

ABORTION, CONTRACEPTION, AND OTHER ABERRATIONS

A young woman trashes her newborn child.
People condemn her and call it murder.

A woman trashes her unborn child.
People applaud her and call it abortion.

--Patrick J. Hession

Introduction

Birth control, contraception, sterilization, abortion, and euthanasia are as old as mankind. The first methods of contraception were recorded in Egypt 1800 years before Christ. Abortion was condemned 2000 years before Christ. With the coming of Christ, contraception was opposed from the beginning, appearing in non-biblical Christian writings as early as 70 A.D. It was not until 1930 that the first break came in the acceptance of contraceptives as a means of birth control. In 1930, the bishops of the Anglican Church stated that the use of contraceptives was morally acceptable in very extreme cases, but hopefully abstinence would be used.

A July 1989 Gallup Poll showed that 29% of Americans wanted to keep abortion legal in all circumstances; 17% would make abortion illegal for all reasons; 51% would restrict abortion to very limited circumstances.

A *Boston Globe* poll of March 1989 found that only 25% of Americans would keep abortion legal in all circumstances; 19% would make abortion illegal for all reasons; 53% would limit abortion to the small percentage of cases involving rape, incest, the life or physical health of the mother, or genetic fetal deformity.

A myth perpetrated by pro-abortion groups is that, with restrictions on access to legal abortion, many women would die from illegal or unsafe abortions, and that 10,000 a year died that way before the 1973 *Roe vs. Wade* decision of the Supreme Court. The reality is that before 1973 fewer than 100 women died annually from abortion. The national Centers for Disease Control put the total abortion deaths in 1972 at 83.

Margaret Sanger founded Planned Parenthood, the major perpetrator of all of these aberrations today. She was born in New York, married three times, and had many lovers. In 1915, she was jailed for propagating contraception. In 1920, she founded the Birth Control League of America but, because this name had a negative connotation, it was later changed to Planned Parenthood.

The public deserves to know the facts about Planned Parenthood. The national organization is among the leading abortion providers, performing across the

nation 264,943 abortion procedures in 2005 alone, a 29 percent increase since 2000. Teens and young people are the primary customers for their services and information, which include the distribution of contraception, emergency contraception, and chemical and surgical abortions. Nationally, 70 percent of Planned Parenthood's customers are under age 25 and 27 percent are under age 19. Furthermore, Planned Parenthood is a supplier of graphic and explicit sex educational materials. These materials are being used in public schools.

Planned Parenthood calls itself pro-child, pro-woman, and pro-family. Yet it is an organization based on falsehoods about the human person, the family, and community life. When a minor comes to Planned Parenthood, she is provided information on contraception, sex education and treatment of STDs without parental notification. How can Planned Parenthood justify calling itself pro-family or pro-child when it intrudes itself between a child and parent?

Planned Parenthood vigorously opposes any legislation that would provide advance medical information pertaining to an abortion procedure any legislation that would provide a woman who is seeking an abortion knowledge of her unborn child's development or information regarding alternatives to abortion. Considering the psychological and physical effects of abortion on a woman, how can Planned Parenthood call itself pro-woman and oppose widespread access to advanced information?

Margaret Sanger was a firm believer in eugenics, a science that deals with selective breeding and genetic engineering to produce a superior race. Her friends were socialists and anarchists, and she conferred with Hitler's chief of staff on eugenics. Her magazines and journals were filled with writings and articles by well-known eugenicists and members of Hitler's Third Reich.

In her travels, she counseled Ghandi that the means of economic stability was through birth control. Ghandi's response was, "The only birth control worthy of humans was self-control."

Margaret Sanger died at the age of 87, an alcoholic and drug addict. Each year, Planned Parenthood gives the "Margaret Sanger Award."

Until 1963, Planned Parenthood published a pamphlet that contained the question: "Is contraception like abortion?" The answer: "No. Contraception prevents ovum and sperm from meeting. Abortion kills the life of a baby after it has begun. It is dangerous to your life and health." One theory given for Planned Parenthood's change in viewpoint is that Rockefeller refused further financial support unless the group embraced abortion. Planned Parenthood operates over 50 abortion centers in the United States and is the single greatest killer of babies in the world. In most counties, it is funded through the United Way.

In 1918, when Margaret Sanger wrote "I assert that the hundreds of thousands of abortions performed in America each year are a disgrace to civilization," no religious denomination accepted the practice of contraception. How do you sell the practice of contraception to a public that is totally opposed to it? Well, you sell it to the people by insisting that with better contraception there would be less abortion. Today, it is only the Roman Catholic Church that stands for the truth with regard to contraception, and among its members it is said that 80% practice contraception anyway. Today, American youth are told that the "responsible" thing to do is use contraception, be realistic, and formulate your own values as you go, and, if your contraception fails, get an abortion!

Planned Parenthood is promoting comprehensive health clinics in high schools. With the high rise of teenage pregnancy and AIDS, contraceptives or the availability of contraceptives have done nothing to decrease pregnancies or AIDS. Of 100 couples using condoms to prevent pregnancy, 13 become pregnant within a year. Instead of preventing AIDS, the use of condoms promotes the disease by encouraging sexual activity without providing 100% reliability. AIDS is an equal opportunity infector. It doesn't matter what a person's color, sex, religious convictions, or lifestyle is. Deceiving teens by telling them that they can prevent this and other STD's by using condoms borders on criminality.

Another plague of ignorance that seems to evade education is the thought that anal and oral forms of intercourse are not sex. As a result of the underlying moral climate, children as young as 4th and 5th grades are performing oral sex especially, without much thought about the consequences. These two forms of intimacy are, in fact, sex and can transmit HIV and AIDS as well as other STD's just as easily as vaginal intercourse can.

Sociologically speaking, with the shrinking birth rate (1.8% in the U.S.) and rising elderly population, in the future the work force will not be large enough to support the elderly. We are seeing this already. Thus, there will be a rise in the acceptability of euthanasia. If one can kill before birth, why can't one kill after birth, or even during birth (as in "partial birth" abortion). In fact, the majority of abortion clinic doctors are in favor of euthanasia.

Thus, through Margaret Sanger, Planned Parenthood has molded the sexual ethics of the day: Sex is a natural thing for a teenager to desire, and if a teenager thinks that he or she is to be sexually active, that is his or her decision; all society asks is that he or she not produce children. The message that abortion gives, especially to young people, is that life is not important and that the end justifies the means. It gives them a false sense of liberty without responsibility and the perception that they can establish their own moral code. Abortion is a human issue as well as a moral issue.

"...If we accept that a mother can kill even her own child, how can we tell other people not to kill one another?...Any country that accepts abortion is not teaching its people to love, but to use any violence to get what they want. This is why the greatest destroyer of love and peace is abortion." Mother Teresa of Calcutta.

In Vitro Follies

Life Increasingly Looks Like a Commodity

JERUSALEM, FEB. 14, 2004 (Zenit.org).- Babies are increasingly treated like goods. A recent example is the announcement that babies have been born from 12-year-old embryos, the Jerusalem Post reported Feb. 3. Doctors from Hadassah-University Hospital in Ein Kerem were behind the birth of the two babies, now 9 months old. Previously, the longest human embryos have been frozen and then defrosted to produce a baby was seven years.

The parents underwent in vitro fertilization treatment 14 years ago, resulting in 12 embryos. Of these, four were implanted in the woman's uterus. The rest were frozen. The woman became pregnant and gave birth to twin girls.

Two years ago the couple decided they wanted more children. So half of the remaining eight frozen embryos were thawed and implanted. Of these, three were successful, and one was then killed to increase the chances for survival of the others.

Criticism came immediately, when on Feb. 1 the Sunday Times in London published news of the case before the official announcement. Paul Danon, spokesman for the Society for the Protection of Unborn Children, said: "The child becomes a victim of other people's wants."

A further example of IVF follies was the report of a woman giving birth to her own grandchildren. According to the London-based Times of Jan. 30, the woman gave birth a few days previously to twins, acting as a surrogate mother for her daughter who could not become pregnant. The daughter had undergone IVF treatment to produce the embryos.

Commenting on the matter, Nuala Scarisbrick, a spokeswoman for the charity Life, said: "The blurring of such vital boundaries, such as the identity of one's mother, father and immediate family, will have a profound effect on how these children view themselves and the world. Once again the IVF industry has gone too far by changing the natural order of things beyond all recognition."

For sale via Internet

Another extension of IVF is the sale of sperm via Internet. BBC last Aug. 19 reported on the birth to a British couple of a baby boy conceived with sperm bought through the Web site ManNotIncluded.com.

The site has been widely criticized by family and medical ethics groups, noted BBC. But its founder, John Gonzalez, was unrepentant. "Here's to the birth of countless more MNI babies over the coming weeks and months," he said. Another 19 customers were already reported pregnant, with a further birth expected within weeks. Gonzalez said he was expanding operations to Spain, Germany and the Netherlands.

Shopping on the Internet for sperm is also extending to the United States. The Chicago Tribune last Aug. 20 reported on the birth of twin girls to a lesbian couple in New York. The couple obtained the donor sperm through a Web site of a California clinic. Prospective buyers can guide their selection using donor information such as race, blood type, occupation and eye color, as well as more detailed medical and genetic data.

"We service every state in the U.S. and 22 countries worldwide, so it allows people to see what's available 24 hours a day in the privacy of their home," said Dr. Cappy Rothman, medical director of the Los Angeles Cryobank. Selecting donors in this way favors a eugenics-based approach. The Chicago Tribune reported on the Fairfax Cryobank clinic, in Virginia, that allows potential customers to see donors' SAT scores and to select sperm from donors with Ph.D.s.

Such selective practices can include searching for white women who will donate eggs to produce babies with lighter skin color, the Sunday Times reported Nov. 16. The London newspaper reported that British IVF clinics are helping couples from Asian ethnic groups to produce babies with white donor eggs, to be combined with sperm from the male partner of the Asian couple, resulting in a mixed-race baby.

One such case was a light-skinned Asian female teacher and her white boyfriend who used a white donor egg and the man's sperm to have a white baby. According to their doctor, the couple were interested in a white egg because "they had lots of Caucasian friends and they felt they were living Western lifestyles."

Dr. Ehab Kelada, clinical director of the London Fertility Center in Harley Street, London, said: "Although it's not the main reason, some Asian couples ask for a white egg because they say they want a pretty child with lighter skin."

Fatherhood after death

A new twist on life after death is using sperm taken from dead bodies. Israeli Attorney General Elyakim Rubinstein has published a directive giving the go-ahead to women to use sperm taken from the bodies of their dead husbands, the newspaper Haaretz reported Nov. 13.

The new rules allow sperm to be taken even if the men had not given their consent while alive. Owing to the brevity of the period in which it must be collected -- no more than 24 to 36 hours after death -- the operation will be carried out on the widow's request. Afterward, the widow submits an official request to a court to use the sperm. The court then rules whether the dead man appeared to have been interested in having a child.

Single motherhood via IVF is also now a reality for those women who have never married. In Spain, single women now account for around 10% of all IVF procedures, the national newspaper El País reported Nov. 10.

Spanish clinics say the women concerned are mostly 35 or older, and the phenomenon is on the increase. Investigations by the newspaper -- government authorities don't publish any data on the practice -- revealed a wide variety in the numbers of single women treated by clinics. One center in Barcelona saw up to 44.9% of its 218 IVF inseminations in the preceding year taken up by single women. A Madrid clinic reported single women accounting for 9.4% of 639 procedures. The lowest rate, 3%, came from a clinic in Granada.

If Suzi Leather, head of Britain's Human Fertilization and Embryology Authority, has her way, single women in the United Kingdom could soon have unlimited access to IVF. Leather called for single and lesbian women to be given the same rights to IVF as heterosexual couples, the Telegraph reported Jan. 22.

She called for a clause in the 1991 act governing IVF to be removed. The clause asks doctors in fertility clinics to "take account of the need of a child for a father" in assessing a single woman who wants to have a baby.

Her call was denounced in a commentary published in the newspaper the same day by Dr. Theodore Dalrymple, a general practitioner. "He who promotes single parenthood is indifferent to the fate of children," he said. "In Ms. Leather's brave new world, women are to have children merely because they want them, as is their government-given right, irrespective of their ability to bring them up, or who has to pay for them, or the consequences to the children themselves."

Despite criticisms, IVF is on the increase. In the United States, data just released for 2001 showed 40,687 births resulting from in vitro and other fertility technologies, Reuters reported Dec. 16. This was a 16% increase on the previous year. IVF and its follies have taken on a life of their own.

IVF Leaving Ethics in the Dust

Frozen Embryos Generating a Host of New Legal Problems

LONDON, MAY 10, 2003 (Zenit.org).- A new study revealed that U.S. fertility clinics have about 400,000 frozen human embryos in storage, the Washington Post reported May 8. The number is much larger than previous estimates. The embryos are being held for possible future use, though experience shows that many will simply be left unused.

The question of frozen embryos raises a number of problems. Storage fees run up to \$1,500 a year. Yet the idea of throwing them out appalls those who protest at discarding human life. Some groups propose adoption of the unwanted embryos as an alternative to their destruction, but philosophers and theologians are divided over the morality of such action. The Catholic Church has made no official declaration as to whether such adoption is licit.

Further complicating matters are the recent experiments on human stem cells. These raise the possibility that the surplus frozen embryos could be used as a source of tissues either for experiments or commercial use.

The nationwide survey revealing how many embryos are frozen was carried out by the Society for Assisted Reproductive Technology and RAND Corporation. The survey also found that the parents of at least 11,000 embryos have given explicit permission for their embryos to be made available for research.

One group that active promotes adoption of frozen embryos in the United States is Snowflakes. The Fullerton, California-based group is part of the Nightlight Christian Adoptions agency. So far, 19 babies have been born through Snowflakes, which matches infertile couples with embryos from other couples' IVF treatments, the British newspaper Telegraph reported March 30.

"I believe that every embryo is a child that deserves a chance to be born," said JoAnn Eiman, a director of Snowflakes. "This is more than mere tissue."

