiving weekend 1996 will always be one for me and my husband to remember. On a visit back to Pennsylvania I was going to teach my first NFP class to a couple from my former parish. The day before I taught that class, we discovered that we will be expecting a third child in early August, a "method-failure" pregnancy. The scientist side of me was shocked—we followed all the rules, and how was I going to ever be effective to promote NFP here if I had the unplanned surprise? When I calmed down to more rational thinking with the help of my husband and a

few friends (and yes, did manage to teach that couple), I realized that God had a great lesson to teach me regarding NFP that no doubt will be invaluable as I embark on this adventure.

Over the past year, I had become quite familiar with *Humanae vitae*—intellectually. Yet, however much I professed to giving God room to move in our marriage, I have to admit I really wanted it on my terms. My husband and I now more fully realize to the depth of our souls that God has called this little one into being, NOT that NFP doesn't work! This is what *Humanae vitae* was trying to say before it was so misinterpreted. Life is a gift from God and we need to let our lives be open to it.

Being open to God's will is fundamental. But I'm not saying that I still don't have my struggles with all this. I have just started in a new job working two days a week and had visions of building up professionally, getting to teach medical students, and promoting NFP in an office setting in a university community. Now I am looking at the reality of having three children all below school age and probably will take some time off before moving into a position where I can work one or two weekends a month to keep my skills current. As our dear former pastor in Pennsylvania (who continues as an advisor and friend for us since our move) put it, "You had a plan. God just has a better one." I pray to be open to see what He now wants from me—from us.

So there still is the happy ending with a few twists. All this has made me grateful for our short time in the diocese of Harrisburg during which my husband and I learned and grew so much. I hope I will be able to show my appreciation to those who have helped me by passing on the good news here. ■

Dr. Poehailos and her husband recently learned that God had not one great lesson to teach them but two—in the form of twin boys! Our congratulations and prayers go out to Dr. Poehailos and her family.



We are pleased to announce

That the Couple to Couple League is now part of the national system of the *Standards*.

CCL has been approved as meeting the requirements of the *Standards* in the content areas of Church Teachings and NFP Methodology. Dioceses which have implemented the *Standards* can elect to use CCL for training new teachers by simply providing those additional modules of education for their teachers in the other content areas which the *Standards* require (see Section IV of the *Standards*). This is not a completed process and consultation will be available for those diocesan NFP programs which choose this approach to training.

With the addition of CCL, we are happy to note that all the NFP providers of the United States are now part of the system of the *National Standards*.

Natural Family Planning and Parish Nursing: A Natural Link

Richard J. Fehring, DNSc, RN, CNFPP

What does a Catholic parish have to do with health care? Doesn't a parish have enough to do besides becoming involved with a health ministry? Why would a Catholic parish spend resources on a health ministry when Catholic hospitals and other health care institutions already exist? These are some questions that a parishioner, parish council, and/or pastor might ask when introduced to the concept of parish nursing and/or Congregational Health Ministry.

From the perspective of holistic health (health of the mind, body, and spirit) the answer is: all Catholic parishes are already involved in health care, i.e., the spiritual health of their members. Many parishes also have specialized health related ministries, such as, drug and alcohol outreach, grief support and counseling, AIDS/HIV support, nutrition for homeless individuals, Alzheimer Care Giver support and spousal/child/elderly abuse support to name just a few. One of the newer ministries that is experiencing a phenomenal growth is parish nursing.

Modern parish nursing grew out of the health promotion, wellness and holistic health movement. These movements are based not only on the belief that health involves the integration of the mind, body and spirit but also on the knowledge that 60-70% of today's major health problems are related to life style, how we handle stress and how we interact with environmental factors. There is also a growing body of evidence demonstrating the link between spirituality and good health. Persons who are religious and view their religion as the primary motivation for life are more healthy (mentally and physically), are more able to manage stress, have healthier life style

patterns, and cope better with chronic and acute health problems than those who are not religiously motivated. Recent research has also documented the influence of prayer and the "faith factor" on positive coping and health.

The biblical, spiritual, and Christian basis for parish nursing is rooted in the life and teachings of Jesus Christ. There are numerous references to in the bible to Christ's physical healing and to his involvement in psychological and spiritual healing as well. Jesus Christ was, after all, a holistic healer. Since the time of Christ, the care of the sick has been considered a corporal work of mercy and a path toward salvation. Furthermore, early Christian communities provided outreach to the sick and often set aside special rooms to care for them. Deacons and deaconesses of the early Church practiced what is considered an early form of public health nursing.

