

**This edition and
all we do
brought to you by
Advocates
for NFP
on p. 8-9**

CANFP NEWS

A quarterly publication of the
**California
Association of
Natural
Family
Planning**

Winter 2024

by Fr. Blaise
Berg, STD

The Contraception-Transgenderism Connection



Transgenderism did not simply show up out of nowhere. Indeed, it is the result of a hundred years of mutations stemming from the original birth control movement in the early 1900's. Before we address the question "How did we get here?" it is good to answer another first: **"Where did we come from?"** In her book, *The Genesis of Gender* (Ignatius Press, 2022), Dr. Abigail Favale chronicles with accuracy and insight the various twists and turns on the highway from artificial birth control to transgenderism over the last century.

Ironically, early feminists rejected contraception as something that would benefit men and harm women, since it would allow men to have sexual intercourse without having to worry about fathering and caring for a child. The early feminists advocated "voluntary motherhood" through periodic abstinence (cf. *Genesis of Gender* [GG], 87-88).

Contradicting the early feminists on this point, Margaret Sanger insisted that women were stymied by their own bodies. Thus, for example, Sanger argued that it was not

ideal for a woman in the workplace to become pregnant, because she would have to leave the workplace in order to raise the child. "Female fecundity thus [became] the scapegoat

for woman's oppression..." writes Dr. Favale (GG, 89). In succession, Sanger founded the first birth control clinic in the U.S. in 1916, popularized the term "birth control," and then successfully convinced physicians to adopt her views (GG, 89-91). The rest is history, one we sadly know only too well. Two turning-points in this history will stand for many others: the Supreme Court's legalization of contraception for married couples in 1965 (Griswold) and of abortion in 1973 (Roe).

Needless to say, Sanger's position and its historical fruits are clearly opposed to God's original design for creation and for man and woman. When God created marriage and procreation (cf. *Book of Genesis 1 and 2*), he clearly intended that the difference between male and female be intrinsic or essential to the identity of each.



Thus, upon first seeing Eve after awakening from a "holy sleep," Adam exclaimed of Eve that she was "bone of my bones and flesh of my flesh" (Gen 2:23). Adam perceived that, while Eve shared the same human nature as he, she was also different; she was "woman." The understanding of the difference of the sexes can also be traced to the beginning of Greek philosophy. Citing Aristotle's *Generation of Animals*, Dr. Favale notes that: "...a male is the animal that generates in another, and a female is the animal that generates within herself." Nonetheless, Favale clarifies, this does not mean that "a man or woman who cannot procreate is not truly a man or a woman" (GG, 143).

Taking all of the above into consideration, we are in a position to address our second question: **"How did we get here?"**

cont on p. 2

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Fr. Blaise Berg, STD

Contraception-Transgenderism *cont from front page*

we seek to live according to His truth, a truth that cannot be altered by our human foibles

How did we arrive at a transgender world? Favale writes:

How did we arrive at this cultural moment, where bodily sex is no longer considered to be integral to personhood, but is ornamental, easily altered, a fiction "assigned" at birth? I'd like to argue that this new understanding of sex can be traced, in large part, to two related innovations in the mid-twentieth century: first the widespread embrace of contraception, which then enabled a newly expansive concept of "gender" to emerge. (GG, 143)

Dr. Favale goes on to explain how contraception has "reshaped our cultural understanding of the sexed body" (GG, 143). Procreation has come to be viewed as incidental to what it means to be a man or a woman. Favale observes: "We live and move and have our trysts in a contraceptive society, where the visible markers of our bodies no longer gesture toward new life, but signal the prospect of sterile pleasure" (GG, 143). As Favale explains in a recent interview (www.youtube.com/watch?v=TFmghULCwhg), contraception has helped normalize the idea that it is acceptable to disrupt our sexual physiology even when it is not medically indicated to do so. What it means to be a man or a woman thus loses its connection with the sexed body.