Congress recently approved \$1 million for a public awareness program on

embryo adoptions. Half of this has gone to Nightlight, and it is using the money to set up a promotional Web site and make video films and brochures to distribute to clinics. The remaining \$500,000 has been distributed to other Christian-based adoption groups and centers.

Abortion rights groups fear adoption programs. The Telegraph quoted Kate Michelman, president of the National Abortion and Reproductive Rights League, as saying that the idea of adopting embryos appeared to be laying the legal groundwork for considering embryos as human beings with full legal rights.

Spanish debate

In Spain, too, estimates on the numbers of frozen embryos have risen. The government calculates there are around 40,000 embryos held in 126 clinics, the Madrid-based ABC reported March 7. That's only a guess, since there is no official national registering process. In 1998 Spain's National Commission for Assisted Reproduction estimated there were over 25,000 frozen embryos, of which 15% had been held for more than five years.

A debate has raged in Spain over whether these embryos should be allowed to be used for scientific research. The Ethics Committee of the federal Science Ministry has come out in favor of using the stem cells from those frozen embryos that would otherwise be destroyed.

But a Church representative, Inocente García de Andrés, declared that such a use of frozen embryos is ethically unacceptable. The absolute value of human life, including that of the embryo, must be recognized, he said.

And when there's a divorce

Another series of problems resulting from frozen embryos relates to their fate after a divorce or separation. In Scotland, for instance, a woman discovered that her stored embryos had been destroyed at the request of her ex-husband, the Scotsman reported Feb. 10.

Margaret Grant found out that her former spouse had ordered the destruction after the couple split while undergoing infertility treatment. According to the UK's Human Fertilization and Embryology Authority, her ex-husband was legally entitled to discard the embryos without his ex-wife's permission or knowledge.

Margaret Grant is now campaigning for a change in laws so that clinics must inform both partners before embryos are destroyed.

In England a case involving two women, one divorced and the other no longer engaged, will be heard by the High Court this June, BBC reported Jan. 16. Natallie Evans and Lorraine Hadley are challenging, on human rights grounds, a law which says both parties must consent to the storage and use of the embryos.

Evans had six embryos frozen before undergoing cancer treatment, which resulted in her not being able to conceive naturally. Hadley has a 17-year-old daughter from a previous relationship, but suffers from fertility problems because of a medical condition. She wants to use two of her stored embryos to try to get pregnant. Both women say the frozen embryos represent their only chance of having a child.

Conceived as orphans

Apart from frozen embryos, IVF techniques continue to create a variety of other legal conundrums. In England this year the mother of a baby conceived through anonymous donated sperm won a court battle to put an end to her former partner's being recognized as the legal father.

The Telegraph on Feb. 19 noted that the pair were approved for donor insemination in 1996. But when this proved unsuccessful, the mother and her then partner signed a consent form for IVF treatment involving egg removal, fertilization with an anonymous sperm donor and embryo replacement. By signing the form, the man had acknowledged that he and the woman were being treated together -- even though he was not providing sperm -- and that he would become the legal father of any resulting child.

After years of legal battles, three judges of the Court of Appeal decided that, since the former partner did not provide the sperm, he should not have any legal status as the father of her child.

Also problematic is the question of children conceived after their father's death. Legal opinions are divided on the issue. Last year a federal judge in the United States ruled that two IVF children conceived and born after their father's death are not legally his offspring.

Netting and Rhonda Gillett were married in 1993. They had problems conceiving and she began fertility treatments. A year later, Netting was diagnosed with cancer. Because chemotherapy could leave him sterile, he had sperm preserved. After his death in 1995 his wife underwent IVF treatment, resulting in the birth of twins.

The federal judge's decision in the case means the children are not entitled to Social Security survivor benefits, the Arizona Daily Star reported Nov. 13. U.S. District Judge John Roll said Arizona law requires that a child has to be

at least conceived at the time of the parent's death to be considered an heir.

A legal case in England produced a different outcome. A widow won a battle to have her dead husband recognized as the legal father of children conceived and born after his death, the Guardian reported March 1.

Diane Blood, who first fought a legal battle for the right to have children using her dead husband's sperm, went to the High Court to have him legally recognized as their father.

Previously a UK law specifically denied children conceived after their father's death the right to have his name on their birth certificates. This has now been declared to be incompatible with the European convention on human rights.

The multiple legal and ethical complications of IVF procedures give good cause to rethink the wisdom of the rush to conceive children at any cost.

In Vitro Children and the Risks They Face

Interview With Neonatologist Carlo Bellieni

ROME, JUNE 6, 2004 ([Zenit.org](http://www.zenit.org)).- In vitro fertilization, a practice that entails high risks for the health of a child, reflects a trivialization of conception, warns a neonatologist.

In this interview with ZENIT, Dr. Carlo Bellieni, professor of neonatal therapy at the School of Pediatrics of the University of Siena, talks about the dangers of artificial procreation for the child conceived, as revealed in recent scientific studies. Accompanying his statements are key references to medical research.

Q: What are some factors in the in vitro fertilization debate?

Bellieni: Reflections on in vitro fertilization relate to two opposing factors: the safeguarding of the conceived embryo on one hand and the pressing request of some couples to have a child on the other.

Leaving to one side for the moment the fact that one can also have a child by adoption, it is strange that no thought is given to the fate of the children conceived in this manner [IVF], as though once the horror of spare embryos has been overcome, a child conceived in a test tube is comparable to one conceived normally.

Obviously, I am not referring to emotional differences: a child is always a child, regardless of the way he was conceived. However, we wish to consider if the risks of IVF are such as to impose at least some caution.

Q: What are the risks for children conceived in vitro?

Bellieni: Three studies on large numbers of children conceived in vitro were published in 2002 in prestigious international scientific journals and the conclusions are not at all comforting.

The conclusions verify that "Children who are underweight at birth run the risk of incapacity and death. The use of IVF implies an increase of children who are underweight at birth in the U.S. because it is associated with a high rate of twin births. Until 1997, IVF was the cause of 40% of triple births. Likewise, studies show that there are more underweight children at birth by IVF than in normal pregnancies" [Citation from Schieve, L.A. et al: "Low and Very Low Birth Weight in Infants Conceived with Use of Assisted Reproductive Technology," *The New England Journal of Medicine*, 2002; 346:731-737].

"Our study suggests that children born by IVF have an increased risk of developing cerebral problems, in particular cerebral paralysis" [Stromberg B. et al: "Neurological Sequelae in Children Born after In-Vitro Fertilization: A Population-Based Study," *The Lancet*, 2002; 359: 461-5].

"Children conceived with the use of 'Intracytoplasmic Sperm Injection' (ICSI) or IVF run a double risk of presenting a greater defect at birth in relation to the general population" [Hansen, M. et al: "The Risk of Major Birth Defects After Intracytoplasmic Sperm Injection and In Vitro Fertilization," *The New England Journal of Medicine*, 2002; 346 (10): 725-30)].

These studies were used in other pediatric journals that emphasized: "In February of 2002, a team of Uppsala, Sweden, referred to a retrospective work on 5,680 children born by IVF: it showed that in general, children born by IVF have greater need for rehabilitation centers in relation to the normal population and the risk (OR) of cerebral paralysis is 3.7. The greatest difference is observed among children of single birth, while the risk of those born as twins is similar to that of the normal population. In an Australian study, 8.6% of children born by IVF had greater defects at birth, double that of the control group" [Koren, G.: "Adverse Effects of Assisted Reproductive Technology and Pregnancy Outcome," *Pediatric Research*, 2002].

The risk of having a handicapped child by opting for IVF is 11% compared to 5% by normal conception [NN: "Neurological Sequelae and Major Birth Defects in Children Born after In Vitro Fertilization or Intracytoplasmic Sperm

Injection," *European Journal of Pediatrics*, 2003; 162:64].

Multiple-births are one of the great risks of IVF and can cause premature birth [Greisen, G.: "Multifoetal Pregnancy and Prematurity: The Costs of Assisted Reproduction," *Acta Paediatrica*, 2002; 91:1449-50].

Now, these observations seems obvious to the neonatologist: Multifetal pregnancy and prematurity, though trivialized by the press, represent a great risk for the health of the child -- and of the mother.

But the new fact is this: including in the case of the conception of a single child, the rate of risk for his health, if born by in vitro fertilization, is greater than for the normal population. A recent analysis of 25 scientific studies published in the *British Medical Journal* concludes that single pregnancies from assisted reproduction have a significantly worse perinatal result in relation to the normal population, although it adds that in twin pregnancies, perinatal mortality is about 40% lower after IVF in comparison with natural conception (Frans M. Helmerhorst et al.: "Perinatal Outcome of Singletons and Twins After Assisted Conception" A Systematic Review of Controlled Studies," *British Medical Journal*, 2004; 328:261).

Q: Are there risks from the genetic point of view?

Bellieni: Certainly. The intracytoplasmic injection of spermatozoids can increase the risk of the deficit of the "imprinting" [Cox, G.F. et al.: "Intracytoplasmic Sperm Injection May Increase the Risk of Imprinting Defects," *American Journal of Human Genetics*, 2002; 71:162-4]. Feindenberg and DeBaun of Johns Hopkins University were impressed by the fact that 4.6% of their patients with Wideman-Beckwitt syndrome had been conceived by IVF. [Usually] the illness is present in one newborn out of 15,000.

More recently, five Dutch children conceived by IVF have suffered retinoblastoma, a child cancer of the retina which appears in one newborn out of 17,000. Some researchers fear that to increase the duration of the incubation might prejudice the development, as observed in the study of rats. "We are using humans as guinea pigs," Kelle Moley suggested, who studies pre-implantation rat embryos at Washington University in St. Louis [Powell, K., "Seeds of Doubt," *Nature*, 2003; 422:656-9].

Q: And from the psychological point of view?

Bellieni: A recent book published by a famous French psychiatrist, Benoit Bayle, entitled "L'Embryon sur le Divan. Psychopathologie de la Conception Humaine" (The Embryo on the Couch. Psychopathology of Human

Reproduction), makes one reflect on the long-term risks on the serenity of children born by in vitro fertilization. He speaks of "survivor's syndrome" for numerous children born by IVF.

This pathology, verified in the first place in survivors of concentration camps, is manifested with guilt feelings -- "another died to let me live" -- or a sense of omnipotence -- "I succeeded because I am indestructible."

The child thinks that his parents have so wanted him to the point of sacrificing other children to have him. If he is alive, if he is chosen, is it not a sign that he is worth more than the others, that is, than those who did not survive?

The child subjected to the desires of others is an omnipotent child for whom it is perhaps difficult to set limits. His parents ... have done away with one or more "children," in the end because they so desired him, so that he could live. How much is he worth, then, for whom such a sacrifice was made?

Q: In face of such a complex picture, what conclusions can be drawn?

Bellieni: We can affirm that we are moving toward a worrying trivialization of conception. The methods used at present for IVF are not exempt of risks for the "nasciturus."

Prematurity and multiple-births induced by IVF are a risk. IVF itself is also a risk. Can it be used or should it be suspended until it is perfected?

The "Defender of Children" created by the French government has requested a moratorium on the ICSI technique, which is the most used, because of the risks it entails. The Minister of Health, François Mattei, has spoken against this "procreative fury," and the French National Consultative Ethics Committee is of the same opinion.

Q: Can one accept a risk for one's child, which in no way seems low, in order to satisfy one's own desire?

Bellieni: In vitro fertilization is a technique "in process." Spermatozoids that are often altered must be used, sometimes introducing them directly and integrally in the cytoplasm of the ovule cell, something which does not happen in nature.

One last question that many ask: In generating children with defective spermatozoids, do we not perhaps condemn the children themselves to have to take recourse in the future to artificial procreation, in the not

improbable case that they inherit the same alteration of the paternal spermatozoids?

In Vitro Fertilization: Risky for Mother and Child

Long Assailed by Church, Procedure Stirs Doctors' Concerns

VIENNA, Austria, JULY 13, 2002 ([Zenit.org](http://www.zenit.org)).- The Catholic Church has long warned about the moral problems of in-vitro fertilization. Now, even doctors are warning couples not to be too hasty in starting IVF treatments. This recommendation came during the proceedings of the European Society of Human Reproduction and Embryology conference held here last week.

Dr. David Dunson, of the National Institute of Environmental Health Sciences in North Carolina, observed that many couples embark on IVF treatment when they could have a baby by natural means, the London Times reported July 4.

Research has shown that most women who fail to conceive after a year of trying to do so -- the point at which many doctors recommend IVF therapy -- will become pregnant naturally during the next 12 months. Even among women in their late 30s, fewer than one in 10 will not conceive after two years, provided the partner is under age 40.

Dunson contended that many couples were misinterpreting research showing that female fertility began to decline from the late 20s, and fell steeply in the late 30s. This meant only that it would take women longer to conceive, not that it would be impossible without medical assistance, he said.

Doctors should avoid assisted reproductive therapy if possible because of its side effects, he said. "Fertility treatment can result in an increased risk of multiple pregnancies, pregnancy complications, low birth weight, major birth defects and long-term disability among surviving infants," he warned. "In addition, the chance of success with assisted therapy decreases with age, while the side effects increase in prevalence."

Embryos at risk

An earlier report from the Vienna conference warned that using multiple embryos during IVF treatment not only is unnecessary, but it also puts the babies at risk, BBC reported July 1.

Most IVF treatments normally implant more than one embryo in the uterus, in order to ensure a pregnancy. But a study carried out by French experts, presented at the Vienna conference, affirmed that just one embryo would yield the same chance of a successful pregnancy as two or more.

The research was based on an analysis of nearly 25,000 pregnancies of women who had undergone assisted reproduction treatment between 1986 and 1998. The pregnancies resulted in the births of 32,389 babies. Of these, 18,235 were singletons, 11,905 twins and 1,772 triplets.

"Multiple pregnancy is a very important risk factor for the babies' health," commented lead researcher Emile Papiernik, from Hospital Port Royal in Paris.

At a press conference held in Vienna, Dr. Karl Nygren, associate professor of obstetrics and gynecology at Sofiahemmet Hospital in Stockholm, said the natural rate of multiple births was around 1%, but was between 20% and 40% for women who used assisted reproductive techniques.

