

CANFP on the Road in February!

**Feb. 13-Feb. 23 REGIONAL VISIT TO STOCKTON/
FRESNO/LOS ANGELES/ORANGE**

**Feb. 20-22 LOS ANGELES RELIGIOUS
EDUCATION CONGRESS**
Anaheim Convention Center

Feb. 21 CONVERGING ROADS
St. Patrick's Seminary

The Culture and Politics of Chastity



by
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Trabbic, PhD**

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Aristotle and St. Thomas Aquinas tell us that human beings are not only rational animals but social animals. When they say this, what they mean is that we are not naturally self-sufficient as individuals and need the help of other people both to survive and be happy. But our social nature is also evident from experience. We know that babies and children cannot survive without other people caring for them. Yet it is also the case that adults need the help of others to survive. Imagine having to build your own shelter, make your own clothes, gather and prepare your own food, or care for yourself when you are sick. Consider also having to teach yourself the skills you would need to do any of these things. Obviously, that would be impossible.

Besides bare survival, we have a natural desire to use all of our powers well, above all our powers to choose, to act, and to think. That we do this is God's will and it is what satisfies us and makes us happy. A person who is able to choose rightly, act rightly, and think rightly will do well in life and be rightly related to God. To use our powers well, however, requires virtue. Virtue is a kind of skill. Whereas other skills help us to do well in some particular trade

or profession, say, as a plumber or an accountant, virtue helps us to do well as human beings.

Like other skills, we learn virtue from other people. The first place where we learn virtue is, ideally, the family, from our mother and father. The people who know us the best are also the people in the best position to help us cultivate virtue. They know our strengths, weaknesses, and motivations like no one else.

But to perform their task well and successfully, families too need help from others. They need the example and encouragement of other families, they need the Church with its teaching and sacraments, they need a wider culture that reinforces the training they give their children, and they need a political community whose policies and laws do the same.

It is true that families can "get by" with just the support of the Church and a few other families, but that is not the ideal. If the wider culture is morally corrupt and the policies and laws of the political community do nothing against this corruption or serve to perpetuate it, this will be a grave threat to families. It is for this reason that Catholics have an obligation to be culturally and politically

engaged, each of us in the way appropriate to our state in life.

But even if families do need the help of others in the moral training of their children, this help, however crucial, is ancillary and facilitative, and the primary responsibility still belongs to the parents. It is perhaps in the context of the family that we have the most important application of the Catholic principle of subsidiarity. According to this principle, no higher-level social entity should take over the task that an individual or lower-level social entity can adequately perform.

Keeping in mind these general points about the cultivation of virtue and its social support system, I want now to turn to a specific virtue, chastity. Chastity is a form of the cardinal virtue of temperance (also called moderation). Temperance is the virtue by which we master our desire for pleasure. Temperate people do not shun pleasure; they enjoy it, but they do not let it control them and they do not seek pleasure in excess or in the wrong things. Food and drink give us pleasure, and so does sex. And chastity has to do with self-mastery when it comes to the pleasure of the latter.

cont on p. 5

President's Perspective

Fr. Blaise Berg, STD

The Connection Between Law, Ethics and Worship

At CANFP, we strive to be a positive voice in this confusing culture in which we live

I have a confession to make: when I consider what to write in these quarterly articles, my thoughts sometimes drift to what I happen to be teaching at the time. This semester, six seminarians and I are reading and discussing Joseph Ratzinger's work *The Spirit of the Liturgy*. At the beginning of the book, Cardinal Ratzinger (who would later become Pope Benedict XVI) drills down on the definition of worship. Referring to the Book of Exodus, he points out that, in the history of the Israelites, things go awry when worship, law and ethics are separated. When Israel falls away from right worship of God, bad things happen. As an example, Ratzinger points to the episode in Exodus 32 when the Israelites grow impatient waiting for Moses to come down from Mount Sinai with the tablets of the Ten Commandments. As a result of their impatience, the Israelites make a golden calf out of their earrings and begin to worship it and sacrifice to it. Moses had gone up the mountain to fetch the Ten Commandments (law). Yet, in his absence the Israelites acted badly (ethics) and worshipped falsely. Law, ethics and worship are intertwined, so when one or more of these are off-kilter it negatively effects the other(s).

Two of our authors in this newsletter refer to the important connection between law, ethics and worship in today's American culture. Dr. Joseph Trabbic notes that for families to thrive, they need the support of the faith community, culture and

civil law. By the principle of subsidiarity, families should be allowed to do what they can do on their own, but it helps when there is positive support by the society and culture in which they abide. Just as a newly planted seed needs water, sun and fertilizer to grow well, so the family needs encouragement and nourishment. In his article, Fr. Jerome Magat describes the train wreck that occurs when an objective moral truth is not promoted and defended (chaste non-contraceptive relations between spouses) neither by the faith community, nor by society as a whole. It is a recipe for disaster that includes, among other evils, same-sex relations and unions. The result is a perfect storm: bad laws, immoral behavior and poor, if not, non-existent worship of the God who created and redeemed us.

As Cardinal Joseph Ratzinger observed in 2000, we live at a time of "total secularization of the law and the exclusion of any God-ward perspective from the fashioning of the law". (*The Spirit of the Liturgy*, Ignatius Press, p. 32) Rather than worshipping God, we worship the body. We spend thousands of dollars to make our bodies as physically fit as possible, and yet we ignore the beauty of the God-given fertility given to spouses. We worship the golden calves of technology, sports and entertainment, but by not properly worshipping God, we ignore the soul. As a result, families fall apart, drug addiction and mental illness dominate, followed by more crime in our communities, to name a few evils.



