

Parish Representatives Manual

Respect Life Office, Catholic Charities

Archdiocese of Denver



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Guidelines on Carrying Out the Vision for Parish Respect Life Representatives

Congratulations! You have chosen to make a commitment to one of the most important issues of our time and our culture – championing the worth, value, dignity, and reverence for all human life – at every age, at every stage of development, in every location, even in moments of dependency on others...

You may be wondering if you have the knowledge to promote this within your parish. Don't be afraid!

This manual is designed to be a great help to get you started and help you to succeed. It will give you information to broaden your awareness; and suggestions to encourage you and guide your actions.

It is initially intended to support those who are starting a Respect Life ministry for the first time in their parish, and will be an aid to those who are our veterans. It will also be an educational tool for you and your committee.

The Respect Life Office's team is here to assist you, with many resources and years of experience. The USCCB's ProLife team and website have many resources as well.

This is front-line ministry where we push back the darkness of the Culture of Death, and let the Culture of Life shine through. Working together, we will nourish your own creativity and strengthen your confidence as you begin or continue the Respect Life plan in your parish.

Our Attitudes:

The respect for all life is a very broad spectrum. When we respect someone, we acknowledge their basic integrity. We show them consideration, and protect them from harm. Human life is a gift from God, and the only life form on Earth that is made In His Image – we reflect God and need to honor that reality in all of us. All human life is worthy of our respect.

At our time in history this understanding has been obscured, resulting in what has been called "The Culture of Death." We are striving with this apostolate to restore a true Culture of Life. In this restored culture, we champion the absolute insistence on the sacredness of human life.

We naturally respect and want to protect helpless humanity, (which of course includes the most helpless: the unborn) the disabled or frail elderly, victims of crime, abuse, poverty, famine or war. But let us not forget the surrounding circumstances and those who are close in proximity to the suffering: exhausted care givers of the elderly or disabled, distressed pregnant women as well as the man who is the father to that child, her family as well, prisoners in despair, those consumed with bitterness – even hatred. Jesus' love extends to all of these - and may wish to use our words, our kindness, to come alongside these souls with His healing care.

Mother Teresa said, “It is not how much we give, but how much love we put in the giving.”

Our prayerful attitude helps us see this work as God’s work, and see ourselves as His instruments. Ask for a pure heart, for wisdom and courage. Learn to pray boldly for your ministry – and for God to bring enthusiastic workers alongside you to join your team. Together promote life issues in every arena of your parish! Each day we are all given the same precious gift: 24 hours to invest in the lives of others around us. Let us use this time given to us wisely, and all for His glory.

Be an Effective Leader

Guide your Respect Life committee by setting annual goals at your parish.

Prepare yourself by:

Learning about the issues. Learn about what your parish already has in place. Learn about your clergy and what their vision is for promoting the life issues – and concretely how you can help to do that.

Gathering a strong team

Delegate different responsibilities according to your team’s strengths, talents, and level of spiritual maturity. As a leader, keep the work of the group on track and hold people accountable to achieve goals and meet deadlines. If you think you can do this on your own, you are mistaken – you will become overloaded and experience burn-out, as this is also an area of Spiritual Warfare. Involve more people and spread your enthusiasm! Train new leaders!

Know Yourself

What is your leadership style? Are you people-oriented, task-oriented, role-oriented or power-oriented? What about those in your group? Are you able to discern the strengths and weaknesses of those on your team – and encourage their spiritual growth? Doing this may help avoid friction as you engage in this marathon battle for a Culture of Life. It is a marathon-sprinters need not apply

Demonstrate enthusiasm!

(Remember, this word comes from the Greek – meaning filled with God!) Make your team one that you all enjoy being a part of – and one that others will want to join! Enthusiasm builds when you accomplish what you started out to do – so stay on track and celebrate your successes!

Be a Servant Leader

Be willing to do whatever it takes to make your goals work – set the example in humility accompanied by joy. Review the Litany of Humility from time to time to keep a holy perspective in your heart.

What is expected of you?

Parish leaders need to be equipped to effectively promote the dignity of the human person through direct service, promoting education, legislative advocacy, events participation, and prayer.

CIC canon 231, “Lay persons who devote themselves permanently or temporarily to some special service of the Church are obliged to acquire the appropriate formation which is required to fulfill their functions properly.”

The direct assault on the dignity of the human person through abortion, euthanasia, capital punishment, violence, famine, racism, pornography, exploitation and abuse requires that Catholics be formed to promote human dignity and a Culture of Life. The faithful need adequate formation in Catholic theology as well as leadership skills to effectively foster the dignity of the human person.

One who holds this position must understand, accept and champion (be able to clearly explain) our Church’s teachings on all Life Issues. Your job is to serve as Chairman of this committee at your parish – your committee serves both your parish and our Archdiocese.