In the group studied, nearly nine out of 10 of the triplets, and over four out of 10 of the twins, were born prematurely, compared with just over 8% of single babies. Moreover, 57% of the babies who were small for their gestational age were triplets, nearly 43% were twins and just over 17% were singletons.

Deaths in the period around birth were five times as frequent for triplets as for single babies -- a rate of nearly 40 per 1,000 compared with under 8 per 1,000 for single babies. For twins it was just over 20 per 1,000.

Multiple pregnancies don't endanger only the babies. Women carrying multiple babies conceived with IVF are more likely to suffer from a serious high blood pressure condition than women who conceive a multiple pregnancy naturally, Reuters reported Feb. 28.

The news agency cited a report published in the March issue of *Obstetrics & Gynecology*. The study examined 528 mothers who had delivered twins, triplets or quadruplets between 1994 and 2000. Among these women, 69 had conceived with assisted reproductive technology, or ART.

The investigators found that women who used ART were more than twice as likely as those who had conceived naturally to suffer from pre-eclampsia, in which blood pressure rises to dangerous levels during pregnancy. And women who used ART were almost five times as likely to have the severe form of pre-eclampsia, which can be life-threatening, the report indicates.

Risk of deformations

A number of other studies point to a higher level of health problems for babies conceived through IVF programs. According to a July 5 report by the Australian Broadcasting Corporation, research in the state of Western Australia has found that there is twice the risk of major birth defects in IVF babies compared to children conceived naturally.

A study, co-authored by Michele Hansen at the Institute for Child Health Research, found that babies conceived through assisted conception had a 9% risk of major birth defects. Researchers will now follow up this finding with a project tracking children through the first six years of life.

Previously, a study published by the New England Journal of Medicine found that IVF babies run about double the risk of birth defects and low birth weight, the Washington Post reported March 7.

The article noted that the methods used by the fertility clinics have not undergone government testing of their safety, as is required of drugs. The study comes at a time when artificially assisted reproduction is increasingly popular in the United States, with about 82,000 procedures (leading to the birth of 29,000 children) in 1998, a 12% increase from the previous year.

Still another study also concluded that IVF was leading to problems in babies, even when it is only a single birth. A Jan. 22 report by Health Scout News cited study author Rebecca Jackson, medical director of the Women's Health Center at San Francisco General Hospital, who warned that problems could arise during any of the many steps involved in IVF.

Some of the risk factors include "the medicines used to induce ovulation, the process of fertilization and growing of the embryo in vitro, the process of reimplanting the embryo back into the uterus," said Dr. Jackson, who presented her findings at the annual meeting of the American Society for Reproductive Medicine.

Jackson's study was a comprehensive analysis of 13 studies that examined more than 10,000 IVF pregnancies and 1.5 million natural conceptions. Her goal was to compare the risks of infant mortality, preterm delivery, low birth weight, and small size for gestational age between the babies of women who conceived naturally and those who became pregnant using IVF.

After taking maternal age into consideration, as well as the number of previous pregnancies, Jackson says the study revealed an overall higher rate of all the complications in the babies of women who conceived via IVF.

Another study, carried out at the University Children's Hospital in Uppsala, Sweden, found that babies born as a result of IVF are three times more likely

to develop neurological disorders, including cerebral palsy, than children conceived naturally, the British daily Independent reported Feb. 8.

The study compared 5,680 IVF children aged between 18 months and 14 years with 11,360 youngsters of the same age who were conceived naturally.

The scientists involved in the study believe the findings could be explained by the complications that often arise when two or more IVF embryos share the same womb, rather than because of the IVF techniques themselves.

The Church has often warned of the moral problems of IVF techniques, which in many cases destroy tiny human lives. Science is now finding there are considerable medical drawbacks as well.

When Daddy's Name Is Donor

Chuck Colson, Breakpoint, Christmas 2005

As Christmas shopping begins in earnest, you may feel stressed thinking of your family. But if you think that's hard, imagine what it would be like if you did not even know their names. That's exactly what many young people face all year long, thanks to a "lifestyle" choice that ignores how life really works.

The people I am talking about were conceived through donor insemination. Unlike most unwed mothers, their mothers, "single women and lesbian couples," deliberately chose to have their children outside of marriage.

To avoid the complications that would arise from knowing the identity of the father, they turned to sperm banks. While this anonymity might have freed mom from unwanted complications, it created havoc for the kids. Lesbian parents apparently were clueless, believing that their kids would be happy with this arrangement, which is one reason an alternate lifestyle company markets T-shirts with "My Dad's Name Is Donor" written on it.

Well, as a recent article in the *New York Times* points out, things are not working out. Mothers may regard the men as mere sperm donors, but some of their kids had another name for them: "my father." And as the first large group of children conceived through donor insemination enters its teen years, they are increasingly hungry to know their origins, their genetic history, where they came from.

Given the way sperm banks operate, it's next-to-impossible for kids to find out, though they may get as far as "Daddy was Donor 150." But this meager information is enough for them to learn about the next-best thing: their siblings.

A cottage industry has, thus, arisen to help connect kids with their half-siblings. Meetings between these young people often produce emotional connections.

One of the kids profiled told the *Times*, connecting with her half-sister helped “salve” the anger she felt at being lied to about the circumstances of her birth. Both she and her half-sister described comparing male strangers they encountered against what little they knew about their own biological father. What incredible confusion for kids!

But the mothers of these children assume that what’s good for *their* emotional well-being is good for their kids’. As long as they have a mom (or two) and their material needs are met, kids don’t need a father, or siblings, for that matter.

Well, that kind of rationalizing denies the obvious: Kids need a sense of connection to something larger than themselves. And fathers and siblings are a vital part of that connection. Who of us has not wondered about our ancestors and where our families came from? Now imagine being told that these questions were completely out-of-bounds. You would feel cheated.

What’s really “irrational” about all this is the belief that these yearnings and desires would not surface; and that because adults decided to “redefine” parenthood and family in a way that suited them—like gay “marriage”—their kids would feel no sense of loss.

Sadly, this kind of blindness is all too common in our society today. The fact is, there is a natural created order, and wisdom in life is figuring out how it works and conforming your life accordingly. To rebel against it is not just sin, it’s dumb, because people get hurt—in this case, tragically, innocent kids.

Procreation by Donation

Chuck Colson, Breakpoint January 2007

In 1989, a married doctor I will call “S. K.” did a favor for a lesbian colleague: He donated his sperm so that she and her partner could have a child. At the time, it seemed simple enough. Last month, he learned that there is nothing simple about fathering a child, *especially* by sperm donation.

Unlike most sperm donors, who are anonymous, S. K. not only knew the recipients, his name was included on the child’s birth certificate. The goal was to “give the boy an identity.”

At the same time, S. K. “orally agreed he would not have any rights or benefits in the child’s upbringing.” That seems pretty straightforward. Nonetheless, over

the years, S. K. sent the boy “money, presents and cards signed ‘Dad’ and ‘Daddy,’” spoke to him on the phone a few times.

When the boy was four, the women moved across the country, and contact between S. K. and his son dropped off. Until it was time for the boy to go to college, that is. Then, as you probably guessed, the boy’s mother reestablished contact—at least long enough to sue S. K. for child support.

S. K. says that he did not anticipate being sued after all these years. He probably also did not anticipate that a judge would side with the child’s mother and order him to pay support. But that is what happened last month.

According to S. K.’s lawyer, what happened to her client is a case of “no good deed goes unpunished.” She’s wrong. While her client’s intentions—to give the boy “an identity”—may have been good, there is nothing good about the arrangement that made this case possible.

Every year, an estimated 30,000 children are born after their mothers are artificially inseminated. In most cases, the sperm donors are anonymous.

If you think about it, the process bears an uncomfortable, but undeniable, resemblance to the way racehorses and other livestock are produced: Sperm donors are selected on the basis of desirable characteristics and can father many offspring. These offspring, in turn, will have no connection to their fathers or their siblings.

This works fine for livestock since stallions and bulls do not have parental involvement with their offspring. But, to state the obvious, people are not livestock. Children grow up best when both parents are present. Children are dependent on their parents for far longer than colts and calves.

What’s more, no cow has ever pondered its ancestry or wondered about its kin. But people do, which is why children produced by artificial insemination feel that something is missing and often look for the father and siblings they never knew.

S. K.’s story is a metaphor for the folly of all such arrangements that seek to reduce procreation to pure biology. It is folly because procreation is so much more. God’s plan is to propagate the human race through the mutual love and self-giving between a husband and a wife.

And even those who do not buy the Christian view of procreation should at least know that people’s best-laid plans often go astray, as is the case with S. K.

When it comes to sperm donation, things do get complicated, because people are not livestock—they are people.

A Spiritual Answer to Coping With Infertility

Interview With Professor Marie Meaney

By Karna Swanson

WASHINGTON, D.C., JULY 25, 2008 (Zenit.org).- The suffering of infertility can be intense for couples, but looking at the condition with the eyes of faith can turn the experience into a "spiritual journey," says professor Marie Meaney.

"Only God can prevent extreme suffering from turning into anger, resentment and bitterness," says Meaney, an Arthur J. Ennis Teaching Fellow at the University of Villanova in Philadelphia.

Meaney, who has been active in the pro-life movement for many years, is also the author of "Embracing the Cross of Infertility," a talk offered online and on CD through the Human Life International Web site.

In this interview with ZENIT, Meaney comments on the challenges facing couples struggling with infertility, and the possible spiritual consolations and rewards of embracing the condition with faith.

Q: You say accepting your infertility is much like accepting the death of a child, and that it is particularly difficult for the woman. What is at the core of this suffering?

Meaney: For those who are not suffering from infertility it may be difficult to imagine how painful it is. Before it happened to me, I had no idea how awful it was. Most couples probably go into marriage thinking that children are a given, that they will simply come along; when they don't, this opens up in a new way how central the gift of life is to marriage and in particular to the woman.

Obviously, the marriage is no less valid if the couple is infertile; but when no child is conceived, the spouses are denied the visible fruit of their love. The spouses desire to see their love embodied in the gift of life; they want to start the adventure of raising children together, seeing in them parts of themselves, and yet also completely unique persons with their own vocations and personalities.

Infertility affects both men and women, but the woman's suffering tends to be particularly pronounced. Already Rachel cried to her husband Jacob in the book of Genesis: "Give me children, or I shall die!" -- Genesis 30:1, Catechism of the Catholic Church, 2374.

The woman is the one to experience pregnancy, feeling the child grow in her womb, as Pope John Paul II said so beautifully in "Mulieris Dignitatem," and thus she will also feel more deeply the lack thereof. Since her vocation is motherhood of some kind, she suffers particularly from its absence.

Infertility is terrible for her even if she already has children, but is unable to have more. Except if she knows that the sterility is final, she will go through hope and disappointment every month; and this disappointment comes at a time when it is emotionally and hormonally the most difficult.

Some women feel that their life is on-hold during this time: They are simply waiting for children and in the mean time not much else makes sense. No profession, no successful career can fill the emptiness caused by infertility.

Q: What tips would you give to parents, friends and pastors of an infertile couple? What should they say and not say?

Meaney: As with all suffering, at the core of the response should be the willingness to suffer with the couple, to stand under the cross with them, to be there for them. After all, compassion comes from the Latin word "com-pati," "suffering with." Anything that falls short of that is less than helpful.

Let me give some examples: The spouses may go through a long period of anguish about their childlessness, which to others may seem excessively long. The worst kind of comment is to mention other people whose suffering was supposedly worse, yet who got over it more quickly and grew from it; the implication is that the couple is not meeting that standard and is at fault.

Or, previously infertile people tell the couple that once they had "let go" and had stopped being stressed about their infertility, then they had suddenly conceived. The implication to the infertile spouses is, however, that they are not abandoned to God's will, otherwise they too would be able to conceive; it is therefore their fault in some sense that they are not conceiving.

This is what Job's friends did: They held Job responsible for his suffering. At times we all become like Job's friends: We tend to make those suffering responsible for their pain when it has lasted for a long time; for otherwise we would have to stand under the cross with them.

Seeing other children, being present at baptisms or baby showers can bring out suffering in the infertile couple in a new way. Sometimes people accuse the spouses of being envious while in reality their suffering is simply surfacing in those circumstances.

Generally I'd say, don't be the one to broach the subject. Perhaps the spouses don't want to talk about it or perhaps they are not in pain about it

just now. Show an openness to listen compassionately and this will be a deed of mercy.

Q: Is there a point at which a couple should stop trying to conceive? Is adoption for every infertile couple?

Meaney: Every couple must discern for itself how pro-active it wants to be about trying to overcome its infertility. Some simply don't have the financial means to explore new -- albeit ethically licit -- options. Others can't face the emotional strain of continuing to attempt new procedures, the hope and disappointment that comes with it each time. Some need closure and decide to move on, though they would be delighted by the surprise of an unexpected pregnancy.

Personally, I think it is a good idea to think out of the box, try alternative medical options and never to give up. You just never know what might work for you. In any case, it is important to find out the reasons for the infertility in order to find solutions; sometimes the pain is so great that it is hard to face medical tests, and this is where husband and wife should encourage each other.

Adoption, I believe, is a vocation and not every couple feels called to it. Some infertile spouses think they can be fruitful in other ways, and serve the Church in a manner that couples with children can't.

Q: What is the role of a childless couple in promoting a culture of life?

Meaney: On the one hand, the childless couple is in the unfortunate situation that to outsiders it seems to have embraced the contraceptive mentality and the culture of death.

On the other hand, the couple can be a great witness to the world, if it speaks out when appropriate. The spouses can talk about the pain of infertility, about the great gift that children are; if their infertility is due to previous abortions or contraception, this might make others think twice. Or by speaking out against in vitro fertilization (IVF), which might be their only option to have a child, they are a witness to the fact that children are a gift and that no one has a right to them.

Finally, by embracing this cross, the spouses will de facto be promoting the culture of life; by uniting themselves to Christ they are "serving, like Christ, the salvation of [their][...] brothers and sisters," as John Paul II states in "Salvifici Doloris" (No. 27). Only in the next life will they know the extent of their spiritual fruitfulness.