Individuals' perception of themselves as males or females is increasingly detached from the reality of their bodily sex. As a result, people can begin to think it possible and desirable to "change" one's sex, either in one's own mind or through pills and surgeries. Hence the phenomenon of the born female who claims that in her "soul" she "feels male" and demands that others refer to her with non-female pronouns in order to signal their acceptance of her "true" identity.

In conclusion, we address our third question: "Where do we go from here?" First, we pray. We pray for those struggling with gender dysphoria (even if the origin of the dysphoria is a social contagion or a mental pathology, not a physiological condition). We pray that they may be able to see that God made them in a particular way, and that medications, surgeries and communicational constructs will never alter that. Second, we make sure that we are informed ourselves about the truth of how God created us, and that we seek to live according to His truth, a truth that cannot be altered by our human foibles. We educate and support parents to teach their children the truth about God's design for sexuality using teachings such as the John Paul II's "Theology of the Body". And, we need to minister to transgendered persons. Third, we commit to the long haul. The trans-identified people in our lives will likely be unwilling to hear any criticism or question.



Fr. Blaise Berg, STD, President of CANFP, is Assistant Professor of Dogmatics at St. Patrick's Seminary, in Menlo Park, CA.

This does not mean that we should remain silent, but it does mean that we will need patience, charity and a long-term strategy. This suggests a fourth thing we can do: seek counsel and guidance from people who have experience dealing with trans-identified children, relatives, and friends. Below are some online resources as a starting point.

With God's help, may we continue to journey together down the road to deeper acceptance and understanding of, and gratitude for, God's eternal design for man and woman. ■

Online resources:

- cbc-network.org/film-detransition-diaries/
- sexchangeregret.com
- parentsofrodtkids.com
- couragerec.org/encourage/
- archokc.org/pastoral-letters
- sfarchdiocese.org/the-body-soul-unity-of-the-human-person/
- advocatesprotectingchildren.com
- <https://www.pittparents.com/>

Director's Desk

Sheila St. John

I Have a Dream...

We who use, teach, advocate, NFP must lead the way in bringing this dream to reality

I am reflecting on the articles in this edition on Martin Luther King Day, when we recall his famous speech inspiring us with his dream for the type of world his children would inherit. While racism has always been with us, and probably always will be to some extent, our culture rightly regards it an evil, not to be tolerated.

In this edition, we explore a creeping evil, often presented as a good to be tolerated, even celebrated, in our culture. The falsehood being perpetuated is that being male, or female, is a choice--an irrelevant societal construct we inherited from less enlightened times. Like the frog sensing danger and jumping out of a pot of boiling water, one would think such absurdity would be rejected as harmful and dangerous. However, like the frog lounging luxuriously in the comfort of a soothing pot of tepid water, the culture warmed up to this extreme position one degree at a time, over decades of escalating messaging.

Initially, the message was that we could, under certain difficult circumstances, alter our bodies through contraception and sterilization to negate the fruit of our male/female union. Over the years, the culture accepted this chemical/surgical alteration of our male and female characteristics as the norm for all. Today, we routinely alter and suppress normal function in girls as young as middle school, and certainly by high school. This process is treated so casually, that girls of

any age can now obtain these powerful synthetic hormones to alter their delicately balanced physiology over the counter, without a prescription, absent any screening by her physician, and without her parents' knowledge. Surely it is not difficult to see how we advanced to providing children powerful puberty blockers to arrest blossoming male and female characteristics. We have been doing this progressively, gradually cranking up the temperature, for several generations now.

I too have a dream. I dream of a world where...

- children are affirmed as fearfully and wonderfully made.
- adolescents are prepared to understand and integrate the changes of puberty.
- diversity of interests and temperament are embraced, so females who are competitive/ambitious/athletic, and males who are sensitive/nurturing/artistic, are celebrated in these expressions of their femininity and masculinity.
- it is only normal for young women to learn to observe and chart their cycle when they begin having periods.
- young women--all women--are secure in their womanhood, effectively advocating for themselves when it is dismissed or defiled, even--or especially--by their own doctors.
- women have access to healthcare that seeks to diagnose the cause of painful periods, heavy or unusual bleeding, PMS, irregular cycles, infertility, etc. and restore normal function.



sheila@canfp.org

- men are secure in their manhood, finding strength in self-mastery, and not vulnerable to pressure to confuse intentional destruction of fertility as either manly or generous.