Father Blaise Berg, President of CANFP, is Assistant Professor of Dogmatics, at St. Patrick's Seminary in Menlo Park. Born the ninth of twelve children in Yuba City, Fr. Berg was ordained a priest for the Diocese of Sacramento in 1998. He served as Pastor of several parishes, as well as Vicar for Clergy, Secretary to the Bishop, and Vice Chancellor. Father Berg completed a baccalaureate degree in theology (S.T.B.) at the Gregorian University, Rome and licentiate (S.T.L.) and doctoral degrees in theology (S.T.D.) at the John Paul II Institute for Studies on Marriage and the Family at the Lateran University, Rome.

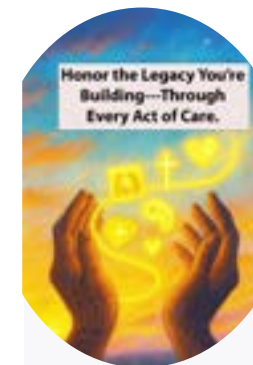
Only when we prioritize God who created us and redeemed us in our laws and in our actions and worship Him rightly are we able to live with the proper perspective. Law, ethics and right worship go hand-in-hand. At CANFP, we strive to be a positive voice in this confusing culture in which we live. That is why I am so grateful to all of our benefactors who support CANFP so that we can be a guiding light and a support during these challenging times. It is humbling to see so many of you (listed on pages eight and nine) who are there for CANFP year in and year out. Thank you and may God bless you as we embark on this new year together!

Director's Desk *New Year's Resolutions 2026 Style*

Sheila St. John



sheila@canfp.org



Build on what you've already created, and make space for what's still unfolding

Day two of this new year I found myself contemplating a resolution for this start of a new calendar. So I did what any citizen of this 2026 world would do and, just for fun, I asked AI what my resolution should be.

Honor the legacy you're building—through every image, every word, and every act of care.

That does resonate with me (AI also told me that "resonate" should be my "word for the new year"). I asked for specifics, and the affirming gentleman that is the voice of my AI program, cheerily provided these guidelines:

Guiding Principles

- **Intentionality:** *Every action should reflect your values—faith, family, dignity, creativity.*
- **Visibility:** *Let your legacy be seen and felt, not just imagined.*
- **Continuity:** *Build on what you've already created, and make space for what's still unfolding.*

Not bad, I thought. I am pretty intentional in my actions, so that "resonates" with me, but is it reflected in EVERY action I take? Yeah, room for improvement there for sure.

Visibility---wow, spot on AI. So much of the good that is done because of CANFP, is not really visible, not even to me.

I can share that 27,000 visitors viewed CANFP.org in the last year, and as gratifying as it is to know we are reaching people, in reality we can only imagine how those 27,000 lives were impacted. The info accessed, however, does give us a clue. For instance, in just this past year, 2,500 people viewed a specific question amongst our 1,000 Ask the Expert responses (this one responded to by former board member **Fr. Marcos Gonzalez**) about *Reconsidering our Sexual Practices in Light of JP II*. Supporters of CANFP know how that can change lives, even if we are not privileged to know the individual story of each of those 2,500 people. Other times I am blessed to be invited into their journey, over the phone or with visitors to our exhibit. I often think, I wish all those who support CANFP could have been by my side to experience that conversation, and know the impact of their investment in our state NFP organization. The lives impacted IS the story of CANFP, and I invite you to see it made visible, by viewing the testimonials and various *My NFP Story* posted at CANFP.org.

Continuity---We are on it! Last year Board Member **Dr. Robert Chasuk** proposed serving our professional members with a monthly zoom seminar. It has been very well received, and proved fruitful at providing

continuing education, as well as networking and community. **So in 2026 we are expanding to serve ALL our members/supporters.** While we will reserve some topics/sessions for *clergy only*, or *professionals only*, most sessions will be open to all our members. You *do* have to be a member of CANFP to attend. If you are interested, but are not a current member, **I have a tip for you!** You can test out our worthiness of your support, by taking advantage of our monthly membership plans at CANFP.org. For as little as \$5 you can trial a one month membership *and* access the **Tune Up Tuesday** for that month! All who have subscribed to our emails (also at CANFP.org) will receive a registration link, and a membership link. Perhaps you might invite someone to join you as a CANFP member at the next TUNE UP TUESDAY---feel free to *share my tip!*

And if you'll excuse me now, I am going to tackle that overflowing closet. It may not be as inspiring or poetic as the AI New Year's Resolution---but it's not going to clean itself. ■



SAVE THE DATE! 4th Tuesday of every Month 7p-8p
For ALL CANFP Members in 2026! Sign up to receive emails at CANFP.org to be sent registration and membership links. Invite a or clergy member, to join you as a CANFP member at the next session! Gift membership subscriptions available at CANFP.org

MEET MEMBER...

Sharon Pearce

Naive.

That's how I'd describe myself in 1984. I had just completed a nine-month program offered by my church with the goal of preparing me for ministry. While some of my classmates were called as missionaries, God called me (kicking and screaming) to open a pregnancy care center at the church (a story for another time). Here's where the naivete kicked in. I thought if women would just use birth control, they wouldn't get pregnant, and they wouldn't need to have an abortion.

fertilization---not implantation--I had to reject all forms of birth control that prevented that life from continuing its growth and development.

I knew I had to find an alternative to the Pill, and that's when I first heard about Natural Family Planning. I didn't know enough to teach women myself, so I found an older Catholic woman who taught NFP in the area and referred interested couples to her. That worked for many years, but she eventually retired, and I knew I needed to step up and become a teacher myself.

It didn't take me long to realize that birth control wasn't the answer. Many of our clients were using birth control--and had gotten pregnant. They felt that because they had been "responsible," it was okay for them to have an abortion. That's when my views on birth control began to change.