Q: Your essay underlines the spiritual elements of infertility, discussed in terms of a cross to bear. What suggestions would you make as to deal with infertility in a spiritually fruitful way?

Meaney: Looking at infertility through the eyes of faith prevents it from being merely a human disaster and turns it into a spiritual journey. Only God can prevent extreme suffering from turning into anger, resentment and bitterness. However, God does not perform magic; he does not simply take the pain away, nor does he give us the answer to our anguished question, "Why is this happening to me?"

But if we embrace this cross, then ultimately we will find inner peace. A temptation is to meet the challenge stoically, thinking one can "deal with it" without realizing that one is avoiding the cross, and thus denying oneself the necessary mourning period.

Often we think that if we are suffering much, we must be doing something wrong. We have the false conception that being abandoned to God's will means that we will sail through all difficulties and master them in Herculean fashion. But being nailed to the cross means experiencing great anguish, as Christ did; but it will ultimately become our path to salvation if we accept it.

"Do not be afraid," John Paul II exclaimed at the beginning of his pontificate. We are afraid of crosses, of the deaths we experience through them. But God will bless us a hundredfold through them and we will bear fruit for the Church and the world in ways we probably don't even know. In eternity this wound will be part of our glory, shining forth, reflecting God in a particular way. Though we may never have biological children, we will have spiritual children many of whom we will only get to know in heaven.

A Rubber Ideology Taking on condomism.

By Jennifer Roback Morse

The uproar over President Bush's appointment of a prominent abstinence advocate to head up the federal Office of Population Affairs reveals as much about the screamers as it does about the scream-ee. Dr. Eric Keroack advocates abstinence as the most reliable method of pregnancy and STD prevention. His critics are outraged that Bush would appoint someone who isn't all about contraception to head up the federal office responsible for family planning. These critics don't seem to realize that the same office also oversees the [federal abstinence programs](#). They seem to think that only an empty-headed ideologue could promote abstinence. But there is also an ideology surrounding

contraception.

I call it “condomism.” This is the belief that all problems surrounding sexual activity could be solved with enough contraception. Some adherents, such as contributors to the recent special issue of the [Lancet](#), go even further. They believe that we could end world hunger and save the environment, if only we had enough condoms. Here are some of its tenets:

1. Every person capable of giving meaningful consent is entitled to unlimited sexual activity.
2. All negative consequences of sexual activity can be controlled through the use of contraception. Sexual Transmitted Diseases can be controlled through the use of condoms. The probability of pregnancy can be eliminated through contraception, properly used.
3. No one is required to give birth to a baby, in the event of pregnancy. Abortion, for any reason or no reason, at any time during pregnancy, is an absolute entitlement.
4. Any negative consequences of sexual activity that cannot be handled by contraception or abortion are not worth talking about.

The controversy over Keroack’s views on bonding during sexual activity illustrates this last point. Evidently, Keroack has given lectures in which he claims that there are long-term emotional costs to non-marital sexual activity. According to Amanda Schaffer, writing in [Slate](#), Keroack said this: “People who have misused their sexual faculty and become bonded to multiple persons will diminish the power of oxytocin to maintain a permanent bond with an individual.”

Schaeffer cites this as an example of outrageous claims that Keroack makes to “scare the bejesus out of kids to convince them to remain abstinent.” But I think her outrage reveals the zeal of condomist ideology. No known contraceptive method eliminates the risk of being emotionally wounded by inappropriate sex. Therefore, condomists must stamp out discussion of negative consequences of sexual activity that can’t be handle with contraception.

Schaffer cites as evidence a recent review article on oxytocin. But [“The Neuroscience of Affiliation,” by Drs. Jennifer Bartz and Eric Hollander](#), only bears indirectly on the question at hand. According to Bartz and Hollander, “Overall, the findings from the studies of healthy humans parallel those from animal studies and point to the role of oxytocin in stress response and in enhancing social affiliation; however, the underlying mechanisms are not yet well understood.”

More to the point: Look at what we do know for sure. We know for sure that oxytocin promotes bonding and affiliation, even though we don’t know everything

we'd like to know about how the mechanism works. We know that sexual activity promotes oxytocin production, especially though not exclusively in women. We know that young people with early sexual initiation and multiple sexual partners are less likely to be in a [stable happy relationship at age 30](#). And we know that sexual activity, particularly [casual sex](#) and [multiple partners](#), increases the risk of depression for teenage females.

I have presented material on sexual behavior and the physiology of attachment many times. I have gotten a pretty good feel for how audiences react. I use a phrase from Theresa Crenshaw, author of [The Alchemy of Love and Lust](#): The oxytocin response can create “an involuntary chemical commitment.” When I explain that women are particularly prone to get an oxytocin-generated feeling of attachment, the room gets very quiet, as people start thinking back over their experiences. Some people do not welcome this information. But most are relieved: They see an explanation for some of the seemingly inexplicable things they've done and impossible situations they have gotten themselves into.

People have told me that they now understood why they found it difficult to break off with a cohabiting partner whom they knew was not really right for them. I've had counselors tell me that the oxytocin connection helps them understand why sexually active couples, whom they can see are incompatible, nevertheless get married. I've had young people tell me that they were glad they had heard me talk when they were 22, instead of much later. They felt I had spared them a lot of grief.

Whether Keroack's string of inferences or causal chain is exactly correct I cannot say. But it is beyond doubt that his general conclusion is absolutely correct: The physiology of attachment is undoubtedly part of the explanation for why non-marital sex is a risk factor for later relationship difficulties. He is drawing a perfectly logical conclusion from the available evidence.

And besides, what is the alternative position that Keroack's critics would promote? That unattached sex is completely costless, as long as it is safely contracepted? That young people should feel perfectly free to have as many sexual encounters as they want, provided they use a condom? This is why I say condomism is an ideological position. Any problem that can't be solved with contraception is not worth talking about.

I cannot vouch for everything Keroack and any organization he's been involved with have ever said or done. But it is not scaring the bejesus out of people to inform them of the substantial emotional risks associated with casual sex.—
Jennifer Roback Morse is the author of [Smart Sex: Finding Life-long Love in a Hook-up World](#).

Cervical cancer risk seen higher when on pill

Thu Nov 8, 2007 6:42pm EST

CHICAGO (Reuters) - Women who take oral contraceptives run a higher risk of developing cervical cancer, but this risk is transient and reverts to normal about 10 years after they stop, British researchers said on Thursday.

Other studies have found a link between taking the pill and cervical cancer, but this is the first to show how long this risk persists, according to the study in the journal *Lancet*.

Dr. Jane Green, a cancer epidemiologist from Britain's University of Oxford, studied data from 24 studies involving more than 16,000 women with cervical cancer and more than 35,000 without.

For women in developed countries who took the pill from age 20 to 30, the number of cases of cervical cancer by age 50 rises to 4.5 per 1,000 women, from 3.8 cases per 1,000 in women who did not take the pill.

The incidence rises to 8.3 cases per 1,000 for pill users in less developed countries, compared with 7.3 cases per 1,000 for women who did not take the pill.

But this extra risk is outweighed by a reduction in the risk of ovarian and endometrial cancers, the researchers said in a statement.

Cancer researcher Ciaran Woodman of the University of Birmingham said the study reinforces the need for routine screening for cervical cancer.

"The take-home message should be that all women must come for screening when invited," she said in a statement.

Cervical cancer is the second most common type in women and the leading cause of cancer death in some countries. Virtually all cases of cervical cancer are caused by the sexually transmitted human papillomavirus or HPV.

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Myths and Realities of the Abortion Pill

Neither Safe Nor Sure, Argues a New Book

ROME, JUNE 10, 2006 ([Zenit.org](http://www.zenit.org)).- One of the first acts of Italy's new government was to announce the go-ahead for trials using abortion pills. The pills

go under a variety of names, including mifepristone, Mifeprex and RU-486. Health Minister Livia Turco announced that a number of hospitals would be able to import the pills for experimentation, reported the daily Corriere della Sera on May 23.

The decision reverses the previous government's prohibition of the trials, following a debate over the issue last year.

The announcement drew immediate protests. Francesco D'Agostino, president of the National Bioethics Committee, while not going so far as to completely condemn the use of the abortion pill, noted that contrary to first appearances the pill is not all that safe for women and that its use involves objective risks.

A May 24 editorial in the Vatican's semiofficial newspaper, L'Osservatore Romano, declared that the decision adds another weapon to the anti-life arsenal. It also criticized the haste with which the decision was taken, and the lack of any effort to listen to contrasting opinions on such a contentious issue. Italy's decision comes as concerns over RU-486 are growing in the United States. The pill has been linked to four deaths in California and one in Canada. The deaths were the result of bacterial infections, facilitated, according to a number of experts, by the use of the pill.

On May 11 scientists gathered to discuss what role the abortion pill might have played in the deaths, reported the Associated Press that day. Opinions were divided, according to the report, with some holding that the use of RU-486 enabled the spread of the bacteria, and others calling for more research before being able to make a decision.

Higher risk of death

James McGregor, an obstetrics professor at the University of Colorado Health Sciences Center, said the risk of death from medical abortions such as those caused by the pill is 1 in 80,000. This is significantly higher than the 1 in 1 million risk from surgical abortions. "I recommend we reduce or eliminate mifepristone, or at least consider that," McGregor was quoted as saying by the AP.

In Congress, the House subcommittee on Criminal Justice, Drug Policy and Human Resources also heard evidence regarding the dangers involved with the pill, the Washington Post reported May 17.

"Considering the evidence we have of deaths and serious side effects, the maker of this drug should have taken it off the market long ago," said Michelle Gress, counsel to the subcommittee and spokeswoman for its chairman, Mark Souder.

Souder is one of 83 co-sponsors of a bill that would force the drug off the market. The bill goes under the name of "Holly's Law," after Holly Patterson, an 18-year-old Californian who died of an infection after using the pill.

According to a briefing paper prepared by the House subcommittee's staff, the U.S. Food and Drug Administration (FDA) "has acknowledged the deaths of eight women associated with the drug, nine life-threatening incidents, 232 hospitalizations, 116 blood transfusions, and 88 cases of infection." The briefing paper noted that these and other cases add up to a total of 950 adverse event reports as of March 31.

Concern over RU-486 even came from an unlikely source: a New York Times editorial. The reports of women's deaths, the April 10 editorial commented, "are making the regimen based on RU-486 look a lot less attractive than once thought."

Australia and UK approval

In spite of mounting evidence of the pill's dangerous side effects, plans are under way for the importation of RU-486 into Australia. Earlier this year the federal Parliament took away the health minister's power to block imports of the pill, handing it over to the Therapeutic Goods Administration, the Australian equivalent of the FDA.

According to a report in Tuesday's Courier Mail, a newspaper in the state of Queensland, local women will be the first in the country to have access to RU-486. Caroline de Costa, an obstetrician based in the town of Cairns, declared she has received approval to make the pill available from next month. De Costa plans to import supplies of RU-486 from New Zealand.

Meanwhile, in Britain, figures revealed that the pills accounted for 10,000 abortions in 2005. The data came from BPAS (formerly the British Pregnancy Advisory Service), the country's largest abortion provider, the Times newspaper reported May 29. The pills accounted for nearly a third of the 32,000 abortions BPAS provided last year to women in the first nine weeks of pregnancy.

BPAS Chief Executive Ann Furedi replied to criticisms over the widespread use of the abortion pill. Quoted in an article published Monday on the Web site "Spiked," Furedi declared the drug to be a "safe, reliable, effective method of medical abortion."

Fables

Not so, says a book published this week in Italy: "La favola dell'aborto facile: Miti e realtà della pillola RU486" (The Fable of Easy Abortion: Myths and Realities of the RU-486 Pill).

The well-documented book highlights an interesting phenomenon in Italy: a growing alliance between feminists and pro-lifers. Co-author Eugenia Roccella

comes from a strongly left-wing, non-religious background. She was also a key figure in the women's liberation movement in Italy in the 1970s. The other co-author, Assuntina Morresi, is a pro-life Catholic.

The two united forces to publish the book, which brings together the latest information on the dangers posed by use of the abortion pill, both physical and psychological.

A key objective of the book is to dispel the notion that using the abortion pill is some sort of easy solution. Some pro-lifers fear that the pill makes abortion too convenient. And those in favor of abortion defend it as an easier alternative to a surgical procedure.

In fact, Roccella and Morresi explain, abortions procured by chemical means are more drawn out, difficult and uncertain than the surgical alternative. Using the abortion pill requires repeated visits to a clinic. And only in 3% of cases does the abortion take place within 48 hours of taking the first pill, according to FDA data.

The pill also normally causes symptoms such as abdominal pains and cramps, nausea, hemorrhages, headaches and vomiting. The most painful part of the process, when the fetus is finally expelled from the mother's body, can last for hours.

According to the authors, a conservative estimate of the number of deaths worldwide due to chemical abortions reached 13 (as of late March). The real number could be higher, the book notes, since in general the media have preferred to turn a blind eye to reporting the deaths and other problems due to the pill.

The side effects of the pill are more than physical. Many women, 56% according to a study cited in the book, actually see the corpse of the aborted fetus. This traumatic experience can trigger nightmares and flashbacks in women. If the pill doesn't prove fatal first.

Grieving Over Contraception and Sterilization

Interview With Theresa Burke of Rachel's Vineyard

KING OF PRUSSIA, Pennsylvania, JULY 16, 2006 (Zenit.org).- Debates over the use of the "morning-after" pill have often focused on the physical health of women. Less discussed is the mental, emotional, and spiritual health of women who use the drug, which can cause early abortions.

One specialist who does deal with the problem is psychologist Theresa Burke, the founder of Rachel's Vineyard Ministries. She reports that many women suffer

pain and regret from use of contraception and sterilization in her book "The Contraception of Grief: The Genesis of Anguish Conceived by Abortifacients and Sterilization" (published by Priests for Life).

Burke shared with ZENIT some hidden effects of contraception and sterilization.

Q: What compelled you to write about grief associated with the use of abortifacients and sterilization? When did this trend first come to your attention?

Burke: For the past 20 years, I have been involved in the study and treatment of pregnancy loss and unresolved grief. I never expected the subject of contraception linked to deep and hidden emotional pain to repeatedly surface during our weekends for healing after abortion.