We who use, teach, and advocate NFP must lead the way in bringing this dream to reality. The welfare and happiness of our children is at stake. The church must courageously and unequivocally teach the unchanging truth about what it means to be created male and female. We lay people bear the responsibility--the brunt of the responsibility--for witnessing to the truth, beauty, and goodness of these truths to our culture. We begin in the bosom of our families, in what we teach and model. NFP couples embracing their authentic female and male natures and mutual fertility, can confidently transmit this perspective to their children. Mothers can teach their menstruating daughters how to chart their bodily changes each cycle. A young lady equipped with this concrete, experiential self-knowledge, and young men exposed to this appreciation of the complexity of a woman's cycle, will not be as vulnerable to the confusions of our contraceptive culture. ■

MEET MEMBER...

Debi Hoppe



by Peggy Stofila

MEET OUR MEMBER
is a regular feature of CANFP NEWS, brought to you by CANFP Professional Member **Peggy Stofila**. Peggy is happily married to Mark and they have two young adult children. She lives in Torrance, where she works part time as a Physical Therapist and teaches the Creighton Model FertilityCare System.

Debi was not always an NFP advocate. She questioned the church's teaching on natural family planning. Though she felt in her "heart of hearts" that contraception was against church teaching, she and her husband did contracept the first ten years of their marriage.



of NFP, though persisting in their use of contraception. She thought, after all, my husband is not Catholic, and we have been generous with life having had four children. She remembers those months as times of marital tension.

While on a Marian pilgrimage, the priest who heard her confession was a big promoter of NFP. He advised she read the Billings book when she got home. She did read the book but found it "silly". She just felt there was not enough information in the book to convince her, so she and her husband continued to contracept. After all, she rationalized, it (contraception) is what intelligent people did.

Following the pilgrimage, Debi's prayer life grew. Her conscience continued to bother her, especially when praying the rosary. She continued to process the idea

Following the advice of a priest, they took a class in NFP. Debi remembers being completely taken with the science behind natural family planning as well as the faith and holiness of the couple teaching the class. So, after twelve years of marriage, Debi and her husband began using and teaching the Sympto-Thermal Method. Debi recalls her husband began to have faith and confidence in the method as well. After a decade of using and teaching NFP, Debi's husband became Catholic.



Debi, and her husband Mark Hoppe, are CANFP Members from the Orange Region. When not advocating for NFP, Debi enjoys spending time with her children & grandchildren, studying Catholic apologetics, and reading about the lives of the saints.

Debi initially taught Sympto-Thermal, and then SymptoPro. While retired from active teaching as a certified instructor, she continues to advise couples who ask for help. She teaches marriage preparation at her parish, and observes there are now fewer couples wanting to learn NFP and that marriage is in a state of crisis with the widespread use of contraception. In her marriage prep classes, she discusses all methods of NFP and tells the couples preparing for marriage that the best method of NFP is the one that you will use. ■

DEBI, WHY DO YOU SUPPORT CANFP?

"I think that CANFP is a profound organization that links all methods and teachers under one umbrella. It helps the community and the church. It also supports like-minded people and all methods of NFP, and I want to support their mission."

"the best method of NFP is the one that you will use"

NFP HAS BEEN A BLESSING

Maryah Nunez

I believe with my whole heart that my femininity and womanhood is a gift from God



Maryah Nunez with Catholic Student Association/CSU Stanislaus leadership, at evening with CANFP

Practicing NFP as an unmarried, 24-year-old woman has been one of the greatest blessings of my early twenties.

I wouldn't describe myself as a very tenacious person. I am not motivated to complete tasks simply from the satisfaction of checking them off my list. My motivation comes from being able to see (or at least visualize) the fruits of my labor. As you can imagine, what would usually seem like a daunting task---charting my cycle every single night---shouldn't have come easy to me. But it did.