The mother of modern nursing, Florence Nightingale, viewed her practice of nursing as following in the foot-steps of Christ. She also viewed nursing as helping individuals to work with, and not against, nature. Modern nursing follows the philosophy of treating the whole person. It stresses the importance of health promotion, disease prevention, and not treating a normal function as a disease. Catholic religious orders (both men's and women's) had a tremendous influence on health care in this country in establishing hospitals, nursing homes and schools of nursing.

The start of the modern parish nursing movement is credited to a Lutheran

Minister (Reverend Granger Westberg) who saw the potential of having a nurse on the ministerial staff of a parish in helping the pastor and parishioners carry out its role of being a community for healing and salvation. In the mid 1980's, under the encouragement of Rev. Granger Westberg, Lutheran General Hospital in Park Ridge, Illinois, provided a nurse to 6 parishes in the Chicago area - two of which were Roman Catholic. Since that time the parish nurse concept has caught on, and there are now over 2,000 parish or congregational nurses throughout this country in

Pope John Paul II recently mentioned parishes as ideal sites where NFP could be offered.

all types of religious denominations-including Jewish and Moslem. Parish nursing is not just having a nurse in a parish. According to the Health Ministries Association, parish nursing is "a specialized practice of professional nursing which focuses

on the promotion of health within the context of the values, beliefs, and practices of a faith community such as a church, synagogue, or mosque." parish nursing does not provide (invasive) traditional hospital "hands on" nursing, but rather the more independent autonomous role of nursing. The often cited roles of the parish nurse are health educator, health counselor, referral source, facilitator and a role model for integrating spiritual health. Parish nurses assess and address the physical, mental and spiritual needs of individuals, families, and the community. A parish nurse might be involved with support group development, coordinating volunteers, home visiting, grief work, prevention of abuse, health screening, health fairs, prayer, healing services, presence and numerous other activities in cooperation with the pastor and parish staff.

There are several models in which a parish nurse might practice. One model

is having a health care institution (most commonly a hospital or long term care facility) sponsor a professional nurse for a percentage of time to a parish (the Institution Model). The health care institution works closely with the parish staff to match the professional nurse with the needs and makeup of the parish. Some parishes are able to finance a full or part-time salaried parish nurse on their staff (the parish or congregation model). Many parishes nurses (whether from an institution or as a member of the parish) volunteer some or all of their time (the volunteer model) and some parishes and parish nurses are augmented by University nursing faculty and students. Educational and training programs exist for parish nursing in independent settings and at a few colleges and universities (some for credit and some as a continuing education program). Marquette University College of Nursing has a Parish Nurse Institute (under the direction of Rosemarie Matheus, RN, MSN) which conducts a continuing education parish nurse training program at Marquette University and around the world. The National Parish Nurse Resource Center in Park Ridge, Illinois, is now involved with developing a standardized curriculum for parish nurses and parish nurse coordinators/directors. The Health Ministries Organization and the Parish Nurse Resource Center are also beginning to discuss the development of standards for parish nursing and credentialing through certification.

So what does parish nursing have to do with Natural Family Planning (NFP)? First of all, if parish nursing is practiced in the context of the values and beliefs of a religion, then parish nurses in a Catholic congregation have the opportunity of providing health care in the context of the Catholic faith. In the area of family planning and human sexuality the Catholic Church has a wealth of knowledge and well-spring of integrated and developed teachings. A parish nurse in a Catholic congregation would have the opportunity of providing education on Natural Family Planning from a Catholic philosophy to engaged or married parishioners of reproductive age. NFP

would be taught in order to help couples to either achieve or avoid a pregnancy and to help couples integrate their fertility within the context of a being open to life as co-creators with God.