Indeed, many abortions were associated with a failure in contraception. Any woman who leaves an abortion clinic is released with an arsenal of birth control pills. The behavior that led to the pregnancy is never addressed, but she is armed with the resources to prevent another pregnancy ... or so she thinks.

Besides these obvious reasons for grief, I was rather astounded that a growing number of women, including non-Catholics, were coming forward to say that they were also experiencing profound feelings of grief and loss because of contraceptive use which resulted in spontaneous abortions.

The subject was also being brought up by those who came to assist on our retreats, and had a moment of powerful spiritual revelation regarding a deep and unnamed grief they held buried within their soul.

I have encountered this unique grief on many different occasions. I'd have to say that among the many hidden sources of shame and grief in the Church today, perhaps none go as unnoticed, unmentioned, and ignored as the emotional pain from the use of contraception.

Subsequently, when the realization dawns that a child, or several children, have been lost through various methods of birth control, there can be serious emotional consequences.

Initially, my focus was only abortion, not contraception. However, I saw our role as helping women face and grieve the reality hidden in their hearts. If their soul was in pain, who was I to say that it was not real?

I gave them permission to speak the truth that was hidden and to grieve the pain that was surfacing. I also witnessed the liberation and freedom, the openness to life, the joy and vitality that followed that experience.

Janet Morana, the associate director of Priests for Life, also encouraged me to

write about this. Janet felt that the pain she suffered from contraception was profound and she knew there were many others who also shared in this grief. She felt that few in society recognized or validated this hurt and that like abortion, pregnancy loss from contraception, is also a forbidden grief.

When Rachel's Vineyard became a ministry of Priests for Life, it was one of the first new issues I began to investigate.

Q: Briefly, how do some forms of birth control act as abortifacients? Why do so few people know about these facts?

Burke: Some forms of birth control do more than just prevent pregnancy. The birth control pill, the IUD, and other hormonal contraceptives such as the morning-after pill -- "emergency contraception" -- Depo-Provera and Norplant can sometimes cause an abortion of human life that has already been conceived.

Dr. Walter L. Larimore and Dr. Joseph B. Stanford point out that the principal mechanism of oral contraceptives is to inhibit ovulation, but this mechanism does not always work. They state, "When breakthrough ovulation occurs, then secondary mechanisms operate to prevent pregnancy. These secondary mechanisms may occur either before or after fertilization.

"The principles of informed consent suggest that patients who may object to the destruction of their fertilized eggs should be made aware of this information so that they can give fully informed consent for the use of oral contraceptives."

But most people never hear this fact. There is widespread ignorance on this subject and a lot of misinformation. As a culture, many view what they do in the bedroom as a private affair with no connection to practices of faith and morality.

Q: What have you seen to be the overall effects of contraception and sterilization on relationships and faith?

Burke: When God's presence and spirit are expelled from the sexual union, it invites a distortion of the gift. There is a separation between one's theology and faith practices and the gift of sexuality. This split may result in a loss of intimacy and trust. I believe this split is felt between an individual and their partner as well as between the individual and God. The mystery is removed and the capacity to join with God as co-creators of life is ended.

The spark of the divine that we share with God in our capacity to give life is extinguished and the experience of marital intimacy can become engulfed in darkness, rather than a divine miracle of grace, love, excitement and pleasure.

Q: What are some hidden effects of abortifacient contraceptives and sterilization?

Burke: With abortifacients, some women experience guilt, grief and anger that

their wombs were made an unwelcome environment for the developing child at its earliest time of life.

Many women, who realize they have spent years denying the gift of life because of their dependence on the chemical or surgical methods of contraception, feel a genuine sense of loss and grief.

Surgical measures may give rise to an unexpected anger and sadness that may suddenly cause profound marital problems after tubes are tied and vasectomies are performed. The procedure that a couple hoped would provide sexual freedom and enjoyment can frequently be experienced as a loss of passion, alienation, mistrust and a profound sense of rejection.

Q: What usually causes people to realize that past use of contraceptive and surgical measures may be the source of grief or discord in their lives?

Burke: I believe that for some it is a special grace -- a moment of illumination. It is an awareness that comes to them in prayer. I have seen others who gain insight because they are specifically focused on healing the losses of the womb, which often happens at programs like Rachel's Vineyard.

Others who are spending a fortune on fertility drugs and treatments may feel acute grief when they recall with bitterness and regret how they spent years in their younger lives trying to prevent pregnancy. Still others may realize hidden feelings when they read a book about natural family planning and learn the science behind contraception.

For some, it's when they learn about the "theology of the body" and they begin a process of conversion, recognizing how they were closed off to the gift of life and saw children as a burden rather than a blessing. I know Christopher West's presentations have also opened this door of reflection and feeling for many couples.

Q: What can be done to begin the healing of those afflicted with this grief?

Burke: Those who have been wounded by abortifacients can find healing and reconciliation. The truth about the dignity of the human person and the gift of sexuality is a message of good news and liberation -- not one of condemnation and judgment.

We must convey the truth of Christ with love to the modern world. The more we have surrendered to the authority of God, the more we can be instruments of his love and mercy, and a living witness to the Gospel of life. For those seeking to reconcile these wounds, Rachel's Vineyard is a good place to start. It provides a safe environment to search the fabric of our lives, the innermost depths of the soul, and to acknowledge the pain that comes when the

gift of our sexuality has not been revered as a sacred and holy act.

Mourning and grieving are necessary milestones we travel so our lives may continue in the fullness that Christ calls us to. When this process of recognizing sin and repentance has been completed, there is rebirth and resurrection. Encountering Christ will expose the lie of contraception and bring upon us deep conviction and blessing to protect the dignity of human life.

August 9, 2007

Washington, DC (LifeNews.com) -- A study conducted by a researcher at the University of Maryland shows that legalized abortion has led to higher rates of crime and increased murder rates. They occurred because a higher percentage of children grew up in single-parent homes during the years following Roe v. Wade.

The findings have been published in the April 2007 issue of the academic journal Economic Inquiry and are part of a new book written by researcher John R. Lott. According to Lott, the high court's decision ultimately resulted in more out-of-wedlock births, a reduction in the number of children adopted, and fewer married parents.

"Those are contradictory directions," the economist told the Cybercast News Service in an interview. "What tie them together are liberalized abortion rules."

Lott said those results produced by Roe "affected decisions on premarital sex and careful contraception. It's a matter of economics. When something seems less costly, there's more of it."

As LifeNews.com [has previously reported](#), Lott and John Whitley, affiliated with the University of Chicago, wrote a paper in August 2006 challenging claims that abortion led to less crime. That paper led to the journal article and subsequent book by Lott.

Because Roe resulted in more children growing up in single-parent homes and because such children are more likely to become criminals than those in two-parent homes, the researchers say abortion led to higher rates of crime.

They point out that 5 percent of white children were born out of wedlock from 1965 to 1969, compared to 16 percent in the 1980's. Black children born out of wedlock increased from 35 percent to 62 percent in the same period.

These children of unwed mothers, statistically more at risk of becoming criminals, are responsible for the increase of murders by 700 cases in

1998 alone, they say. Such a dramatic increase carried a financial price tag of \$3.3 billion in "victimization costs", according to their paper. Ultimately, Lott says murder rates rose anywhere from half a percent to 7 percent as a result of legalized abortion.

The new study is another among other recent analysis showing that the finding of the authors of the 2001 book "Freakonomics" were wrong in contending that abortion led to a decrease in crime.

John Donohue of Stanford Law School and Steven Levitt of the University of Chicago published a study linking a decline in the U.S. violent crime in the 1990s with abortion.

"If the estimates are correct, legalized abortion can explain about half of the recent fall in crime," Donohue and Levitt wrote. These authors argue that the ready availability of abortion since its legalization in 1973 resulted in fewer unwanted children and therefore less crime in later generations. They cited arrest records to claim that abortion would account for a 1% reduction in crime each year over the next two decades.

Lott says the analysis in the book is wrong because the authors only examined five states that legalized abortion prior to Roe and assumed that no abortions were occurring in the other 45, even though they were done in limited circumstances.

"Some states had a fair number of abortions. Some were more restrictive," he told CNS News. "You can't assume there was zero before Roe."

Also, in November 2005, Christopher Foote, a senior economist at the Federal Reserve Bank of Boston and research assistant Christopher Goetz, told the Wall St. Journal the [data Levitt used was faulty](#).

Foote said there was a "missing formula" in Levitt's original research that allowed him to ignore certain factors that may have contributed to the lowering of crime rates during the 1980s and 1990s.

Foote also argues that Levitt counted the total number of arrests made when he should have used per-capita figures. After Foote adjusted for both factors, the abortion effect simply disappeared, the Journal reported.

"There are no statistical grounds for believing that the hypothetical youths who were aborted as fetuses would have been more likely to commit crimes had they reached maturity than the actual youths who developed from fetuses and carried to term," the Foote and Goetz say in their report.

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Neonatologist Proves That Fetus Feel Pain

Possibly Before Late Gestation

ROME, JUNE 11, 2006 ([Zenit.org](http://www.zenit.org)).- Fetus do feel pain, reports a renown neonatologist and professor of the University of Kansas.

K.J.S. Anand, who proved in the '80s that newborns feel pain, demonstrates in a study that appears in the June 2006 issue of "Pain Clinical Updates," official review of the International Association for the Study of Pain, that fetus feel pain as well, possibly even before late gestation.

According to Anand, the study was carried out because "fetal pain has so many implications that it requires a scientific appraisal independent of the heated controversies regarding abortion, women's rights, or the beginnings of human life."

Anand states: "Earlier arguments against the possibility of fetal pain were based upon the immaturity of, or inhibition of, cortical neurons and thalamocortical inputs in the fetus, as these elements are considered essential for conscious pain perception. However, immaturity or hypofunction of cortical neurons are not by themselves sufficient to preclude the occurrence of fetal pain."

"In a careful analysis of fetal behavior that relies upon memory and learning as the highest-order evidence for psychological function in utero," it can be "concluded that conscious sensory perception does occur in the fetus," he said. "Abortion," the article states, "or fetal surgery provoke robust behavioral and physiological responses not unlike the fetal responses to other aversive stimuli."

Critique

Anand criticizes works that cast doubt on prenatal pain based on the peculiarity of the fetus' nervous system.

He writes: "Such reviews presuppose that cortical activation is necessary for fetal pain perception. Based upon this assumption, the lack of evidence for pain-specific thalamocortical connections supports their contention against fetal pain.

"This line of reasoning, however, ignores clinical data ... that ablation or stimulation of the primary somatosensory cortex does not alter pain

perception in adults, whereas thalamic ablation or stimulation does."

Anand states that "available scientific evidence makes it possible, even probable, that fetal pain perception occurs well before late gestation."

"Our current understanding of development provides the anatomical structures, the physiological mechanisms, and the functional evidence for pain perception developing in the second trimester, certainly not in the first trimester, but well before the third trimester of human gestation," he says.

Professor Carlo Bellieni, neonatologist of Intensive Neonatal Therapy at Sienna's Le Scotte University Polyclinic, said in comments to ZENIT that the "scientific evidence on the fetal pain" found in the study comes from "the highest world authority" on the topic.

"The struggle against pain by one who cannot express is reinforced," he said.

The following are offered as an attempt to provide a moral compass for navigating these issues relating to sexuality and the sanctity of life that seems to be so lacking in the lives even of believers.

Dealing Girls a Raw and Racy Deal

Interview With Director of Women's Forum

PERTH, Australia, MARCH 21, 2007 (Zenit.org).- A recent report from the American Psychological Association on the harmful effects of the sexualization of girls shows that society needs a new strategy for young women, according to a leading women's advocate in Australia.

Melinda Tankard Reist, the founding director of Women's Forum Australia, commented on the report to ZENIT, noting that instead of turning girls into sexual objects, society should teach them to "be resilient and to defend their dignity and self-respect."

Tankard Reist is also the author of "Giving Sorrow Words: Women's Stories of Grief After Abortion," and "Defiant Birth: Women Who Resist Medical Eugenics."

Q: A recent report published by the American Psychological Association pointed out the damage caused by the sexualizing of preteen and adolescent girls. How serious is this problem today in your opinion?

Tankard Reist: The problem of the premature sexualizing of girls is one of the most serious issues confronting us as a society at the present time. Girls are

being turned into sexual objects earlier and earlier.

The messages they receive through popular culture is that to be attractive, to be accepted, you have to dress and behave in a sexual manner. There are now lingerie clothing lines for preteen girls, and bras for girls under 10, T-shirts with sexual slogans, and even a pole dancing kit complete with a DVD that features "sexy dance tracks" for 6-year-olds.

Popular lines of dolls for girls feature sexy clothing and sexy personas. Gossip magazines aimed at a preteen readership also encourage girls to behave in a sexual manner, with pages devoted to grooming and relationships -- even with older men.

In advertising catalogues, children are dressed up, made-up, and posed in the same way that adults are. This suggests that children are interested in, and perhaps open to, approaches for sex.

Young girls are not emotionally equipped to process the sexual messages being targeted at them. It is difficult for them, when abandoned to their autonomy, to resist outside pressure. We are seeing the effects of this premature sexualizing on the bodies of our young women in self-destructive behaviors such as excessive dieting and eating disorders, drug taking and binge drinking, self harm, anxiety, depression, lower academic performance and ill health.

Prescriptions for drugs to treat depression in young girls increase every year. Eating disorders such as anorexia nervosa and bulimia are at epidemic proportions -- and manifesting in children as young as 8. I am pleased the APA has taken the issue seriously -- though I hope it's not too late.

Q: Decades ago one of the aims of feminism was to end the exploitation of women, yet contemporary culture has reduced women more than ever to her sex appeal. Has feminism failed women in this area?

Tankard Reist: I must admit I found it very hard to celebrate International Women's Day this year. I have three daughters, and I see how vulnerable they are to messages about sexuality and body image and how hard it is for them to resist this. It is difficult to raise them in a culture so destructive of their self-esteem and which so abbreviates their childhood.