What motivated me? My motivation came from a deep desire and responsibility to share what I had learned with all the women I had the privilege of being friends with. As well as all the people I knew God was going to put in my life in the future.

Through my involvement in youth ministry and college ministry over the past ten years I have been so blessed to be able to help people come to know the truth of who God is, who we are, and the beautiful teachings of our Catholic faith. I have seen God move in very big ways in my life and

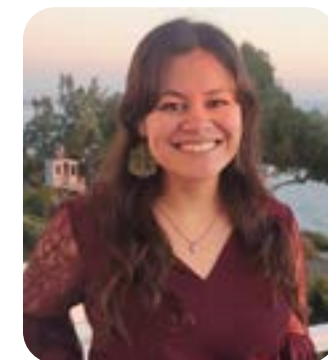
in the lives of many who have crossed my path over the years.

Living in a time of relativism where it's okay to "have your own truth," a common theme that I see amidst our young people is a DEEP yearning to know Him who is Truth. God told us himself that we are all created in His image and likeness. This means that we reflect our heavenly Father, who was intentional in the ways that He created each of us.

My friends and I were talking the other day about how birth control has been thrown in our faces since we first began our period. We go to the doctor for missed periods, painful cramping, acne, etc. and the only "solution" we are offered is birth control.

Practicing NFP for almost two years now has been an absolute game changer in how I view myself. I am now finding treatment for things I just accepted as normal for many years. I just endured things like severe anxiety, feeling like I'm not in control of my emotions, depression, and fatigue in the days leading up to my period. Now I recognize when I should expect to feel low. This helps me, and those closest to me, to be more understanding and patient during these specific times in my cycle.

I know that my Catholic NaPro doctor, Dr. Mary Davenport, is invested in getting to the root



Maryah Nunez serves on the Executive Board of CANFP, and full time in youth ministry at All Saints University Parish (a CANFP Church Member) in Turlock, in a dual role as Youth Minister for 8th-12th graders, and the Catholic Student Association /CSU Stanislaus Student Event Coordinator.

of my health issues and healing me. Since I first began meeting with her, I have started taking progesterone which helps regulate my hormones. I take it during a specific time in each cycle which I identify with my charting. I have also learned that I have low blood sugar and am currently trying to find a new routine to be more mindful of the foods I consume and their effect on my body.

I believe with my whole heart that my femininity and womanhood is a gift from God. Learning NFP has deepened my appreciation of this gift, and I feel a responsibility to share what I know with other women.

Through learning NFP, I am better able to care for myself now, and will be better prepared in the future to cooperate with God and my future husband in bringing our children into this world. ■

Medical Matters

Victoria Schneider, MD

The Fractured Self

Medicine has gone rogue and is perpetrating harm on an entire population of children

The dissection of gender away from biological sex causes a fracture in one's self--one's sense of who one is, how one relates to the world, how one fits in relationships. The desire to become a different sex--which is at the root of many who pursue the transgender life--leads one down a road of false hope to a life that is tragically torn by the biologic reality that no matter what you put into your body or remove from your body you are still left with XX or XY chromosomes.

Current medical practice in the US enables the idea that you can manipulate the body to create a new appearance and a new self. In essence medicine has adopted a "dis-integrative" approach to health care, literally the opposite of the recent wholistic embrace of integrative medicine. By encouraging and providing tools for people to change their appearance, the medical establishment is creating a population of people who are unable to reproduce and who are dependent on the health care system for life. A lifetime of medication, of new health problems which are a result of these medications, often multiple surgeries, and complications of those surgeries.