As an Evangelical, I had never considered the morality of birth control.

It was simply medication women could use to prevent pregnancy. Then, out of the blue, I received a magazine in the mail called *All About Issues* by the American Life League. They ran a series of articles about how the Pill was actually a form of abortion because it often interfered with the implantation of the developing baby when it reached the endometrium. I realized that if I truly believed that life began at

SHARON, WHY DO YOU SUPPORT CANFP?

I support CANFP because we can learn so much when we listen to other teachers talk about what they've learned "on the job." And we really do need each other. It can feel like you're alone out there. Networking with other teachers is a good thing, and CANFP makes that happen!

The Diocese of San Diego "just happened" to be offering a Teacher Training course around the time I was praying about becoming a teacher. They didn't have any problem with me taking the class, and that was my introduction to the Billings Ovulation Method. I've been teaching the Billings Method now for over twenty years, and LOVE empowering women to embrace their fertility as a gift from God, and to trust



Sharon Pearce, Professional Member of CANFP, teaches the Billings Method of NFP virtually, and in person in the San Diego Region. To learn more about her program, or contact Sharon, go to the Find an Expert Directory at canfp.org

that their bodies will tell them when they're fertile--and when they are not.

I've served on the Board of Directors for the Billings Ovulation Method Association (BOMA-USA) for five years and have been the President of the Board for the past two years. My passion is to educate Evangelicals about the moral issues surrounding birth control, especially within the Pregnancy Care Center/Clinic movement. I have found a book titled *Does the Birth Control Pill Cause Abortions?* by Randy Alcorn (a well-known and trusted Evangelical author) to be helpful in opening doors to conversations with Evangelicals who, like me, have never before considered the morality of birth control. ■



MEET OUR MEMBER is a regular feature of *CANFP NEWS*, coordinated by CANFP Professional Member **Peggy Stofila**, who lives in Torrance, where she works part time as a Physical Therapist and teaches the Creighton Model FertilityCare System.



Available for purchase for \$3 at the CANFP Store at CANFP.org

https://canfp.org/store/?jsf=jet-engine:products-english&tax=product_cat:983

The Culture and Politics of Chastity *cont from front page*

It is not hard to see how a lack of chastity can threaten the stability of families or bring children into the world who cannot be properly cared for

In a Catholic context, chastity is practiced in one way by married people and in another way by unmarried people. In marriage, of course, the husband and wife do not forego the pleasure of sex. But if they are chaste, then their only sexual relationship will be with each other and it will be based on a deep love and respect. They will avoid anything that will endanger their commitment to each other.

Chastity outside of marriage means complete abstinence from sex. For consecrated people who take a vow of chastity, and for Latin Rite priests, this abstinence is permanent. For everyone else, this form of chastity will change once they are married (if they get married).

It is not hard to see how a lack of chastity can threaten the stability of families or bring children into the world who cannot be properly cared for. If families are the best place for us to learn virtue and set out on the way to happiness, then promiscuity is a threat to these things.

It is well-known that in the encyclical *Humanae Vitae* Pope Paul VI reaffirms the Church's traditional teaching on the immorality of artificial birth control. But besides this, and in connection with it, the Pope also reaffirms the importance of chastity. What I would like to draw to your attention is the fact that the Pope does not only appeal to individuals or families in what he says about chastity. He does not see chastity as a

merely private matter but as a public matter involving the wider culture and the political community. Without a doubt this is because the Pope sees them as necessarily involved in the promotion of virtue.

Here are the Pope's own words: "We take this opportunity to address those who are engaged in education and all those whose right and duty it is to provide for the common good of human society. We would call their attention to the need to create an atmosphere favorable to the growth of chastity so that true liberty may prevail over license and the norms of the moral law may be fully safeguarded." HV, 22

The Pope then goes on to say that "everything in that the modern means of social communication which arouses men's baser passions and encourages low moral standards, as well as every obscenity in the written word and every form of indecency on the stage and screen, should be condemned publicly and unanimously by all those who have at heart the advance of civilization and the safeguarding of the outstanding values of the human spirit." HV, 22

Speaking to public authorities, he says: "We beg of you, never allow the morals of your



Joseph Trabbic, PhD is an associate professor of philosophy at Ave Maria University in Ave Maria, Florida, where he has taught since 2006. His areas of interest include St. Thomas Aquinas, metaphysics, and political philosophy. He and his wife Rose have five children.

peoples to be undermined. The family is the primary unit in the state; do not tolerate any legislation which would introduce into the family those practices which are opposed to the natural law of God." HV, 23

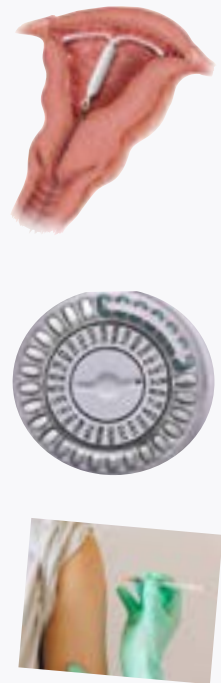
The Pope is here acting as a prophet. He is calling on institutions to respect the law of God. In this case the natural law.

Taking our cue from Pope Paul, we should reflect on our culture and laws in the U.S. today. Do they promote chastity or are they a threat to it? If they are a threat, then what are we doing about it? If we are waiting for other people to do something, then we should expect things to get worse before they get better. ■

Medical Matters *Contraception Use, Effectiveness and Adverse Effects*

Robert Chasuk, MD

Contraceptive mechanisms can be described as acting pre-fertilization or post-fertilization



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The topic of contraception methods in use today is quite broad, so this short article will be a high-altitude overview with a noticeably colorless style, which may best suit it.