You should read and become familiar with the USCCB Pastoral Plan for Pro-life Activities – this provides the background behind Church teachings on the sanctity of human life.

In this role, you accept responsibility for overseeing the total scope of pro-life needs and efforts in your parish. You are the facilitator or liaison for these activities.

You are to review with your pastor any pro-life activities, programs, or events that need to be advertised at the parish before they take place – with reasonable planning time in mind.

This position can be filled by a volunteer or a member of parish staff.

You must complete the required background checks and Safe Environment training from the Archdiocese of Denver.

You must present a letter from your pastor assuring your status and capacity for ministry to the Respect Life office for the Archdiocese of Denver.

RESPECT LIFE MINISTRY IN THE ARCHDIOCESE OF DENVER

TOUCHES MANY LIVES:

Lay persons and volunteers, who through their charisms and unique responsibilities impact individuals and the broader community in a profound way when they assume roles of leadership in their parishes and in society

Priests, deacons, and religious, who exercise their responsibility to preach the word "in season and out of season" (2 Tim 4:2) in the pulpit, in other teaching roles, through parish programs, or through public support for pro-life projects

All church-sponsored or identifiably Catholic organizations involved in adult education and sacramental preparation, whether national, regional, diocesan, or parish-based

Teachers in schools, religious education programs, campus ministries, and church-sponsored educational agencies who provide factual information, moral teaching, and motivation to young people

Seminaries and houses of religious formation through their academic and pastoral ministry programs

Catholic social service and health care agencies through their educational seminars and other appropriate programs, including efforts to publicize programs and services providing alternatives to abortion, post-abortion reconciliation and healing, and care for those who are terminally ill or disabled

Catholic health care professionals through their provision of prenatal and postnatal care, genetic counseling, care through diseases, disabilities, hospice care and other services in ways that witness to the sanctity of all human life – at every age and in every stage of growth and development

Catholic publications and periodicals through their articles, editorials, and advertising space promoting the Gospel of Life

Parents who, through discussion of critical life issues within the family and by their example and guidance, teach and help to mold their children in faith and respect for all human life from conception to natural death

Your relationship to Catholic Charities and the Archdiocese of Denver:

You are the communication link between your parish and the Respect Life office. You have agreed to accept the responsibility of promoting the Church's Respect Life agenda in your parish. We greatly depend upon your leadership on our behalf. You will be expected to forward any information or concerns of your parish or pastor on life issues.

On the diocesan level, the Respect Life Director is responsible for coordination of activities within our Archdiocese, and for relaying information from the USCCB's Office of ProLife Activities to the

parishes. Even though an activity is suggested or recommended, you must ask your pastor for his approval before any activity is undertaken.

You will be expected to attend meetings scheduled by the Respect Life office, as well as major events held to promote life issues. You are also responsible for promotional efforts within your parish and school related to these events.

Parish Committee

Organize your parish committee or structure to help with the planning and implementing of specific prolife programs and/or projects. No matter the size of your parish, you should have a group of volunteers available to help implement programs and projects as needed.

Your committee should ideally be representative of the socio-economic profile of your parish – and include where possible representatives of other Catholic organizations such as the Knights of Columbus.

To help your committee serve effectively, learn your motivational spiritual gifts as shown in Romans 12. Then place people in areas that best suit their giftings. (*Discover Your God-Given Gifts*, Fortune discoveryourgifts.org)

Remember Christ's example of prayer before action. Pray that He will bring you the people you need.

Ask prayer groups within your parish to remember the intentions of your committee – you will gain strength knowing that others' prayers are supporting you.

To recruit committee members – first ask your pastor and deacons for any recommendations, use the parish bulletin, bulletin board, announcement time after Mass and social media– as well as a personal invitation.

Meetings with results

Choose an appropriate frequency, time and place – convenient to most members

Create an agenda and send it out in advance of the meeting

Choose someone to take notes

Provide light refreshments – encourage a rotation of responsibility for this service

Always start on time to encourage punctuality, and always open with prayer

Address old business and new business

Review what has been accomplished

Start and adjourn on time – a holy definition of punctuality is: honoring other people's time.

As the leader, make a conscious effort to protect individuals and their ideas from criticism. Everyone has inherent dignity and their input is valuable. A spirit of prayer and goodwill should prevail in every meeting. Problem solve, promote compromise, and produce effective solutions to dilemmas or controversies arising within the group. Always show appreciation for ideas and participation, and be sure to give positive feedback. People that have a heart to serve thrive on appreciation.

Send meeting reminders 1 week prior to subsequent meetings.

Know Your Parish

It's important to understand how things are accomplished within your parish. When you know who the people are who get things done, and how to work with them, your job will be much easier.