The shiny coin being held out to these depressed, anxious, seeking souls is that this medical destruction of their sex organs will make them feel better, less suicidal, more whole. The tragedy is that it achieves just the opposite. Our neighbors in Europe have found definitively that this fracturing of self does not relieve one's internal suffering, and not surprisingly increases the long-term risk of suicide. In the Netherlands, the "Dutch studies" have been referenced by organizations like the American Academy of Pediatrics and the WPATH (World Professional Association of Transgender Health) as showing how gender affirming care lowers the risk of suicide. But in fact, a review of 45 years of transgender care in the Netherlands concluded that suicide risk remains higher than the general population. Transgender care is not a fix for the depression and suicide that these individuals face.

Sweden, after fifty years of providing transgender treatments, has shut its clinics, and is reevaluating its approach, having found that gender affirming care did not reduce the risk of suicide or depression.

As if this isn't tragic enough, such harm is being perpetrated on children too young to understand abstract ideas about gender and too young to provide informed consent for the permanent destruction of their sex organs.



Victoria Schneider M.D. has been a board-certified general pediatrician for thirty-seven years and served for over a decade as the medical expert in child abuse and neglect for the state of Hawaii. After earning an undergraduate degree from Princeton University, she received her MD from Johns Hopkins Medical School and completed her pediatric residency at the University of California San Francisco. She is a member of the American College of Pediatricians and the Catholic Medical Association. Dr Schneider serves as a resource pediatrician at Bella Primary Care in San Francisco, which provides life affirming care from conception through natural death.

Medicine has gone rogue and is perpetrating harm on an entire population of children.

The truth is that the healing of the whole person--sex and gender, body and soul--is needed to assuage the wounds of past adverse experiences which have led our children to the precipice of despair. These children need trauma-informed care. They should not be treated as guinea pigs to the abuses of the medical establishment.

Visit CANFP at these Upcoming California Events

Pick up resources, introduce yourself, share NFP stories!

Visit CANFP Booth #240 & ask for your **FREE Parish Packet** at LA Religious Ed Congress **Feb. 15-18, 2024**

Want to participate in this outreach? Shift sign ups through Jan. 25th sheila@canfp.org

Prefer behind the scenes? No deadline to sign on to help with set up or take down!



See EVENTS CALENDAR at CANFP.ORG



Visit CANFP exhibit at **Converging Roads Conference for Healthcare Professionals**

- *Imago Dei: Human Dignity as a Foundation for Medical Ethics* Arland K. Nichols, PhD cand.
- *The Good Samaritan and the Practice of Medicine* Natalie King, MD, MA
 - *The Unique Mission of Catholic Hospitals* Dolores Meehan, NP
- *A Christian Anthropology for Understanding Gender and Sexuality* Theresa Farnan, PhD
- *Wellness and Care for the Health Care Professional* Julian Lagoy, MD
- *Challenging Prenatal Diagnoses and the Gift of Human Dignity* William Stigall, MD, MA

Real Love and Sex

Stanford University Newman Community hosts CANFP for presentations/discussion on Natural Family Planning

March 1, 2024 For Students only info@canfp.org

Featuring What is NFP Health Insights Pastoral Perspective

Sheila St. John Robert Chasuk, MD Fr. Blaise Berg, STD

The events below, and more, can be found at the [Event Calendar at CANFP.org](#)

The observances of **National Marriage Week** (February 7-14) and **World Marriage Day** (Sunday, February 12) are an opportunity to focus on building a culture of life and love that begins with supporting and promoting marriage and the family. 2024 theme: **Love Beyond Words** More info at <https://www.foryourmarriage.org/>



Archdiocese of San Francisco Mother-Daughter Programs Feb 3, 2024 Registration is now open! **Cost: \$20**

St Bartholomew Parish 600 Columbia Dr San Mateo, CA 94402

Tween Program: 9a-12:30p Mothers and their 10-12 year-old daughters
Teen Program: 1:30p-5p Mothers and their 13-16 year-old daughters

Ed Hopfner hopfnere@sfarch.org 4156145547
<https://sfarchdiocese.org/event/the-mother-daughter-programs/>

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St. Margaret *Oceanside*

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Ask the Expert

"Ready" but Scared

Question

&

I'm ready to have sex, but when I think about it I'm scared that I'll be hurt in the process. If we both want to have sex should it hurt? Krystal

Answer

Dear Krystal, Thank you for your question. You're a wise young woman to question and doubt at this time before you make a decision that can change your life dramatically and not give you the results that you really want.