There are four major categories of modern contraception: hormonal, long-acting reversible contraceptives (LARCs), barrier methods and permanent sterilization. This article will not discuss natural or fertility appreciation based methods.

Hormonal methods include combined hormonal contraceptives or CHCs (pills, transdermal patches, vaginal rings containing estrogen plus progestin) and progestin-only methods (pills, injections, implants, and hormonal intrauterine devices (IUDs)).

Long-acting reversible contraceptives (LARCs) are becoming more popular and include intrauterine devices (hormonal and copper) and progestin-containing implants.

Barrier methods include male and female condoms, diaphragms, spermicides.

Permanent methods consist of female sterilization (tubal ligation) and male sterilization (vasectomy).

It is an obvious statement to say that use of contraception is widespread. In the United States, around 50% of women of reproductive age currently use some form of contraception. The most common methods include:

- oral contraceptive pills ~11%
- female sterilization ~11%
- long-acting reversible contraceptives (LARCs) ~10%
- male condoms 7.1%

Adolescents ages 15-19 prefer condoms and oral contraceptive pills, while women 20-49 years favor LARCs, and female sterilization becomes more frequent in older women.

CHCs that contain both an estrogen and a progestin were initially developed in the 1960's. Over time, newer estrogen and progesterone forms have been introduced, with trends toward lower doses, to ameliorate the serious adverse effects of these chemicals.

Contraceptive mechanisms can be described as acting pre-fertilization or or post-fertilization. Fertilization is the moment of the creation of a new human being (there is no such thing as a fertilized egg!) and most commonly occurs in the fallopian tube. The new embryo takes five to nine days to migrate to the uterus, where it can implant.

Post-fertilization mechanisms, then, essentially destroy a human being.

CHCs prevent uterine pregnancy by at least three and possibly four mechanisms. Two of these happen before fertilization: suppressing ovulation or altering cervical mucus or fallopian tube function to prevent sperm survival and transport. The other two mechanisms work after fertilization altering the lining of the uterus to be less favorable for implantation of the embryo and perhaps also by changing the properties of the fallopian tube that facilitate the migration of the embryo to the uterus for implantation.

IUDs also have multiple possible mechanisms. Pre-fertilization mechanisms include inhibiting sperm or egg transport in the fallopian tubes. Post-fertilization mechanisms include inducing an unfavorable inflammatory environment in the reproductive organs that could prevent implantation or damage the embryo before implantation. Neither the progestin nor copper IUD suppress ovulation. IUDs decrease the overall rate of pregnancy, but if there is a breakthrough pregnancy, 25-50% will be ectopic (in the fallopian tube), demonstrating the IUD's effectiveness of preventing intrauterine implantation (postfertilization) more effectively than extrauterine implantation.

CHCs increase the risk of breast cancer, and the overall rate of breast cancer is six times that of ovarian and uterine cancer

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Contraceptive methods vary in their effectiveness. A useful statistic is the percentage of women who will achieve an unintended pregnancy in the first typical year of use. The CDC reports the following rates:

- male condom 18%
- hormonal pills, transdermal patch, and vaginal ring device all 9%
- Copper IUD 0.8%
- Progestin IUD 0.2%
- subcutaneous progestin implant 0.05%
- female sterilization 0.5%
- male sterilization 0.15%

Serious adverse effects of contraception include venous thromboembolism, breast and cervical cancer.

Women taking CHCs have a three to five times greater risk of venous or pulmonary thromboembolism, which equals around one additional death per 6,000 women taking them for a year. If a woman is a smoker, the risk increases to one additional death per 250 women-years. The highest risk is for those CHCs containing desogestrel, gestodene, drospirenone or cyproterone acetate. The risk increases 35 times in a woman who has the clotting disorder called Factor V Leiden, which is present in 5% of Caucasians.

CHCs are promoted for decreasing the incidence of

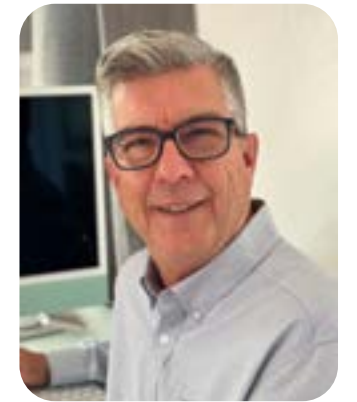
ovarian and uterine cancer. But CHCs increase the risk of breast cancer, and the overall rate of breast cancer is six times that of ovarian and uterine cancer. Breast cancer risk increases 40-50% when CHCs are used before the first full-term pregnancy. The risk of triple negative breast cancer, which is particularly hard to treat, increases 2.5-fold with greater than one year of use of CHCs and more than 4-fold if started before the age of 40.

CHCs are a risk factor for cervical cancer. After ten years of use by women 20-30 years old, there is one additional case of invasive cervical cancer for every 1,400 women.

There is insufficient long-term evidence to conclude that the most recent CHCs with newer estrogen formulations, such as estetrol, reduce the risk of these adverse effects.

There have been reports about the effect of hormonal contraceptives on women's mate preferences and relationship satisfaction, but the evidence is not conclusive.

Considering the possibly life-threatening adverse effects of CHCs, wouldn't it be great if there were a real birth regulation method that was effective in avoiding or achieving pregnancy without side effects? Of course, there is with natural family planning. ■



Robert Chasuk, MD is a family physician, seeing patients from adolescence through adulthood for general primary and urgent care via telemedicine through mycatholicdoctor.com. He has a special interest in restorative women's health care using NaProTECHNOLOGY to manage a variety of women's health problems including infertility, premenstrual syndrome, and recurrent miscarriage. Dr. Chasuk graduated from the University of California San Diego and completed his Family Medicine residency at SUNY at Stony Brook. In 1994 Dr. Chasuk joined the faculty of the Family Medicine Residency Program at Baton Rouge General where he practiced and taught Family Medicine for 28 years. For much of that time he maintained an appointment as Clinical Associate Professor of Family Medicine for Tulane University School of Medicine. Dr. Chasuk has served on the Executive Board of CANFP since he and his wife Patti, returned to California, where they enjoy spending time with their extended family.