Many gains have been made by the women's movement; that needs to be acknowledged. But at some stage, efforts to end the exploitation of women were overtaken by the movement for sexual liberalism.

Suddenly, women's freedom was reduced to women's freedom to be sexual playthings for male arousal and pleasure. "Liberation" has come to mean a woman's ability to pole dance, expose herself, have multiple partners, and avail

herself of cosmetic surgery to enhance her "assets."

Sexual liberalism has not advanced women's freedom but eroded and undermined it. We are living in a sexually brutalized culture. We are seeing more harassment, stalking and rape, more alcohol-fueled sexual abuse and use of date rape drugs. In general, more predatory behavior.

While radical feminism has questioned the rhetoric of "choice" and exposed the costs to women of the so-called sexual revolution, liberal mainstream "choice" feminism needs to take some responsibility for a confused and destructive notion of freedom that underlines much of the assaults we see today on women's genuine dignity.

Ariel Levy's book "Female Chauvinist Pigs" describes how a culture of sexual display and raunchy behaviors -- i.e. strippers, porn stars, pole dancers, etc. -- is actually a monoculture that does nothing to empower women. It becomes clear that it is not freedom of expression but a strong cultural expectation for women to appear and behave a particular way.

Q: The unhindered portrayal of sexual images and messages in the media is often defended in the name of freedom of speech. It is also argued that a lack of sexual restraint is "liberating" for women. What is your opinion on these points?

Tankard Reist: The barrage of sexual images in popular culture cannot be justified on "free speech" grounds when it is causing so much damage to vulnerable children who need protection.

Online networks of pedophiles also use "free speech" arguments when trading in images of children being raped. In Australia, a prominent social researcher, Hugh Mackay, said recently that there was too much censorship and that no one was harmed by the mere downloading of child porn.

He completely ignored the fact that every download fuels a demand for more images -- and often more degrading images. This attitude also ignores the harm done to the child whose image is used again and again for sexual gratification around the world.

The APA study and other research, for example by the Australia Institute and by my organization, Women's Forum Australia, provides solid evidence for the harm being caused by plastering society's wallpaper with sexual images.

What we are witnessing is not liberation but oppression. It is not liberating for young women to be told everyday that their only power is in their sexual currency. It is not liberating to convey to women that their freedom lies in participating in their own exploitation. To portray the sexual as the only value of a woman is not liberation but rather oppression.

Q: What are some of the effects have you seen on adolescents and women regarding the consequences of a culture that increasingly puts no limits on sexual expression and behavior?

Tankard Reist: Young women are facing huge pressure to conform to a sexualized norm.

The "norm" is that young women have an insatiable appetite for sex. This is a cultural assumption that women should be having sex -- at least daily -- and something is wrong if they're not. There is profound pressure from the media for young women to be sexually attractive and active. Without this they are thought of as abnormal and unfulfilled.

Young women are compromised by a sexual free-for-all in which they come to expect only cold soulless encounters -- where they are always expected to give out sexual favors with little in return.

The newly released "Sex lives of Australian Teenagers" demonstrates this. It makes bleak reading, revealing how little real love there is in the sexual -- I was going to say "intimate," but there's little real intimacy either -- exchanges between young people.

Q: What can be done to promote a healthier view of women in the sense of a greater respect for their dignity and their role in society?

Tankard Reist: We need a new strategy for women and girl advocacy. We need to empower young women especially to be resilient and to defend their dignity and self-respect.

The decision not to submit to hyper-sexualized messages and to live above the dictates of the culture needs to be seen for what it is -- a radical and defiant alternative lifestyle.

Young women deserve better than to be treated as merely the sum of their sexual parts. They need to be given encouragement to develop their minds, their intellects, their deeper inner lives, rather than wasting hours in trying to get their bodies to conform to an idealized, over-sexualized type.

We need more social protection of girls, and even more so because of the excesses of popular culture and the sexual danger this puts them in. As Joan Jacobs Brumberg, author of "The Body Project," points out: "Although girls now mature sexually earlier than ever before, contemporary ... society provides fewer social protections for them, a situation that leaves them unsupported in their development and extremely vulnerable to the excesses of popular culture and to pressure from peer groups."

We also need to be investing a lot more in raising decent men. There are many men who share the concerns I have raised here. But there are other men -- and it is primarily men -- who create the demand for the sort of material that strips women of dignity and respect. It is mostly men who commit sexual crimes, who traffic millions of women and girls a year into the twin industries of pornography and prostitution. It is mostly men who buy pornography and prostituted women.

I don't have any easy answers here -- but I'd like to know why we aren't doing more to bring out the best -- not the worst -- in boys and young men? Boys are also demeaned and brutalized by a culture that conditions them to this type of behavior.

In a Melbourne suburb, a group of 12 boys sexually humiliated an intellectually disabled girl then sold the DVD of the abuse to students at high schools in the area for 5 Australian dollars each. The DVD was also shown online for some time before it was removed. But many people defended their behavior, saying it was just a bunch of boys "having a bit of fun." As long as this attitude prevails, then there is little hope for our girls.

We need a new global movement prepared to stand up against corporations, advertisers, the sex industry, the makers of violent video games and demeaning music clips and Internet sites. We need the same momentum as we've seen drive recent movements against global warming and world poverty propel a new movement for fighting our toxic cultural environment.

When Daddy's Name Is Donor

Chuck Colson, Breakpoint, Christmas 2005

As Christmas shopping begins in earnest, you may feel stressed thinking of your family. But if you think that's hard, imagine what it would be like if you did not even know their names. That's exactly what many young people face all year long, thanks to a "lifestyle" choice that ignores how life really works.

The people I am talking about were conceived through donor insemination. Unlike most unwed mothers, their mothers, "single women and lesbian couples," deliberately chose to have their children outside of marriage.

To avoid the complications that would arise from knowing the identity of the father, they turned to sperm banks. While this anonymity might have freed mom from unwanted complications, it created havoc for the kids. Lesbian parents apparently were clueless, believing that their kids would be happy with this arrangement, which is one reason an alternate lifestyle company markets T-shirts with "My Dad's Name Is Donor" written on it.

Well, as a recent article in the *New York Times* points out, things are not working out. Mothers may regard the men as mere sperm donors, but some of their kids had another name for them: “my father.” And as the first large group of children conceived through donor insemination enters its teen years, they are increasingly hungry to know their origins, their genetic history, where they came from.

Given the way sperm banks operate, it’s next-to-impossible for kids to find out, though they may get as far as “Daddy was Donor 150.” But this meager information is enough for them to learn about the next-best thing: their siblings.

A cottage industry has, thus, arisen to help connect kids with their half-siblings. Meetings between these young people often produce emotional connections.

One of the kids profiled told the *Times*, connecting with her half-sister helped “salve” the anger she felt at being lied to about the circumstances of her birth. Both she and her half-sister described comparing male strangers they encountered against what little they knew about their own biological father. What incredible confusion for kids!

But the mothers of these children assume that what’s good for *their* emotional well-being is good for their kids’. As long as they have a mom (or two) and their material needs are met, kids don’t need a father, or siblings, for that matter.

Well, that kind of rationalizing denies the obvious: Kids need a sense of connection to something larger than themselves. And fathers and siblings are a vital part of that connection. Who of us has not wondered about our ancestors and where our families came from? Now imagine being told that these questions were completely out-of-bounds. You would feel cheated.

What’s really “irrational” about all this is the belief that these yearnings and desires would not surface; and that because adults decided to “redefine” parenthood and family in a way that suited them—like gay “marriage”—their kids would feel no sense of loss.

Sadly, this kind of blindness is all too common in our society today. The fact is, there is a natural created order, and wisdom in life is figuring out how it works and conforming your life accordingly. To rebel against it is not just sin, it’s dumb, because people get hurt—in this case, tragically, innocent kids.

Procreation by Donation

Chuck Colson, Breakpoint January 2007

In 1989, a married doctor I will call “S. K.” did a favor for a lesbian colleague: He donated his sperm so that she and her partner could have a child. At the time, it seemed simple enough.

Last month, he learned that there is nothing simple about fathering a child, *especially* by sperm donation.

Unlike most sperm donors, who are anonymous, S. K. not only knew the recipients, his name was included on the child’s birth certificate. The goal was to “give the boy an identity.”

At the same time, S. K. “orally agreed he would not have any rights or benefits in the child’s upbringing.” That seems pretty straightforward. Nonetheless, over the years, S. K. sent the boy “money, presents and cards signed ‘Dad’ and ‘Daddy,’” spoke to him on the phone a few times.

When the boy was four, the women moved across the country, and contact between S. K. and his son dropped off.

Until it was time for the boy to go to college, that is. Then, as you probably guessed, the boy’s mother reestablished contact—at least long enough to sue S. K. for child support.

S. K. says that he did not anticipate being sued after all these years. He probably also did not anticipate that a judge would side with the child’s mother and order him to pay support. But that is what happened last month.

According to S. K.’s lawyer, what happened to her client is a case of “no good deed goes unpunished.” She’s wrong.

While her client’s intentions—to give the boy “an identity”—may have been good, there is nothing good about the arrangement that made this case possible.

Every year, an estimated 30,000 children are born after their mothers are artificially inseminated. In most cases, the sperm donors are anonymous.

If you think about it, the process bears an uncomfortable, but undeniable, resemblance to the way racehorses and other livestock are produced: Sperm donors are selected on the basis of desirable characteristics and can father many offspring. These offspring, in turn, will have no connection to their fathers or their siblings.

This works fine for livestock since stallions and bulls do not have parental involvement with their offspring. But, to state the obvious, people are not livestock. Children grow up best when both parents are present. Children are dependent on their parents for far longer than colts and calves.

What’s more, no cow has ever pondered its ancestry or wondered about its kin.

But people do, which is why children produced by artificial insemination feel that something is missing and often look for the father and siblings they never knew.

S. K.'s story is a metaphor for the folly of all such arrangements that seek to reduce procreation to pure biology. It is folly because procreation is so much more. God's plan is to propagate the human race through the mutual love and self-giving between a husband and a wife.

And even those who do not buy the Christian view of procreation should at least know that people's best-laid plans often go astray, as is the case with S. K.

When it comes to sperm donation, things do get complicated, because people are not livestock—they are people.

Abortion's Aftershock

Interview With Author Michaelene Fredenburg

By Karna Swanson

SAN DIEGO, California, JULY 24, 2008 (Zenit.org).- When a woman decides to abort, she mistakenly believes the procedure will erase the pregnancy and that life will return to normal, says the founder of a forum for those affected by abortion.

Michaelene Fredenburg is the author of "Changed: Making Sense of Your Own or a Loved One's Abortion Experience," and founder of Abortion Changes You that seeks to help those who have been affected by abortion to face the tragic truth of their actions.

In this interview with ZENIT, Fredenburg talks about why the effects of abortion are often unexpected and how she is working to help others begin the process of healing.

Q: The first part of your book consists of testimonies from people whose lives were changed by an abortion. Why is abortion normally seen as an answer, and the negative consequences of the procedure are unexpected?

Fredenburg: Any number of reasons can contribute to a sense of urgency to "erase" a pregnancy, including the desire to keep the pregnancy a secret, the abandonment of a partner, or the lack of economic resources.

Although one out of three women of childbearing years in the United States have

had an abortion by age 45, we rarely talk about our abortion experiences with even our closest friends and family members. Because we don't talk about our experiences, most couples have no working knowledge about how an abortion may impact them in the future.

Q: Many women wrote that even though they were sure the decision to abort was the right one, they immediately regretted it. How should we interpret that immediate regret?

Fredenburg: There is often the expectation that life will go back to the way it was before the pregnancy. However, when a man or woman realizes that this isn't possible, he or she may experience powerful feelings of regret. The reasons for choosing abortion that were compelling before the procedure may appear weak or very different after the procedure.

Of course, not all women will experience immediate regret. In fact, men and women have a variety of reactions after an abortion, ranging from relief to paralyzing guilt and grief. Many individuals experience conflicted emotions that are both positive and negative. While I had an immediate reaction after my abortion, there are others that will experience a delay of months, years, or even decades.

I spoke with a man recently who told me he pressured his girlfriend into an abortion 35 years ago. He didn't think about the abortion at all until 5 years ago. For some reason, he began to think about the fact that he would have an adult child that might possibly be married with children, making him a grandfather. The more he thought about this, the more concerned he grew about his ex-girlfriend. The concern turned into guilt -- something that has become a bigger and bigger burden for him.

Q: In the second section of the book, you give those affected by abortion the opportunity to tell their story, which you say is an important part of beginning the healing process. Can you take us through that process?

Fredenburg: An important part of beginning the healing process is to validate your experience -- to acknowledge that your experience is real and that it's significant. Documenting the events that led up to and took place during and after the abortion will help you to start making sense of your own abortion or the abortion of someone close to you. I recommend completing this activity privately, as this will give you the freedom to express the truth of your experience without worrying about what other people think about you or how your words may impact those involved. However, if you begin to feel overwhelmed, please reach out to a trusted family member, friend, or spiritual leader for support.

There isn't a right or wrong way to tell your story. The important thing is to start

and, over time, finish telling it. If you've experienced or been touched by more than one abortion, it's helpful to explore the story of each one separately.

You may find the process of documenting your experience to be extremely painful, or you may feel relieved as you express thoughts and memories that have been buried deep inside. Although your story will be unique, it is important to remember that you are not alone. I have included questions in "Changed" that can help you to tell your story.

Q: There is also a Web site that goes along with the book. What do you hope through the book and the Web site? What services do you offer those affected by abortion?

Fredenburg: The book "Changed" is a gentle invitation for men, women, family members and friends to begin the healing process. Individuals who haven't been personally touched by abortion but who wish to gain a better understanding of what others are experiencing can also utilize the book. I know from personal experience how difficult it is to face the loss and pain that my abortion created. That is why I wrote the book in a friendly informal manner -- just like we're sitting with each other having a conversation. I included space to write or draw as you move through the "Healing Pathways." The Afterword by Dr. Gary Strauss paints a picture of what the healing process looks like and includes special notes for men.

AbortionChangesYou.com is a safe confidential place that can be visited any time of the day or night. The interactive content allows visitors to anonymously explore at their own pace while still feeling a sense of community. The "Find Help" locator -- at the top right hand on each page -- allows visitors to enter their ZIP code and find after abortion healing resources in their area.