This is a step most of us take at one time or another because we are made to love and be loved.

My response to you is -- wait. When you are in love and ready to marry the one who

loves you enough to marry you and cherish you, then, and only then will you be really ready to decide such a question.

For now take good care of yourself and your body until that time that you and your loving husband will begin a family. Those children you will have together need the love of a father and mother.

Having sex now or before marriage may result in a child. For your sake and the child's



sake, this is not the right time even if you feel like it. You can control your actions.

Pray and ask for God's help always. He loves you. *Judy Wilmurt* ■

See Ask the Expert CANFP.org for over a thousand Q and A's

Question

Living in Fear

Respected Doctor, I want to tell you about my problem that concerns the ovarian tumor I had when I was seventeen years old. At that time I went for open surgery and after that my doctor confirmed the reports of a tumor. They suggested I have three cycles of chemotherapy. After that I went for regular follow-ups for three years for blood tests. All my reports were normal and I had regular scans every three months for three years. All reports were normal, even today I got my ct scan and it's report was normal.

&

Now I want to know what I should do so that I may not become a victim of this fatal disease in my life as well as have the fears in my mind concerning my one ovary that is removed. I am also worried that I will be unable to conceive after marriage. I hope you will try to understand my tense state of mind and I wish that you can guide me in the best manner. I await your reply. Thanks, Everfresh

Answer

Dear Everfresh, First of all, you should have regular follow-up visits with a medical professional skilled at treating a former gynecological cancer patient. Secondly, you should start charting with one of the natural family planning methods. This charting will give you clues to your fertility. It will be reassuring if you have

regular cycles with plenty of slippery, clear, stretchy mucus at around the time of ovulation.

If it does not appear that you have reassuring charting, then you may want to see a Natural Family Planning Medical Consultant. Best wishes, *George Delgado, M.D., F.A.A.F.P.* ■



George Delgado, MD, FAAFP, Professional Member of CANFP, is the medical director of Abortion Pill Reversal (APR) and of Culture of Life Family Health Care and is the regional medical director of The Elizabeth Hospice

Ask the Expert

ReThinking Birth Control Pill to Treat Endo

Question

&

I am 36 years old and was diagnosed with endometriosis at age 19. Had a laparoscopy and - lost 1/2 of one ovary and one tube, also had a laprotomy. On Danazol (next three years) on and off for three six month treatments. Tried to conceive and was unable - have too much scar tissue. Was put on bc continuously until we were to try IVF. Off pill for six months, had IVF, had a set of healthy twins. Heavy periods, pain, clotting all returned right after I finished with breastfeeding. Went back on the bc continuously. I have small fibroids, but doctor wants me to keep on BC. Just converted to Catholicism last year, was told that since it was medically necessary staying on bc was not an issue. However, with bc, still have mood swings, some cramping and no sex drive what-so- ever. Recently heard of NFP and wonder if it's something that will work for me and if I'll still be able to function - the severe endo ruled my life before bc. Thank you., Allie

Answer

Dear Allie, Endometriosis can be quite severe as you know and is associated with a host of associated processes. Among these are infertility, painful periods, pelvic pain, & hormonal dysfunction. In your case you have been suffering with all of these.

Fortunately there are treatments. Some physicians prescribe the birth control pill to regulate it. The pill has a combination of drugs that act on the estrogen and progesterone receptors in the body. The endometriosis, which is the lining of the uterus in places other than the uterus, is effectively stopped or shut down in its growth. However, the pill and other medical treatments such as Danazol can offer only temporary relief. Surgery has been shown to be superior in reduction of symptoms and improvement of fertility.