Contact info for Dr. Chasuk---and other California physicians expert in natural methods of fertility management---available at **Find an Expert at CANFP.org**

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Clergy Corner

by Fr. Jerome A. Magat, SThD

Contraception's Carnage The Preamble to "Gay Marriage"

And the Church's response was mostly silent, to its shame

In many arenas where contraception's ills are discussed, the focus of the discourse is often devoted to the negative effects on marriage (both in general and in particular), the possible abortifacient effect that some forms of contraception may introduce, the merits and arguments in favor of NFP, or the ravages of the contraceptive mindset. I will take up this last concern (the contraceptive mindset, which is normative in the developed world and an *a priori* fact of life) and one of its derelict effects: the onset of so-called "gay marriage." To be sure, many students of the contraceptive mindset do not immediately connect it to "gay marriage." Even in preaching praxis, congregations are often stunned at the suggestion. It seems that contraception is the province of heterosexual couples and an option that is not relevant in relations between persons of the same sex. And while that is true, it's the philosophical underpinning behind contraception that is really in play. Simply put, the divorce of the teleological elements of marital conjugality (unitive and procreative, or babies and bonding) provided the precise template for the wide acceptability of the gay lifestyle and its logical conclusion---"gay marriage."

The natural moral law's teleological bent instructs us that the ends or goal of marital conjugality are unitive and procreative, or babies and bonding. Contraception

frustrates the faculty of the conjugal act, by promising bonding without babies (even if the bonding dimension is itself not possible). This separation led to a change in the teleology in the wider culture. Instead of babies and bonding, the teleology of marriage and its conjugality became "personal fulfilment." There was no global memo that announced this change, but over time, this mindset became prevalent and is now normative---all part of the wider contraceptive mentality. For many in the developed world, the idea of marrying but not raising a family of children is not uncommon. This pattern is already well-established with many co-habiting couples who prefer raising dogs to children, for example.

This takes us to alleged "gay marriage." When the gay lobby began pushing for "gay marriage" and ubiquitous celebrations of June Pride Month (circa during the first term of the Obama presidency in the US context), the Church did not seem to have any compelling arguments to offer in response. After all, who could tell any two persons that they could not seek the new teleology of relations (no longer babies and bonding): personal fulfilment. We can infer from this impotence on the Church's part that very few in the Church were themselves convinced of the efficacy of the natural moral law or the teleology of marital conjugality. It was too late---the die had already been cast in

a post-*Humanae Vitae* rejection moral landscape. Anecdotally, most moral theologians and canonists (who handle annulments) will unhesitatingly admit that the Church's teaching against artificial contraception is perhaps its most-ignored moral teaching, even among self-identified practicing Catholics. And so, state after state in the US context began legalizing "gay marriage" almost without any opposition. Massachusetts was the first state to legalize same-sex marriage in 2004, followed by other states in subsequent years through court rulings, legislation, or popular vote. Connecticut, Iowa, Vermont, and New Hampshire legalized it between 2008 and 2009. This expansion of rights was a state-by-state process until the Supreme Court ruling in *Obergefell v. Hodges* in 2015 made it legal nationwide. And the Church's response was mostly silent, to its shame. Currently, the acceptance of "gay rights" and "gay marriage" is considered a mark of modernity for developing nations.

While it is true that the Church does not officially teach that artificial contraception is morally licit, the lived reality of this teaching is abysmal. And so, it should not have come to anyone's surprise that the Church was ill-prepared to make its case, leveraging the merits of the natural moral law. It can be argued that the Church lost the argument because the Church itself was not in concert with her own moral law *ad intra*.

it requires the courage to challenge conventional wisdom regarding contraception

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Cynically, one might even argue that it's surprising that it took the gay lobby as long as it did to arrive at their successful campaign to normalize homosexuality and all of its attendant rights claims. It was just a matter of time.

Observant Catholics appreciate that the Church is among the last of communities on the planet where the natural moral law is taught and respected. It is important to know, however, that practically all Protestant sects diverge from traditional Catholic moral theology on this precise point. And so, it is important not to lay blame entirely on the Catholic Church in this regard. Hardly a Protestant congregation would be willing to stand in solidarity with Catholics who still adhere to the natural moral law. This division dates all the way back to the Lambeth Conference in the late 1920s, when the doctrinal schism in Western Christianity took a new turn into moral schism, beyond the acceptance of divorce and remarriage.