Pope John Paul II recently mentioned parishes as ideal sites where NFP could be offered. NFP is a natural for a Catholic parishes and for parish nursing. NFP fits in the holistic health promotion model. NFP can help couples to understand and integrate their fertility in relation to the mind, body and spirit. NFP also fits the health education and counseling role of parish nursing and follows the biological laws of nature, i.e., NFP treats fertility as a normal system rather than a disease process. Nurses who learn how to provide a method of NFP through an accredited education program should be able to integrate NFP into a parish nursing practice very easily. The parish nurse could work with the priest/pastor, marriage preparation couples by providing introductory sessions on NFP and so forth. The parish nurse could also help with: sex education from a Catholic perspective; promoting chastity and the prevention of teen sexual activity; and educating on how STDs are spread.

The practice of NFP and of parish nursing are both in a similar state of development. Both are in the process of

developing models of practice, standards, accreditation and certification. Currently there are national standards for Diocesan NFP teachers (*The National Standards of the National Conference of Catholic Bishops' Diocesan Development Program for Natural Family Planning*) formulated by a national certification committee. These national standards for Diocesan NFP programs should be integrated into Catholic Parish Nursing practice. If a Catholic parish nurse is involved with family planning, then not integrating NFP services would violate the context of parish nursing and Catholic health care standards. As the current health care system is undergoing changes in the United States, with the emphasis on primary care, health promotion, disease prevention, shorter hospital stays and more responsibility for personal health, both NFP and parish nursing will have an increasing role to offer Catholic and non-Catholic parishioners. Jesus Christ is the role model for healing and salvation, NFP and parish nursing are just a modern variation of that salvific role. ■

Richard J. Fehring, DNSc, RN, CNFPP, is an Associate Professor at Marquette University. Dr. Fehring is a member of both the American Academy of NFP and the NCCB's NFP National Advisory Board.

National Natural Family Planning Week

April 6 - 12, 1997

**The American Academy
of NFP is the official sponsor
of National NFP Week**

As you may know, National NFP Week is usually held near the Feast of the Annunciation (March 25). This year the feast falls during Holy Week and the Church has named Monday, April 7, 1997, as the day to remember the Annunciation. In order to keep NFP Week close to the feast, its sponsors have also transferred their celebration to the week of April 6-12.

Please mark your calendars and try to spread the message!

Life Connections

Theresa Notare

When the Anglican bishops voted in 1930 to break with Christian tradition by accepting artificial birth control in marriage, a then-current publication pronounced the decision “a revolution in Christian morals.” Another writer stated that, “for good or evil,” the decision would “modify profoundly the whole future of mankind.”

These statements were not exaggerations. The effect of the bishops’ pronouncement was nothing short of an ideological shock wave which would penetrate all aspects of modern life. Its potential negative effects were understood by a good many Christians at the time, both Protestant and Catholic. In this column I’d like to point out one reason why those concerns are important for us to consider as we strive to build a culture of life in our day.

Many Christians in 1930 understood the “respect life” connection—that authentic respect for life required high regard for human life from the conjugal embrace to natural death, not only from conception. This understanding cut across denominational boundaries. While serious doctrinal differences existed, a certain unanimity endured with regard to the Christian moral tradition on this point.

In 1930, after the Anglican bishops voted at their Lambeth Palace Conference to allow artificial contraceptive use in marriage “for serious reasons,” faithful Christians predicted the long term effects of that decision. A Presbyterian wrote that, “Lambeth has delivered a fatal blow to marriage, to motherhood, to fatherhood, to the family, and to morality.” Another writer saw that in accepting contraception, the Christian Church would “stimulate the general

advocacy of easier divorce and easier marriage laws.” The esteemed former Anglican Bishop of Oxford, Dr. Charles Gore, went further and saw a connection between this decision and the eventual acceptance of assisted suicide. His thoughts are worth quoting at length:

Almost at the moment when the Lambeth Conference published its Report, Dr. Inge [another famous Anglican clergyman] at the Conference of Modern Churchmen was urging the reconsideration of the Church’s condemnation of suicide in extreme cases. If this movement were to become popular and urgent, one may wonder what a future Lambeth Conference may say about suicide.

The most chilling prediction repeated in the papers and magazines of the time is today our everyday nightmare, legalized abortion. A letter to the editor of the Anglican publication, *The Church Times*, said:

Perhaps, too, our children—if we decide to have any—may read in 1980 that the Bishops at Lambeth have agreed to condone, in some cases, the practice of abortion, and that “liberal” Catholics applaud their courageous decision.