NFP would afford you many benefits in addition to conforming with Catholic teaching on sexuality. What is overlooked by most of the medical community is the enormous medical information that is produced by charting

women's physiological signs such as cervical mucus production. In your case, a large extent of your diagnosis is already known. However, you would have the benefit of possibly using progesterone in the luteal (post-ovulatory) phase of the cycle to help establish cycles. You quite probably have reduced progesterone which can contribute to "mood swings". Loss of sex drive can be complicated but with charting your cycles, pinpointing cycle dysfunction may lead to understanding and treating this better. Anti-inflammatory medication could be used for painful periods.

Yet, endometriosis is a surgical disease. Surgically removing the actual blebs significantly reduces symptoms and improves overall fertility.

Surgery techniques have improved and "near-contact" laser treatment during laparoscopy has been shown to have the best results. This technique is taught in Omaha by Thomas Hilgers, MD, an OB/Gyn who has been studying infertility and NFP for the past 40 years. He has



trained many Ob/Gyn doctors around the country in this technique. Incidentally, he is of the Catholic faith and built his practice out of response to the teachings of the Church. Consequently, he has built quite a body of knowledge with the Creighton Model of Natural Fertility Care in conjunction with advanced medical and surgical techniques.

So yes, NFP would be of great benefit for you. Since you have a complicated medical history, I would recommend getting a second opinion from an Ob/Gyn who has been trained in the surgical techniques described above. CANFP can be of help in locating people in your area.

I hope that you will find this of benefit! *Gretchen V. Marsh, D.O.*

Surgically removing the actual blebs significantly reduces symptoms and improves overall fertility

Excerpts from **DOCTRINAL NOTE ON THE MORAL LIMITS TO TECHNOLOGICAL MANIPULATION OF THE HUMAN BODY**

Committee on Doctrine United States Conference of Catholic Bishops 20 March 2023

Each of us is the result of a thought of God. Each of us is willed. Each of us is loved. Each of us is necessary.

Homily for the inauguration of the papacy of Benedict XVI April 24, 2005

"What is true of creation as a whole is true of human nature in particular: there is an order in human nature that we are called to respect. In fact, human nature deserves utmost respect since humanity occupies a singular place in the created order, being created in the image of God (Gen. 1:27). To find fulfillment as human persons, to find true happiness, we must respect that order. We did not create human nature; it is a gift from a loving Creator. Nor do we "own" our human nature, as if it were something that we are free to make use of in any way we please. Thus, genuine respect for human dignity requires that decisions about the use of technology be guided by genuine respect for this created order." #3

"The human person, body and soul, man or woman, has a fundamental order and finality whose integrity must be respected. Because of this order and finality, neither patients nor physicians nor researchers nor any other persons have unlimited rights over the body; they must respect the order and finality inscribed in the embodied person." #7

"Such interventions, thus, do not respect the fundamental order of the human person as an intrinsic unity of body and soul, with a body that is sexually differentiated. Bodiliness is a fundamental aspect of human existence, and so is the sexual differentiation of the body. Catholic health care services must not perform interventions, whether surgical or chemical, that aim to transform the sexual characteristics of a human body into those of the opposite sex or take part in the development of such procedures. They must employ all appropriate resources to mitigate the suffering of those who struggle with gender incongruence, but the means used must respect the fundamental order of the human body. Only by using morally appropriate means do healthcare providers show full respect for the dignity of each human person." #18

"As the boundaries of what is technologically possible continue to expand, it is imperative to identify moral criteria to guide our use of technology. As the range of what we can do expands, we must ask what we should or should not do. An indispensable criterion in making such determinations is the fundamental order of the created world. Our use of technology must respect that order." #19

"An approach that does not respect the fundamental order will never truly solve the problem in view; in the end, it will only create further problems. The Hippocratic tradition in medicine calls upon all healthcare providers first and foremost to "do no harm." Any technological intervention that does not accord with the fundamental order of the human person as a unity of body and soul, including the sexual difference inscribed in the body, ultimately does not help but, rather, harms the human person." #20

"Particular care should be taken to protect children and adolescents, who are still maturing and who are not capable of providing informed consent." #21