Given this teleological shift, what is an observant Catholic

to do? A few ideas come to mind: First, it requires mastery of the contours of the narrative presented here. Every human person is born into a zeitgeist and knows no other lived reality. Hence, it is imperative to learn that this is not always the way things used to be. Furthermore, the narrative presented above does not express a nostalgia for a pre-Lambeth world. Rather, it is illustrative of the need to recommit to the natural moral law, man's rational participation in the eternal law of God. Second, it requires the courage to challenge conventional wisdom regarding contraception. Citing the decline of marriage (in part attributable to contraception's mutual internal rejection within the union) and all of its derelict social effects (like the one cited in this reflection), observant Catholics can tap into the frustration and despair that many feel regarding the decline of society. And third, observant Catholics ought to pray and fast for the conversion of the culture, that it will rediscover the *cultus* and its moral demands that makes culture what it is and ought to be. ■



Fr. Jerome A. Magat, SThD, is currently serving as vice-rector, a formation advisor and professor of moral theology at St. Patrick Seminary in Menlo Park, CA. Fr. Magat, is a member of the Diocese of Arlington, VA (ordained in 2002) serving in the Archdiocese of San Francisco. He holds four advanced degrees in theology including a licentiate and doctorate in moral theology (summa cum laude) from the Accademia Alfonsiana (Pontifical Lateran University) in Rome. He founded the Guadalupe Free Clinic of Colonial Beach, VA in 2005, the first free medical clinic for the poor in the Diocese of Arlington. He is the author of two books, including *Honoring the Covenant: Sunday, Solemnity and Feast Day Mass Meditations for Busy Married Couples*. He has served on seminary faculties in San Francisco, Baltimore and San Antonio. Fr. Magat is also a Koterski Research Fellow and a member of the Academy of Catholic Theology, based in his native Washington, DC.

2026 Tune Up Tuesdays Jan-May Sessions

<p>Jan. 27th</p>  <p>For ALL CANFP Members</p> <p>Contraception's Carnage: "Gay Marriage" Fr. Magat traces the connection between contraception and "gay marriage"---and why we as a Church were so ill-prepared to speak out against it.</p>	<p>Feb. 24th</p>  <p>For CANFP Professional Members only</p> <p>Elisa Yao, MD Natural Killer Cells and Infertility</p>	<p>March 24th</p>  <p>For ALL CANFP Members</p> <p>Stefania Bigi Being Women: Call to Wholeness - Call to Motherhood</p>	<p>April 28th</p>  <p>For CANFP Clergy and Church Members only</p> <p>Fr. Blaise Berg, STD Preaching on God's Plan for Love and Life: Understanding Contraception and NFP in Light of Catholic Teaching</p>	<p>May 26th</p>  <p>For ALL CANFP Members</p> <p>Theresa Notare, PhD NFP Week— Effective Strategies to Promote NFP</p>
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Ask the Expert

Pre-Menstrual Spotting

Question

I'm 26 and never have been pregnant (never tried to be either) My problem is that I have had premenstrual spotting for about five years. It starts about seven days before my period. I had a blood test when I was spotting and my hormone levels were normal. I have seen a lot of doctors for that. I have tried all kinds of contraceptive pills. Pills which contain estrogen make me bleed constantly all month long, and progesterone-only pills didn't help either. It has become really annoying for me and has caused a lack of iron. I am a student with a very useless health insurance and I can't do very expensive tests. Do you know any solutions for me? Thanks. *Sara*

&

Answer



Gretchen Marsh, DO, is board certified in Family Medicine by the American Osteopathic Board of Family Physicians and certified as a NaProTechnology® Medical Consultant (NaPro) and Creighton model Fertility Care System (CrMS) teacher since 2001. Dr. Marsh sees patients through telehealth on MyCatholicDoctor.com and in person at fertilitycare.centerofreno.org. She and her husband, Jon, have five sons.

Dear Sara, There are several reasons why you may be having the premenstrual bleeding. The most common one is resulting from polycystic ovarian syndrome. Women will have a range of symptoms and severity but commonly present with premenstrual spotting, abnormal cycling, anovulatory cycles, etc. It is highly associated with poor fertility, high blood pressure, diabetes, and uterine cancer.

From what you are describing, you are experiencing premenstrual bleeding which is associated with abnormal progesterone levels. You have had some hormone level tests but from my experience the majority of the tests are inaccurate because of the large range of "normal" or it was not known exactly where the level was drawn in relation to ovulation.

The best first step is to learn to chart your cycles which can only be taught by a certified NFP teacher. This is very low cost. Charting your cycles gives

enormous medical information such as: the length of your cycles, the length and type of menstrual bleeding, the quality and length of the mucus cycle associated with ovulation, and how many days you are spotting and bleeding. The charts are accurate reflections of your body's functioning such as hormone levels, follicle formation, ovulation, etc. And yes, some additional tests may be warranted.

After learning to chart, you would need to see a physician who is familiar with the charting. I would make sure about keeping up to date on PAP smears (cervical cancer screening) and checks for infections which can be a source of abnormal bleeding. There would be other things such as thyroid function that would need to be considered. This would also be the time to review whether you are experiencing premenstrual spotting and bleeding. There are certain criteria to be met but PMS is associated with abnormal progesterone levels.

The physician would review the chart with you. Ideally, estrogen

levels could be drawn over several days prior to and right after ovulation. Additionally, several progesterone levels would be drawn during the post-ovulation phase. These all would need to be compared to levels that are standardized to the normals for those points in the cycle, not the broad levels found at most labs. Of course, this is the ideal.

What may appropriately be done is to have you take progesterone during the post-ovulatory phase only for several months. I imagine that the "progesterone only pill" that you took was the "mini-pill," something that you took daily. This won't correctly target the abnormal levels.

There are other reasons for the premenstrual bleeding which a physician would also consider. However, just putting you on the "pill" will not diagnose or treat any of the reasons. They may mask the bleeding if a "strong" enough pill were to be used.

I hope that this will help you find an answer to your situation. Please contact the CANFP for information about NFP teachers and physicians whom you might contact *Gretchen V. Marsh, D.O*

Diagnosed with PCOS

Question

I have been married for six years. I conceived once, but had a miscarriage. The doctor diagnosed me with PCOS three years ago. My ovaries are bulky in size. Now I am taking a fertility treatment. My doctor is giving me FSH 150ml injection from 2nd day to 6th day. What are my chances of getting pregnant with this type of treatment? I am taking Metformin 500mg daily two times, and folic acid tablets. Can you suggest some diet plan? *Sujata*

&

Answer



Dear Sujata, Your doctor, who knows the rest of your medical history and laboratory evaluation would be the best one to tell you your chances of getting pregnant with your current treatment.