Q: You also speak frankly of your own abortion. What was the key for you to begin healing from an abortion? Does one ever fully heal from an abortion?

Fredenburg: My healing process began when I reached out for help and learned that I wasn't alone. Just knowing that my reaction was "normal" and that what I was experiencing after my abortion had a name -- reproductive grief -- gave me hope that I could heal. Finding compassion and understanding, instead of the judgment and condemnation that I feared, also gave me the courage to continue my journey to wholeness. Knowing that I didn't have to make the journey alone kept me going when I felt discouraged.

You can find a place of peace and wholeness after an abortion. As Dr. Gary Strauss says in the Afterword of "Changed," "It is not a matter of 'if' we can find healing, but 'when' we will begin the healing journey."

Healing doesn't mean forgetting; rather it is a process that allows us to let go of

the pain and keep moving forward.

Q: What one piece of advice would you give to a young woman, or someone involved in some way in an abortion who is just beginning to heal?

Fredenburg: Healing is an unpredictable process -- each person's timeline for healing is unique and varied. Be patient with yourself and know that you are not alone.

On the Net: Abortion Changes You: www.abortionchangesyou.com

Men and the Abortion Aftermath

Interview With Kevin Burke of Rachel's Vineyard

KING of PRUSSIA, Pennsylvania, AUG. 29, 2007 (Zenit.org).- One man's sharing gives other men permission to examine their own role in abortion and the impact it has had on their lives, said counselor Kevin Burke.

Burke, the associate director of Rachel's Vineyard Ministries, and pastoral associate at Priests For Life, has co-edited a new book, "Redeeming a Father's Heart," along with David Wernhoff and Marvin Stockwell, about healing the wounds of post-abortive men.

In this interview with ZENIT, Burke discusses the type of wounds men experience when they have been involved in an abortion, avenues for healing, and how to help the women they love also find healing after an abortion.

Q: Your new book, "Redeeming a Father's Heart," addresses the suffering men experience from abortion. Why do you think this issue has gotten so little attention until now?

Burke: We have all heard the exhausted phrase repeated over the years that "abortion is a private personal decision between a woman, her health care provider and her God."

Men were seen to be peripheral figures in the process, detached and unaffected by the woman's "choice." The reality is that men are involved in 95% of all abortion decisions, and they are profoundly impacted by their participation in the abortion of their child.

In our work as counseling professionals, my wife Theresa and I have worked with many individuals and couples who came to us for healing after abortion. In the

last eight years we have seen a steady increase in men who attended our Rachel's Vineyard Retreats seeking healing.

Many came with their wives or after their partner had attended. As they shared their experiences of abortion, we quickly recognized the devastating impact it had on their lives.

Similar to women, when men experience deep healing of post abortion pain, they are freed from the shame and guilt that feeds silence and isolation. There is a willingness to share their experience with others because they finally recognize that their feelings are normal, they are not alone.

Abortion hurts, and it impacts relationships in the home and workplace.

When one man shares his experience with close friends and family, it gives other men permission to examine their own role in abortion and the impact it has had on their lives and come forward to find healing.

Q: Aside from the absence of the physical suffering caused by the actual abortion, how does the psychological pain and healing process in post-abortive men differ from the experience of women?

Burke: The majority of men encourage, manipulate, and even force their girlfriends, partners, or wives to abort.

Many other men physically and/or emotionally abandon the mother of their child when they learn she is pregnant. She is left alone to carry the full burden of the decision and the physical and emotional aftermath of the abortion. Often the man may rationalize that abortion is in the best interest of the mother and deny her post-abortion grief.

An important part of healing for many men begins with an agonizing repentance of their role in the abortion procedure and the failure to protect mother and baby from harm.

This act of humility opens the door for them to acknowledge that they have also lost a son or a daughter. This recognition gives them permission to examine how this loss has impacted their lives, how it has injured their father's heart, and encourages them to reach out for reconciliation with God and their child on the journey to healing, peace, and restoration in Christ.

On the other end of the spectrum, there are those men who have an instinctive desire to prevent the mother of their child from having an abortion. They do everything they can to offer support to care for both mother and baby.

If they are powerless to prevent the death of their son or daughter, they typically experience serious depression, rage, and grief following an unwanted abortion that can be turned inward in self destruction or acted out in numerous unhealthy ways, including the abuse of drugs/alcohol/gambling addictions, anger management issues, pornography, etc. Such men need immediate counseling and an effective emotional and spiritual healing process like the Rachel's Vineyard Retreat.

Keep in mind that men who participate in and support the abortion decision will also experience post abortion symptoms such as shame, guilt, complicated grief, anxiety, depression, and relational problems. Other men suffer from sexual dysfunctions, addictions to pornography, and related problems.

The place of the wound is typically where symptoms emerge -- and those symptoms then are likely to occur in future relational difficulties or obsessions and compulsions surrounding sexuality.

Jonathan Flora's story in *Redeeming A Father's Heart* reveals that symptoms can be hidden beneath a very successful businessman who is emotionally detached and involved in transitional physical relationships for many years ... yet whose heart is wounded, closed off from deeper intimacy and love that we all hunger for.

Men often do not connect these symptoms with an abortion loss unless they are guided to explore this with a counselor, clergy, friend, through a post-abortion Web site, or a book like "Redeeming a Father's Heart."

Q: One of the chapters, "I Married A Post Abortive Woman," looks at a man who married a woman who had an abortion before they met. The woman, knowing her husband was not involved in the abortion, was reluctant to share with him her suffering. In what ways can men who find themselves in this situation help the women they love?

Burke: This is a powerful account of a husband growing in his marital promise to love his wife as Christ loves the Church.

However, you can see how tenuous the relationship is in the early stages of their marriage as she struggles with depression, feeling unworthy to embrace motherhood and thoughts of cutting herself -- a commonly diagnosed symptom of Borderline Personality Disorder that is not uncommon among those traumatized by abortion.

The wife exhibits another symptom of post-abortion trauma: marital infidelity. This symptom is rooted in the common experience after abortion of struggling to fully trust and bond with one's spouse.

She feels unworthy of her spouse's love and is fearful of embracing motherhood. Sadly, she acts out by having an extramarital affair. Many other relationships would have ended by this point.

Fortunately, the couple attended a marriage encounter weekend and later a Rachel's Vineyard Retreat, which led this couple to embrace the healing journey together.

What a blessing this was for their marriage! You see in this couple the redemption of their marriage as they grow to fully live the moral teachings of the Church, which are experienced not as a legalistic burden but as a gift that offers healing, liberation, and freedom. This husband learned to grow in his role as Christ to his spouse. It is a beautiful example for all men.

It is important to note that this couple would likely have come to healing sooner if they had been gently introduced to a healing program like Rachel's Vineyard and had received information on how abortion might impact their relationship.

So many couples and families are wounded by misuse of the gift of sexuality and abortion loss. They desperately need the healing found in the Church, and the gift of the Church's teachings on marriage and family life, and the good news of abortion healing.

Q: In your book, most of the relationships involving abortions end in divorce, or breaking up. Is this common, and if so, how can couples who have had abortions save their relationships?

Burke: Yes, this is the most common outcome.

Tragically, a person will abort with the hope of salvaging their relationship, but the toxic aftereffects of abortion are like a radioactive seed planted in the heart of the relationship that will, at varying speeds, kill the relationship.

Keep in mind that the relational pain, the damage to trust and intimacy, will continue to be present in future relationships and lead to further dysfunction and divorce. That is why a trauma-sensitive healing process like Rachel's Vineyard is so important to treat the complicated grief, shame, guilt of abortion, so an individual is healed and free to fully trust and embrace the love of another.

Q: What resources are available to help men deal with post-abortion pain both at Project Rachel and elsewhere?

Burke: I am the co-founder with my wife Theresa of Rachel's Vineyard, an international post abortion healing ministry of Priests For Life. We are blessed to

be partnered with Father Frank Pavone, who serves as the pastoral director of Rachel's Vineyard, as we work together to build a culture of life. Over 500 healing retreats were offered around the world in the last year alone.

Men and couples do beautifully on the retreats and provide a special blessing to all participants. It is a special gift for many women to see a man grieving his role in an abortion decision and the loss of his child. It's also a great joy to see a man embrace his child with love as the weekend progresses.

Project [Rachel](#), or other diocesan ministries, such as family life offices, sponsor about one-third of our weekend retreats in the United States.

We provide training and treatment models and work cooperatively with Project Rachel, parish-based ministries, retreat houses, and all the other groups who reach out with the compassion and mercy of Christ to those suffering after abortion.

Another resource for post-abortive men is The Fatherhood Forever [Foundation](#), founded by Jason Baier, also a contributing author to "Redeeming a Father's Heart."

40 Years of "Humanae Vitae"

Interview With Dr. Thomas Hilgers

By Robert Conkling

ROME, JULY 24, 2008 ([Zenit.org](#)).- Had it not been for "Humanae Vitae," much of the natural reproductive medicine practiced today might not exist, says the co-founder of Natural Procreative Technology (NaPro).

Dr. Thomas Hilgers is the co-founder of the Pope Paul VI Institute, located in Omaha, Nebraska. He is also the co-developer of the Creighton Model FertilityCare System and author of "The Medical and Surgical Applications of NaProTechnology."

In honor of the 40th anniversary of the publication of the encyclical "Humanae Vitae," July 25, 1968, the American Academy of FertilityCare Professionals held their annual meeting in Rome last month.

In this interview with ZENIT, Hilgers speaks of the beginnings of the Pope Paul VI Institute and the effect "Humanae Vitae" has had on his professional career.

Q: Where did the idea of founding the Pope Paul VI Institute begin? What was your inspiration?

Hilgers: I was in medical school when all the discussion on birth control was occurring in the Catholic Church. Pope John XXIII had appointed the papal birth control commission who were meeting and listening to experts in medicine, philosophy, theology and sociology and they were going to be looking into the Church's position on contraception.

As news was leaking out from this commission, it seemed to me that they were probably going to recommend a change in the Church's position --but I was only getting one side of the story.

When "Humanae Vitae" came out in July 1968 I thought I better read a copy of it. So I went up to my Newman Club chaplain at the University of Minnesota and I asked him where I could find a copy of "Humanae Vitae." And his comment to me was, "What do you want to read that kind of trash for?"

This irritated me. It was not his role to make an editorial comment to me. He was a priest, a Catholic priest. He ought to at least be sharing what the Church was saying, and not be so afraid of it.

A couple of months later the Knights of Columbus ran an advertisement as a Sunday supplement. For 25 cents I could send away for a copy of it. I did and when I received it and read it, I became an instant convert.

At the end of "Humanae Vitae" Pope Paul VI called on men of science, physicians and health care professionals to do something, get involved. I thought he was talking to me directly. So I did.

I had done a lot of research in medical school. I had worked with some people at the University of Minnesota and learned about it and discovered I liked doing research. So I began my first research project in December 1968 in a natural family planning system. It did not go very far, but at least it was my start.

After a few years doing additional training in Obstetrics and Gynecology, I met Dr. John Billings in 1972. I had heard a presentation on the Billings Method and that really got me on track to where I really wanted to go with all this. The Billings Method was new and had a different concept behind it and I thought it was worth studying.

It too was coming under attack like everything in this field does and I thought

somebody ought to take the time to do an independent review of it.

We started in 1976 when I was on faculty at St. Louis University School of Medicine. And within about a year and a half we discovered this language, a common language that women could use when they made their observations, that physicians would know what they were observing and what their teachers could relate to. And everyone was using the same language. It was terrific. That was the beginning of it all.

So our work started with the investigation of a natural method of family planning. It turned out that the Billings Method, which under standardization became the Creighton Model of the ovulation method, was a natural for a gynecologist to recommend to his patients who were having other problems like infertility, miscarriages, abnormal bleeding or whatever the gynecologic condition was. If they were of reproductive age, I asked women to chart their cycles.

Q: Did you see this benefit of charting that early on?

Hilgers: Yes, I did in one sense. In one of the Billings' atlases published in 1974 or 1976, there was one chart from one patient that was an infertility patient, and they showed things on that chart that was not charted by women of normal fertility. The women had charted dry cycles. And I thought I had no reason to believe that the Billings' had published something that was not true. I just believed it.

One of the funny things is, when we did our first introductory session in 1976, there were two people with infertility problems who showed up. At the end of the presentation I talked to them to try to get them to sign up. But they didn't want to. They thought it had nothing to offer them.

Nonetheless, it continued to attract people with fertility problems, so we got an early start on that and we started to apply the system to other gynecologic conditions as well.

So we had about 15 years where we were not only studying the system from a family planning point of view, where we were looking at it in depth, but we were beginning to apply it and learn from our patients with gynecologic and reproductive problems.

In 1991, I published a little book called the "Medical Applications of Natural Family Planning: A Physician's Guide to NaProTechnology." That was the first time that word was introduced. That book had an incredible impact on people and I have always wondered why. I did not think of it as that great a book.

It was amazing to me, because we were now having physicians come into our program. That was real exciting for me personally because I had been working for a long time without any support at all.

Our understanding of this continues to grow and develop. We still do not understand everything by any means. So in 2004 we published the medical textbook and now we are trying to implement that and continue to do research.

Q: When you started this work back in the early 1970s, did you ever envision that 30-plus years later, you would be seeing the developments you have?

Hilgers: No. I have often said with regard to the developments that have occurred, they occurred in part because I have never closed the door on things. People have asked me, what my goals and objectives were. I reply, "I don't have any goals and objectives." And this is because I didn't know where this work was leading us.

So I realized over time that one begins to see things that we would never have seen had we shut the door in 1978 and said that's all we need to know.

We kept the door open and more and more things would come to us, whether it was a woman with infertility, repetitive miscarriage or recurrent ovarian cysts, or whatever the situation was, we kept learning and to a great extent that door continues to be open. But then we began to realize that with NaProTechnology, that door was open wide and we had something that was really worth pursuing.

But to answer your question very directly, we had absolutely no idea and certainly no goal to begin to do this. It was just what we began to see as we did our research.