Dr. Gore also warned of the ultimate agenda of the leaders of the birth control movement when he wrote:

... it is not unnatural that recourse is had, more and more widely in many lands, to the practice of abortion, so that some of the heralds of birth control . . . are driven to advocate the legalization of this practice.

In 1930 Roman Catholic writers joined those Protestants who criticized the decision of the Anglican bishops. Today, the Roman Catholic Church is the only major Christian body which continues to teach that artificial contraception is immoral. In his recent encyclical

Evangelium vitae, the Holy Father underscored the age-old Christian teaching that life must be respected from the conjugal embrace when he writes that “the negative values inherent in the contraceptive mentality—which is very different from responsible parenthood, lived in respect for the full truth of the conjugal act—are such that they in fact strengthen” the temptation to abortion (EV, #13). The Holy Father also pointed out that “where the Church’s teaching on contraception is rejected,” there the “pro-abortion culture is especially strong” (EV, #13). Do we not have this horrific situation in the United States today?

What are we to do as we consider those elements which must be part of a culture of life? We should recognize that respect for life calls us to respect the God-given power to help create new life. Beginning with ourselves, we should make good, clear, and beautiful teaching on conjugal love, responsible parenthood, Natural Family Planning (NFP), and chastity an integral part of our witness to respect for life.

In the dioceses, it is the NFP community that is equipped to train couples in NFP, religious educators in human sexuality, and parents and teachers in adolescent chastity. We should also take this message “to the streets.” Roman Catholics who understand the respect life message should share it with our brothers and sisters in Christ.

A fresh ecumenism must be built, fostering “the renewal of a culture of life within Christian communities themselves” (EV, #95). By connecting the honesty of the conjugal embrace, centered in Christ, to other respect life issues, we can serve the call to respect life and revitalize a common Christian tradition. ■

This article was originally produced for Life Issues Forum, a nationally syndicated column.

NFP AROUND THE WORLD

NFP in Spain: Asociacion Española de Profesores de Planificación Familiar Natural

In 1976, a group of professionals from the Barcelona Pro-Life Association proposed to take up a serious study of fertility regulation methods which were respectful of the human person and which favored a greater maturity in the responsible use of sexuality.

After some years of preparation of users and lady-monitors (i.e., woman who teach NFP), and contacts with the very small number of individuals working in our region of Spain, we created the Natural Method Teaching Group of our Association in 1983. Though this effort depended on our Centre in Barcelona for coordination and external relations, it had several groups throughout Spain acting in a practically autonomous way (for example, they gave courses for users, and depended on us to provide material and exert some quality control).

In Cataluña, the central headquarters were in Barcelona where we had a group of instructing doctors and lady-monitors. The doctors traveled to give the courses, while the monitors living there carried out the follow-up. (We used the premises put at our disposal, e.g., Redcross hospitals, public libraries, parochial halls etc.) In 1985 we started working together in the teaching of Billings Ovulation Method with the recently created WOOMB España. Some of us also formed part of WOOMB's Board of Directors.

The Spanish Association of Natural Family Planning Teachers began in February 1990 and assumes the teaching, investigation, and disclosure of Billings Ovulation Method and Sympto-thermal Methods, held until then by the Pro-Life Group. Its members are Doctors and Bachelors of different Sanitary (health) areas. It is a member of FIDAF (International Federation for Family Promotion) and WOOMB International.

The following is a summary of the two NFP organizations in Spain:

ASOCIACION ESPAÑOLA DE PROFESORES DE PLANIFICACIÓN FAMILIAR NATURAL

Address:

Bonaplata, 42, 1°. 08034 BARCELONA, Spain.

Tf (3) 280.56.83

FAX (3) 204.72.14

President: Dra. Montserrat Rutllant

Structure of the Association: 3 types of members: full members, associated members and honorary members

Financing of the Association: Yearly membership fees, inscription fees for the different activities.

Number of trained NFP teachers: 59

Main NFP courses of the Association's work are formatted for and held in:

Hospitals

Schools for teenagers and parents

Parishes

Universities

Other training courses:

Intensive courses for Sanitary (health) professionals

Courses for NFP users

Courses for teachers, professors and tutors in education of effectiveness and sexuality

Cooperations with Research Centres or Universities:

Doctoral thesis on Electronic Microscopy of

Cervical Mucus, University of Murcia.

Doctoral thesis on NFP, University of Valencia.

Investigation on Crystallization of cervical Mucus, University of La Coruña.