A good diet and exercise program are important for women with PCOS. If you are

not exercising regularly, you should gradually work up to about 1/2 hour of exercise four to five times a week. Picking a sport you enjoy, or working out with a friend makes it more fun, and people tend to stick with exercise programs more if they enjoy them. As far as diet is concerned, the goal is to get close to your ideal body weight for your height, with a balanced diet, avoiding the concentrated sweets.

One of the nice advantages of charting your cycle with a natural family planning method is that you can see your cycle improving as you get in better shape through dieting and exercise. You may also detect some abnormalities in the cycle that may help your doctor. If you haven't started charting yet, I would encourage you to do so – you will learn a lot about yourself and will have a great tool to improve your health. Best wishes, *Lynn Keenan, MD*

Can I Get Pregnant with this FSH Level?

Question

I have a 16 month old son, and have just stopped breastfeeding him. We have been trying to get pregnant for about a year, unsuccessfully. I recently had blood work as well as an endometrial biopsy (while still breastfeeding). My progesterone level was 6.5, and my FSH 12.1. I use NFP and take my BBT daily, chart my fertile mucus, ovulation, and have an average cycle of 25 days. My physician recommended taking Clomid, however I am wondering why progesterone treatment isn't recommended. I would like to know if Clomid is the preferred treatment, or are there other drug therapies recommended. In addition, he mentioned some research he read indicating women with an FSH of 12 and above could not achieve pregnancy with any type of fertility treatment. Do you have any knowledge in this area, and does breastfeeding also affect FSH? *Debra*

&

Answer

Lynn Keenan, MD, Immediate Past President of the CANFP Executive Board, is a Clinical Professor at the UCSF/Fresno Internal Medicine Residency Program (now retired), Board Certified in Sleep and Internal Medicine, and President of the Institute for Restorative Reproductive Medicine of America

Dear Debra, It's great that you chart your cycle and the data you collect can help guide the evaluation for infertility. Since the progesterone is not a constant level, but climbs for about seven days after ovulation and then decreases in normal women, it is extremely important to know when you had the progesterone level drawn in relationship to the day you ovulated that cycle. Sometimes it helps to get a series of progesterone levels to be sure to capture the curve. If

it's true that you only reached a peak level of 6.5, you would be progesterone deficient, but if the level was drawn at the wrong time, it could be perfectly normal.

Clomid not only helps ovulation but will also increase the progesterone and estrogen levels after ovulation. However, it will dry up the mucus somewhat, so the quality of your mucus should be monitored. Progesterone supplementation is another way to increase the progesterone

levels, and would need to be taken about three days after your signs of ovulation, not just prescribed according to the timing of previous cycles.

The FSH of 12.1 does not mean that it is impossible to conceive, but does put you in a group of women where conception will be more difficult. However, your description of your regular cycles sounds very good, and there is room for hope. I wish you the best, Sincerely, *Lynn Keenan, MD*

Rincón del Clero

del Padre Jerome
A. Magat, SThD

La masacre de la anticoncepción El preámbulo al "matrimonio gay"

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gracias



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En muchos ámbitos en los que se debate sobre los males de la anticoncepción, el discurso se centra a menudo en los efectos negativos sobre el matrimonio (tanto en general como en particular), el posible efecto abortivo que pueden tener algunos métodos anticonceptivos, las ventajas y los argumentos a favor de la PFN o los estragos de la mentalidad anticonceptiva. Abordaré esta última preocupación (la mentalidad anticonceptiva, que es normativa en el mundo desarrollado y un hecho *a priori* de la vida) y uno de sus efectos negativos: el inicio del llamado "matrimonio gay". Sin duda, muchos estudiosos de la mentalidad anticonceptiva no lo relacionan inmediatamente con el "matrimonio gay". Incluso en la praxis de la predicación, las congregaciones suelen quedarse atónitas ante esta sugerencia. Parece que la anticoncepción es competencia exclusiva de las parejas heterosexuales y una opción que no es relevante en las relaciones entre personas del mismo sexo. Y aunque eso es cierto, lo que realmente está en juego es el fundamento filosófico que subyace a la anticoncepción. En pocas palabras, la separación de los elementos teleológicos de la conyugalidad matrimonial (unitiva y procreativa, o bebés y vínculos afectivos) proporcionó el modelo preciso para la amplia aceptación del estilo de vida gay y su conclusión lógica: el "matrimonio gay".

La inclinación teleológica de la ley moral natural nos enseña que los fines u objetivos de la conyugalidad matrimonial son la unión y la procreación, es decir, los hijos y el vínculo afectivo. La anticoncepción frustra la facultad del acto conyugal, al prometer el vínculo afectivo sin hijos (aunque el vínculo afectivo en sí mismo no sea posible). Esta separación provocó un cambio en la teleología de la cultura en general. En lugar de los bebés y los lazos afectivos, la teleología del matrimonio y su conyugalidad pasó a ser la "realización personal". No hubo ningún comunicado global que anunciara este cambio, pero con el tiempo, esta mentalidad se impuso y ahora es la norma, todo ello como parte de una mentalidad anticonceptiva más amplia. Para muchos en el mundo desarrollado, la idea de casarse pero no formar una familia con hijos no es infrecuente. Este patrón ya está muy extendido entre muchas parejas que conviven y prefieren criar perros en lugar de tener hijos, por ejemplo. Esto nos lleva al supuesto "matrimonio gay". Cuando el activismo gay comenzó a presionar a favor del "matrimonio gay" y las celebraciones omnipresentes del Mes del Orgullo en junio (aproximadamente durante el primer mandato de la presidencia de Obama en el contexto estadounidense), la Iglesia no parecía tener ningún argumento convincente que ofrecer