"The body is not an object, a mere tool at the disposal of the soul, one that each person may dispose of according to his or her own will, but it is a constitutive part of the human subject, a gift to be received, respected, and cared for as something intrinsic to the person." #7

"This capacity to love – reflection and image of God who is Love – is disclosed in the spousal character of the body, in which the masculinity or femininity of the person is expressed." #11 quoting Congregation for the Doctrine of the Faith, Letter on the Collaboration of Men and Woman in the Church and in the World (2004), no. 8

<https://www.usccb.org/resources/Doctrinal%20Note%202023-03-20.pdf>

Excerpts from **THE BODY-SOUL UNITY OF THE HUMAN PERSON**

Joint Letter Most. Rev. Salvatore Cordileone and Most Rev. Michael Barber, SJ 20 Sept.2023

“Truth is the light that gives meaning and value to charity.... Without truth, charity degenerates into sentimentality. Love becomes an empty shell.”

Benedict XVI, Encyclical Caritas in Veritate, 3 2009

"Male-female sexual difference and complementarity are also essential to a Christian understanding of marital conjugal union, which is itself an image of Trinitarian communion. Eliminating this difference would diminish in man and woman part of what it means to bear God's image and likeness."

"Gender ideology denies certain fundamental aspects of human existence, such as male-female sexual difference, the reciprocal complementarity of man and woman, and the essential unity of body and soul in the human person."

"Great harm can be done in situations where medical procedures and treatments fail to respect the fundamental created order of the human person."

"Compassion that does not include both truth and charity is a misplaced compassion. Support for those experiencing gender dysphoria must be characterized by an active concern for genuine Christian charity and the truth about the human person."

"In taking on a bodily human nature, Jesus reveals the goodness of our created bodies and the closeness of God to each one of us. He is not far off or indifferent to our questioning, our challenges, or our sufferings. He comes to meet us in them and to reveal to us the depth of his love and mercy."

"The body and soul come into existence together, in an individual human being at the time of conception. From the beginning of his or her existence, the human person has a body that is sexually differentiated as male or female."

Excerpt from **POPE FRANCIS** in **LAUDATO SI** 24 May 2015

"The acceptance of our bodies as God's gift is vital for welcoming and accepting the entire world as a gift from the Father and our common home, whereas thinking that we enjoy absolute power over our own bodies turns, often subtly, into thinking that we enjoy absolute power over creation. Learning to accept our body, to care for it and to respect its fullest meaning, is an essential element of any genuine human ecology. Also, valuing one's own body in its femininity or masculinity is necessary if I am going to be able to recognize myself in an encounter with someone who is different. In this way we can joyfully accept the specific gifts of another man or woman, the work of God the Creator, and find mutual enrichment." Laudato Si #155 Pope Francis

TO EXPAND OUR IMPACT---we must EXPAND OUR TEAM!
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 Perhaps an area below appeals to you, or perhaps you have an idea to propose?
 We would love to hear from you! Both volunteer & contracted positions available.

- **Curriculum Development** | Design NFP Education Programs for variety of audiences
- **Translating Articles/Materials** | Translate materials and articles, especially into Spanish
- **Parish Services Coordinator** | Liaison with parishes, coordinate parish programs, create weekly bulletin announcements/prayer intentions
- **Newsletter Editor** | Solicit articles, edit and format Newsletter
- **Public Relations** | Develop materials and seek opportunities to promote NFP and the services of CANFP
- **Member Services** | Maintain records, support current members and solicit new members
- **Digital Communications** | Share CANFP message through social media outlets, and email communications.
- **Prayer Team Leader** | Communicate prayer intentions monthly to prayer team

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see: <https://canfp.org/get-involved>



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*Board Members Fr. Blaise Berg,
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CANFP at Walk for Life West Coast Jan. 20, 2024

Fr. Tom Orlando and Fr. Blaise Berg

Rodda Family



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SALINAS, CA 93906

CANFP.org

info@canfp.org

831-443-3746

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