Organization of Symposiums, in collaboration with WOOMB ESPAÑA:

II International Symposium in advances in NFP. La Coruña 1990

III International Symposium in advances in NFP. Málaga 1992

IV International Symposium on NFP. Barcelona 1994

Publications in the last 6 years:

Papers in Congresses and Symposiums ex:

La Coruña, 1990, Málaga, 1992 Barcelona, 1994

Papers in Scientific Publications:

Chapter on NFP in the book "Nature and Sex" Ed. EUNSA. Valencia, 1995

WOOMB ESPAÑA

Address:

Francisco ZEA 9, Entreplanta B. 28028 MADRID. Spain. Tf. (1) 726.48.26; FAX (1) 726.48.26

President: Dra. M^a Teresa Gutierrez

Other NFP centres can be found in:

Barcelona, Bilbo, La Coruña, Lérida, Madrid, Málaga, Murcia, Tarragona, Terrassa, Torrelavega, Valencia & Valladolid.

The 1997 Biennial Conference of Diocesan NFP Coordinators & Teachers

**Montreal, Canada,
August 6-8, 1997**



**Call 202-541-3240
for further information.**

NEWS

BRIEFS



DDP

ANNOUNCEMENTS

The 1997 biennial conference of diocesan NFP coordinators and teachers will be held in Montreal, Canada, August 6-8. As in 1995, our conference will be held in conjunction with that of the diocesan directors of Pro-Life Activities. Because of the positive response from many of you, several joint plenary sessions are currently being planned. Further details of the agenda will be announced in the Spring issue of the newsletter. Meanwhile, hotel information is as follows: *Radisson Hotel des Gouverneurs, 777 rue, University, Montreal (Quebec), Canada H3C 3Z7; 514-879-1370.*

A word about the mailing of our newsletter: we use the U.S. postal's bulk mailing system. This is to our advantage because the postage rates for bulk mailing are significantly less than the rates for first class mail. However, there is a down side; we have found that it may take up to five weeks for some of you to receive the current issue. We realize that this is a problem and are currently attempting to reschedule the production of the newsletter so that you may receive your issue at the beginning of a season. As we try to resolve this problem, we thank you for your patience.



NFP EVENTS

February 14-16, 1997: BOMA Teacher Training course in Corpus Christi, TX. The program will be held in English and Spanish. This program meets the *National Standards* of the NCCB's DDP/NFP. *Contact: NFP and Fertility Center,*

4639 Corona Dr., Suite #13-B, Corpus Christi, TX 78411.

March 8, 1997: INFPA Conference, Springfield, IL. Theme—"Christ is the Head of the House." *Contact: Office for Family Life, Diocese of Springfield, 1615 W. Washington, Springfield, IL 62708-3187; 217-698-8500, ex. 121.*

April 6-12, 1997: National NFP Week. *Contact: American Academy of NFP, 615 South Ballas Road, St. Louis, MO 63141 (Please see announcement, p.).*

July 16-19, 1997: The American Academy of Natural Family Planning (AANFP) invites you to attend its annual meeting in Salt Lake City Utah. *Contact: 615 South Ballas Rd. St. Louis, MO 63141.*

August 12-16, 1997: Northwest Family Services and the Diocese of Orange, CA will sponsor a Teacher Education and Certification Program in the Sympto-Thermal Method of Natural Family Planning in Orange County, CA. *Contact: Rose Fuller, Executive Director Northwest Family Services, Providence Portland Medical Center, 4805 N.E. Glisan Street, Portland OR 97213; 503-215-6377; FAX 503-215-6940.*



ANNOUNCEMENTS

BOMA has a new toll free number: 1-888-NFP-NFP1 (637-6371).