como respuesta. Después de todo, ¿quién podría decirles a dos personas que no pueden buscar la nueva teleología de las relaciones (ya no los bebés y los lazos afectivos): la realización personal? De esta impotencia por parte de la Iglesia podemos deducir que muy pocos en la Iglesia estaban convencidos de la eficacia de la ley moral natural o de la teleología de la conyugalidad matrimonial. Era demasiado tarde: la suerte ya estaba echada en un panorama moral de rechazo posterior a *Humanae Vitae*. Como anécdota, la mayoría de los teólogos morales y canonistas (que se ocupan de las anulaciones) admitirán sin dudar que la enseñanza de la Iglesia contra la anticoncepción artificial es quizás su enseñanza moral más ignorada, incluso entre los católicos practicantes que se identifican como tales. Así, estado tras estado, en el contexto estadounidense se empezó a legalizar el "matrimonio gay" casi sin oposición. Massachusetts fue el primer estado en legalizar el matrimonio entre personas del mismo sexo en el 2004, seguido por otros estados en los años siguientes a través de dictámenes judiciales, legislación o votación popular. Connecticut, Iowa, Vermont y New Hampshire lo legalizaron entre el 2008 y el 2009. Esta ampliación de derechos fue un proceso que se llevó a cabo estado por estado hasta que el dictamen de la Corte Suprema en el caso



El Padre Jerome A. Magat, SThD, actualmente es vicerrector, asesor de formación y profesor de teología moral en el Seminario St. Patrick de Menlo Park, California. El padre Magat es miembro de la Diócesis de Arlington, Virginia (ordenado en el 2002) y presta servicio en la Arquidiócesis de San Francisco. Posee cuatro títulos superiores en teología, entre ellos una licenciatura y un doctorado en teología moral (*summa cum laude*) por la Accademia Alfonsiana (Pontificia Universidad Lateranense) de Roma. Fundó la Clínica Gratuita Guadalupe de Colonial Beach, Virginia, en el 2005, la primera clínica médica gratuita para personas sin recursos de la Diócesis de Arlington. Es autor de dos libros, entre ellos *Honoring the Covenant: Sunday, Solemnity and Feast Day Mass Meditations for Busy Married Couples (Honrando la alianza: meditaciones dominicales, solemnes y festivas para parejas casadas ocupadas)*. Ha sido profesor en seminarios de San Francisco, Baltimore y San Antonio, y es portavoz del seminario St. Patrick's para el canal de YouTube del seminario. El padre Magat también es investigador Koterski y miembro de la Academia de Teología Católica, con sede en su ciudad natal, Washington, D.C.

Y la
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Obergefell contra Hodges en el 2015 lo legalizó en todo el país. Y la respuesta de la Iglesia fue en su mayor parte silenciosa, para su vergüenza. Actualmente, la aceptación de los "derechos de los homosexuales" y el "matrimonio gay" se considera una señal de modernidad para los países en desarrollo. Si bien es cierto que la Iglesia no enseña oficialmente que la anticoncepción artificial sea moralmente lícita, la realidad vivida de esta enseñanza es abismal. Por lo tanto, no debería sorprender a nadie que la Iglesia no estuviera preparada para defender su postura, aprovechando los méritos de la ley moral natural. Podría argumentarse que la Iglesia perdió la discusión porque ella misma no estaba en consonancia con su propia ley moral *ad intra*. Cínicamente, incluso se podría argumentar que es sorprendente que el activismo gay tardara tanto tiempo en lograr su campaña para normalizar la homosexualidad y todas las reivindicaciones de derechos que la acompañan. Era solo cuestión de tiempo.

Los católicos observantes aprecian que la Iglesia sea una de las últimas comunidades del planeta donde se enseña y se respeta la ley moral natural. Sin embargo, es importante saber que prácticamente todas las sectas protestantes se apartan de la teología moral católica tradicional precisamente en este punto. Por lo tanto, es importante no culpar exclusivamente a la Iglesia católica en este sentido. Difícilmente una congregación protestante estaría dispuesta a solidarizarse con los católicos que aún se adhieren a la ley moral natural. Esta división se remonta a la Conferencia de Lambeth a finales de la década de 1920, cuando el cisma doctrinal en el cristianismo occidental dio un nuevo giro hacia el cisma moral, más allá de la aceptación del divorcio y los segundos matrimonios. Ante este cambio teleológico, ¿qué debe hacer un católico observante? Se me ocurren algunas ideas: En primer lugar, es necesario dominar los contornos de la narrativa aquí presentada. Todo ser humano nace en un

contexto histórico y no conoce otra realidad vivida. Por lo tanto, es imperativo aprender que las cosas no siempre han sido así. Además, la narrativa presentada anteriormente no expresa una nostalgia por un mundo anterior a Lambeth. Más bien, ilustra la necesidad de volver a comprometerse con la ley moral natural, la participación racional del hombre en la ley eterna de Dios. En segundo lugar, requiere el valor de desafiar la sabiduría convencional sobre la anticoncepción. Citando el declive del matrimonio (atribuible en parte al rechazo mutuo interno de la anticoncepción dentro de la unión) y todos sus efectos sociales negativos (como el citado en esta reflexión), los católicos observantes pueden aprovechar la frustración y la desesperación que muchos sienten por el declive de la sociedad. Y en tercer lugar, los católicos practicantes deben orar y ayunar por la conversión de la cultura, para que redescubra *el culto* y sus exigencias morales que hacen que la cultura sea lo que es y lo que debe ser. ■

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