Q: So you were open to things as they developed?

Hilgers: We did not have a plan as though when we completed the plan we would be done. I am sure at the time that if someone had asked me, "I want to know if this method works as a family planning system, as a method to avoid a pregnancy," I probably would have said that it is effective and that is where we were at the time.

But it was not an end point in itself because as a gynecologist, vaginal discharges or vaginal bleeding as signals of underlying problems, made a lot of sense to me. Even though as a gynecologist, we hardly know anything about these things and even to this day, I am flabbergasted by how little gynecologists know about these things.

It has been an incredible journey in that regard because you just do not expect things like that to happen.

Question: What would you like to see happen within the institutional Church?

Hilgers: There are probably two sides to that question. At our conference I addressed what role "Humane Vitae" and the Catholic Church played in the development of NaProTechnology. It is absolutely clear to me that none of this would be here if it were not for the Church -- period!

I can personally track it back to when you asked what was my motivation. My motivation was "Humanae Vitae." Its clear and simple, I can remember the day that I read it. The day I realized that something had to be done in this area. But of course I had no idea that it would develop the way it has.

At the same time the Church had an absolutely clear role, that had the Church not done its part, this would never have been accomplished. I am totally convinced of that. And then you wonder had we never had that insight, that direction from the Church, what would have happened? If the Church had not spoken there would be no hope today in reproductive medicine or pro-life areas.

Now from the other side of the coin, "Humanae Vitae" also brought in a lot of dissent and controversy and I do not think the Church has responded well to this at all. I think the Church leaders are way to timid and have been intimidated by those people who dissented.

They, the leaders, the bishops and higher up, and even the priests and Catholic religious have not taken the time to study this, study the events that have been occurring, study the developments over this period of time, so they can come out with their own sense of confidence about the developments.

We need the organization of the Church to be able to move this forward. It is clear to me also that the Church needs to continue to be involved, but this time in a much more practical way to see that people get stimulated to do this work and make funds more available.

It has been a very great struggle doing this without any outside funding. In that sense the Church continues to have a huge role and of course the Church has to continue to lead in the philosophical and theological areas as well, what with in-vitro fertilization, cloning, embryonic stem cell research. This all comes off of contraception and obviously we still need people working on these issues as well.

Q: What do you envision in the next 40 years and what role might the Holy Spirit play in the future of Creighton Model FertilityCare and NaProTechnology?

Hilgers: That is an interesting question. I have often wondered and hoped to have been a little bird in the room where Pope Paul VI was discerning the Holy Spirit.

At our conference in Rome Cardinal Giovanni Battista Re, who gave the keynote address. Cardinal Re worked for six years in the Vatican Secretariat of State during Paul VI's pontificate.

One thing Cardinal Re quotes is not from "Humanae Vitae," but from an address Paul VI gave a few days or a week after the encyclical was published. The cardinal said the Pontiff affirmed "that he put his trust in the Holy Spirit, so that he could be a voice for truth."

When you think about it, that is really remarkable. In a way, that is as it should be because he was all by himself at the time. There were some supporters, I suppose, at the Vatican, but he had everybody against him. And it is the perfect place for the Holy Spirit to work.

As far as the future of this work is concerned, I do not know exactly. I do think the Creighton Model system itself and NaProTechnology definitely has a role to play in that future and we have to continually work to make FertilityCare services more and more available and that more people become aware of them.

Just take the United States. Probably 99% of women have never heard of any of this. It is a huge gap in terms of reaching people. So some of what our work in the next 10 years at the Pope Paul VI Institute will be to find ways to reach larger groups of women and men as well.

In the United States alone we have about 200 FertilityCare centers. We need about 3,000-4,000 to give you an idea of where we have to go. It is going to take a while to get there, but we have a lot of the components of that structure already put together.

In a lot of ways, the hard work has been done. Even the development of the American Academy of FertilityCare Professionals was a part in the overall development of the Creighton Model System. It was founded in 1981 specifically because there was no organization geared toward the professional demands of these new Creighton Model teachers, and now physicians are coming along.

All of that foundational work has been done and now it needs to continue to be fed, grow and develop. There are going to be advances. One of the things I would like to see is really a cure for infertility. NaProTechnology holds some hope for that.

What the mainstream dominant professionals in obstetrics and gynecology are up to, in-vitro fertilization, flat out does not have a future. They couldn't care less about what is wrong with a couple's fertility, so they are not interested in underlying causes. But we are interested.

I think that if we can make a few major steps forward, so that we can truly outstrip the in-vitro programs, we can put them out of business. And I would like to see that happen. It has done horrible things to women, to doctors and to the profession itself.

As far as the birth control business, I do not think we can put them out of business. All we can hope for is to compete with it. And we have really good things to build on. But it is like a blank wall. There is no convincing the birth control industry. On an individual personal basis you can convince people. The Margaret Sangers of the world have a philosophy 180 degrees opposite to what we are doing and what the Church is talking about.

Pope John Paul II said in pretty straightforward terms that the difference between a natural method and a contraceptive are two irreconcilable views of the human person. So ultimately, the debate is there. And that is really where the debate on the abortion issue is. The Supreme Court rules that the child in the womb is a nonperson, that was done before over 150 years ago with black people. We know that did not work very well. So we are hoping to compete on that level as well because abortion is another thing that has to be eliminated.

Q: How can contraception be eliminated?

Hilgers: I am not in any way favorable to contraception, but contraception is a tough one to battle and I would much sooner build our programs and be competitive, because I think you can change a whole way a nation thinks if you can get a sizable number thinking the same on these kinds of issues.

It is sort of like vaccination. You do not have to immunize 100% of the people to eliminate a disease. If we can get 30%, or 40%, or 50% of American people, or the world, using a natural method, you will see a lot of change in attitude in how we make decisions today.

Q: Are you anticipating that one day Paul VI may be canonized?

Hilgers: I think he is already a saint. I think he absolutely should be considered for beatification, sainthood and canonization. At the time he was elected, Paul VI was legitimately considered a liberal. He was the archbishop of Milan, Italy, and he had worked vigorously in support of the poverty-stricken people in that area. So he had this reputation that if you work for the poor, you are a liberal. Of course we know now that is not necessarily true.

So there he was making a decision on "Humanae Vitae" and he left it to the Holy Spirit. That is really remarkable. That one moment in making the decision to write "Humanae Vitae," that one moment, is all we need from him to be a saint.

As difficult as it was been since "Humanae Vitae" was released, to have taken this position, it is absolutely a miracle. That miracle on its own is enough to canonize him. He was a very, very holy, person and he made probably one of the toughest decisions, if not the toughest, in the 20th century. But it was the right one. I hope his canonization happens.

Moral Evaluation Of Human Acts: General Principles

To be able to express an evaluation of human acts in terms of moral good and evil, the person's free will, by which he or she determines himself or herself through the choices he or she makes, must come into play. In fact, morality proceeds from personal freedom, that is, those human acts that, "to the extent that they are deliberate choices,...give moral definition to the very person who performs them, determining his or her profound spiritual traits" (*Veritatis splendor*, n. 71).

Human acts are, thus, taken into moral consideration *insofar as they are deliberate choices*, while influences on freedom are examined at a later point to the extent that they diminish the person's moral responsibility or are a challenge to it.

Every human act must be evaluated first of all on the basis of "objective criteria...criteria drawn from the nature of the human person and of human action" (*Gaudium et spes*, n. 51). It is a question of those "principles of the moral order that have their origin in human nature itself and that concern a person's full development and sanctification" (*Persona humana*, n. 4). In fact, "acting is morally good when the choices of freedom are in conformity with a person's true good", corresponding to the wise design of God and indicated by his commandments, which are "a path that leads to life" (*Veritatis splendor*, n. 72)

Now, the moral tradition of the Church, based on the light of Revelation and natural reason, has always stressed unequivocally that "the use of the sexual function has its true meaning and moral rectitude only in legitimate marriage" (*Persona humana*, n. 5). Human sexuality is included in that primordial and good plan of God the Creator, who called man and woman, with their reciprocal complementarity, to be an image of his own love and responsible collaborators in the procreation of new individuals. Therefore, objective meanings are inherent in the physical acts related to sexuality and represent the norms of conjugal morality. The Second Vatican Council, speaking of the norms of conjugal morality, justified their value precisely as being directed to keeping the exercise of sexual acts within "the context of true love" by safeguarding "the total meaning of mutual self-giving and human procreation" (*Gaudium et spes*, n. 51)

Through the symbolism of the sexual difference that marks their bodily nature, man and woman are called to achieve two closely connected values: 1) the gift of self and the acceptance of the other in an indissoluble union (one flesh), and 2) openness to the transmission of life. Only in the context of legitimate marriage are these values proper to sexuality adequately respected and achieved. Premarital and extramarital sexual relationships, as well as contraception, are serious violations of these two values.

Only in the conjugal relationship between a man and a woman does their reciprocal complementarity, based on their sexual difference, allow them to become the "one flesh" of a communion of persons who together constitute one and the same procreating principle. The gift of self and the acceptance of the other are real because they are based on the recognition of *otherness* and on the *totality* of the act that expresses them. The gift of the body is a real sign of self-giving at the level of the persons. The meeting of one person with another is expressed with respect for the symbolism of the sexed body. It, therefore, takes place as a true gift of self and as true acceptance of the other. It includes body and soul in a single and intentionally totalizing act. It should be obvious, then, that this gift of self in its totality cannot be accomplished with more than one person, either before marriage or in an adulterous relationship, but only in a relationship of total commitment to one person in marriage.

Within the marital union, however, there must be *openness to the procreative meaning* of human sexuality. In the sexual relationship of husband and wife, their bodily act of mutual self-giving and acceptance is ordered to a further good that transcends both of them: the good of that new life that can be born from their union and to which they are called to dedicate themselves. It is the logic of love itself, which requires this further dimension and transcendence without which the sexual act risks turning in on itself by concentrating on a search for pleasure alone and literally sterilizing itself.

Through its openness to procreation, the intimate act of the spouses becomes part of time and history and is woven into the fabric of society. Thus, the use of artificial means of any kind, or any attempt to block the possibility of procreation

in any way, is not only a violation of this intimacy, this complete self-giving, but also prevents the Creator from bringing forth new life through the cooperation of the couple as he intended. Contraception, by definition, means "against conception" because a contraceptive is *anything* that prevents the sperm of a man from uniting with the egg of a woman, thus preventing any possibility of "openness to procreation". Thus, birth control, in reality, is not birth *control* but birth *prevention*. If that doesn't work, it is only a small further step to birth *elimination* through abortion.

--Livio Melina, Professor of Moral Theology

A Theological Perspective

Providing a basic plan for understanding this entire discussion is the theology of creation we find in Genesis. God, by his infinite wisdom and love, brings into existence all of reality as a reflection of his goodness. He fashions mankind, male and female, in his own image and likeness. Human beings, therefore, are nothing less than the work of God himself; and, in the complementarity of the sexes, they are called to reflect the inner unity of the Creator. They do this in a striking way in their cooperation with him in the transmission of life by a mutual donation of the self to the other.

In Genesis 3, we find that this truth about persons being in the image of God has been obscured by original sin. There inevitably follows a loss of awareness of the covenantal character of the union those persons had with God and with each other. The human body retains its "spousal significance", but this is now clouded by sin.

The Church, obedient to the Lord who founded her and gave to her the sacramental life, celebrates the divine plan of the loving and life-giving union of men and women in the sacrament of marriage. It is only in the marital relationship that the use of the sexual faculty can be morally good. A person engaging in premarital or extramarital behavior, therefore, acts immorally, at least objectively.

Here, the Church's wise moral tradition is necessary since it warns against generalizing in judging individual cases. In fact, circumstances may exist, or may have existed in the past, that would reduce or remove the culpability of the individual in a given instance; or other circumstances may increase it. What is at all costs to be avoided is the unfounded and demeaning assumption that sexual behavior is always and totally compulsive and therefore inculpable. What is essential is that fundamental liberty characterizes the human person and gives him or her dignity.

What, then, are individuals and couples to do who seek to follow the Lord? Fundamentally, they are called to enact the will of God in their life by joining whatever sufferings and difficulties they experience in virtue of their condition to the sacrifice of the Lord's Cross. That Cross, for the believer, is a fruitful sacrifice since from that death come life and redemption. While any call to carry the cross or to understand a Christian's suffering in this way will predictably be met with bitter ridicule by some, it should be remembered that this is the way to eternal life for "all" who follow Christ.

It is, in effect, none other than the teaching of Paul the Apostle to the Galatians when he says that the Spirit produces in the lives of the faithful "love, joy, peace, patience, kindness, goodness, trustfulness, gentleness, and self-control" (5:22) and further (v. 24), "You cannot belong to Christ unless you crucify all self-indulgent passions and desires." It is easily misunderstood, however, if it is merely seen as a pointless effort at self-denial. The Cross is a denial of self but in service to the will of God himself, who makes life come from death and empowers those who trust in him to produce virtue in place of vice.

To celebrate the Paschal Mystery, it is necessary to let that Mystery become imprinted in the fabric of daily life. To refuse to sacrifice one's own will in obedience to the will of the Lord is effectively to prevent salvation. Just as the Cross was central to the expression of God's redemptive love for us in Jesus, so the conformity of the self-denial of men and women with the sacrifice of the Lord will constitute for them a source of self-giving that will save them from a way of life that constantly threatens to destroy them

Christians are called to a chaste life. As they dedicate their lives to understanding the nature of God's personal call to them, they will be able to celebrate the sacrament of Reconciliation more faithfully and receive the Lord's grace so freely offered there in order to convert their lives more fully to his Way.

The Lord Jesus promised, "You shall know the truth, and the truth shall set you free" (John 8:32). Scripture bids us speak the truth in love (cf. Ephesians 4:15). The God who is at once truth and love calls the Church to minister to every man, woman, and child with the practical solicitude of our compassionate Lord. It is in this spirit that we have addressed this.

--Joseph Cardinal Ratzinger, (Pope Benedict XVI) *Letter to Bishops*, October 1, 1986,

--All of the material above has been adapted and edited by Patrick J. Hession, Family To Families Ministry