Chastity Educators: The abstinence education guidelines as part of the Welfare Reform have been released. The Federal government earmarked \$250

million (some \$87.5 million a year over the next five years) specifically for abstinence education. Substantial grants are thus available for competent grantees. We urge all Chastity Educators to obtain copies of the regulations. *Contact: Linda Johnston, 301-443-6347 (Maternal and Child Health). SIECUS, as well as Planned Parenthood, are conducting a campaign to stop the release of the funds. They claim that there is no evidence that demonstrates the effectiveness of abstinence programs. They are seeking to secure funds for their "safe-sex" programs (i.e., sex-ed and contraceptives). For what they are planning see: internet: SIECUS.org. If you need help in securing grants, contact your State Catholic Conference for advice.*

The Pontifical Council for the Family published a *Vademecum* for confessors on February 12, 1997. The document gives guidelines to priests in their dialogues with confessors on certain questions of morality pertaining to conjugal life. The issue of the immorality of contraceptive use in marriage is fully treated in the document. The document is clear with regard to the Church's teachings on conjugal chastity, yet is pastoral in advising that, "Frequent relapse into sins of contraception does not in itself constitute a motive for denying absolution." Some secular news reports have already jumped on this document and have overemphasized the pastoral sensitivity to be paid to the penitent. The full text of the document will be published in a forthcoming issue of *Origins* (202-541-3284). We will provide excerpts of the document in the next issue of the newsletter.

Northwest Family Services has developed a webpage. The address is www.teleport.com/nonprofit/nwfs.

Protestants Against Birth Control has an E-mail address: PABC@juno.com.



MATERIALS

CCL has available the fourth edition of *The Art of Natural Family Planning*. The fourth edition is not a simple revision, it is a comprehensive up-dating of the original text with entire sections of new material. A thorough critique is provided by Marilyn Shannon in the Sept./Oct. 1996 issue of CCL's newsletter's *Foundations* (pp. 4, 5, & 21). Here with permission, we excerpt some of Shannon's observations:

The new *Art of Natural Family Planning* . . . is a big book (529 large pages) . . . It remarkably combines a comprehensive breadth and depth with practical simplicity . . . The print is large, the margins are wide, and the chapters are short and focused. For instance, in Part I, which covers the observation of the signs of fertility and the rules for interpreting them, the chapter titles act as distinct signposts. "Getting Started with Temperatures," "Getting Started with Mucus," . . . are all separate chapters.

The new book also pulls together the best features of several other CCL publications. For example, like the old home study workbook, most chapters end with "Self-Test Questions" which will quickly expose misunderstanding among those who are using the book as a review or as a self-study course. . . . I am particularly delighted to see "Practical Helps for Seeking Pregnancy," a pamphlet with key recommendations on health habits, nutrition, timing of intercourse, and so forth, integrated into one of the chapters on infertility.

An original chapter on drugs and fertility, written by Paul Weckenbrock, R.Ph., CCL's pharmacist and Director of Teacher Training, is a high point . . . In

the past, Paul has spent many hours on the phone answering questions about how particular medications affect the mucus and temperature signs. Now, you can quickly look up the answer yourself.

Also new is a complete chapter on miscarriages. This chapter is a perfect example of the synthesis of the physical, the interpersonal and the spiritual that is characteristic of the entire book. It provides possible explanations for several of the known causes of miscarriage . . . It moves on to preventive steps—improving nutritional habits, avoiding X-rays, avoiding medications, and a number of other suggestions. . . .

The thorough new chapter on the premenopausal time will be a welcome guide to women in their forties and fifties. The chapter clearly explains this period as a natural life transition caused by changes in the ovaries. . . . The Kipleys discuss common symptoms of this natural life transition, and suggest nutritional improvements first. They take a stand against hormonal replacement therapy (HRT) because of its association with breast cancer.

There are numerous other improvements throughout the new Art. It contains excellent new information on effectiveness, which will be reassuring to NFP users and convincing to their critics. It has a complete section on educating your physician and clergyman. It even has a chapter on overcoming PMS. . . . I certainly encourage every NFP user to obtain a copy of this new edition.

Contact: CCL, 513-471-2000; 1-800-745-8252 (orders only). CCL can also be reached by E-Mail: 73311.256@compuserve.com. CCL has the following Web Site: <http://missionnet.com/~mission/cathlc/ccl>.

Ligouri Publications will soon be publishing *Family Planning: A Guide for Exploring the Issues* by Charles & Elizabeth Balsam in Spanish. Contact: Kass Dotterwich at Ligouri; 800-325-9521.

The California Association of Natural Family Planning has tapes available from its 1996 Conference on NFP which included such topics as "A Contemporary Approach to Women's Wellness" and "The Body Soul Connection." A Directory of the NFP Teachers is also available. Contact: CANFP 1217 Tyler Street, Salinas, CA 93906; 408-443-3743.

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