Here are some things you should learn:

Who are the key people that work/serve in your parish?

Are there parishioners from non-English-speaking countries who worship with you?

Who is in charge of writing the intercessory prayers?

What is your deadline for submitting notices for the bulletin?

Do you need approval for the pamphlet rack/bulletin boards?

How are articles submitted if you have a parish monthly newsletter?

Find out how to publicize your activities with the various groups that meet in your parish.

Assessment of Your Parish Respect Life Program

The following ideas are simply to be used as measurement tools and suggestions:

Does your parish have strong participation in the annual January Celebrate Life events downtown? Bus transportation organized? Parish banner displayed? Mass prior?

Do your General Intercessions at Mass regularly include petitions to foster the dignity and value of all human life – at every age and every stage?

Does your parish participate in 40 Days for Life campaigns?

Is your parish a Prayer in the Square location?

Does your pastor share ProLife issues in his homilies – and more than once a year?

Do you have banners, pamphlets, bulletin boards, etc., displayed year-round that visually affirm your parish's commitment to the respect and value of human life?

Do you have ProLife books, CDs, literature and videos in your parish library?

Does your parish school have educational programs that equip your students with age-appropriate curriculum that reinforces the Culture of Life and the virtue of chastity?

Do you have Adult Education programs on respect life topics?

Do you advertise local assistance for pregnant women in distress? For women and men struggling with a previous abortion?

Does your parish support local Catholic health centers and ministries that serve families in crisis? With fund-raisers, diaper drives, adopt-a-family, back to school drives, etc.?

Does your parish annually have a presentation on Advance Directives for your seniors and their care givers? Are you committed to protecting your elderly from euthanasia?

Have you identified, welcomed and accommodated those in your parish with varying disabilities? Have you helped them prepare for reception of the Sacraments, and invited them to assist in your liturgies?

Are you caring for the spiritual needs of your home-bound members and those in nursing homes?

Do you have a ministry to local prisons?

Does your parish have a way to direct the poor to services such as emergency food, shelter?

Is your parish racially and ethnically diverse, and do you celebrate those traditions with festivals, dinners or other activities? Do members of minority groups have a voice in your parish?

Do you have a program to educate on voting issues and assist in voter registration?

Practicing the corporal and spiritual works of mercy will always be priority areas of study and action in the parish to promote respect for life at all ages.

**Consider what you feel like your parish can accomplish in a year.
Start with a reasonable goal, so that you won't become discouraged.**

More can be added or changes made as the year progresses.

Set goals and prioritize those goals – then choose activities to accomplish those goals and delegate responsibilities to people gifted in areas that fit the task.

Communication is imperative – never assume ANYTHING.

Solving little problems right away will prevent bigger problems later.

Publicity

Be bold and investigate all the possible ways that you can reach your parishioners –

Through visual displays, bulletins, announcements, parish and school functions, flyers, posters, and of course so many means nowadays using social media platforms.

Be clever, concise, and creative – not too wordy – try to remember the tried-and-true format of:

Who, what, when, where, and how. Identify yourself, your organization, and appropriate contact information. Learn your parish's and school's deadlines for submission.

Funding

Some parishes provide a budget for Respect Life activities, but yours may not. It is time, if you are beginning, to craft an appeal to your pastor and governing board. You may need to kick-start your program with a fun, fund-raising event. Remember that sometimes your parish Knights of Columbus council can help with fund-raising activities, especially when it comes to life-affirming causes.

Evaluating and Accountability

After meetings and events, ask yourselves – was it successful? Did we meet our objectives? What were the strengths and weaknesses? Should we do this again? Did we have enough staff? Were there any issues with the venue – equipment? What did we learn from this that will help us in the future?

Showing Thankfulness and Appreciation

Prompt thank you notes should always be sent to anyone helping with your efforts: your pastor, workers at an event, a speaker. Enclose positive comments from attendees.

Pictures from your events can be posted in various locations to promote your efforts in the future. This also is additional publicity for your committee.

It is important to share tokens or words of appreciation to your committee. Everyone needs affirmation, and those with a servants' heart will reward you with even further dedication.

*Keep records and files of your work – your designs and announcements, your financial records and procedures for events. These reminders will be invaluable the next time something similar is undertaken.

Finally

Your work is at the service of your pastor. Upon your resignation, you must inform your pastor of your decision, and if possible, assist him in choosing a new person for this important role.

“Human Life stands under God’s special protection, because each human being, however wretched or exalted he or she may be, however sick or suffering, however good-for-nothing or important, whether born or unborn, whether incurably ill or radiant with health, each one bears God’s breath in himself or herself, each one is God’s image.”

Cardinal Ratzinger



OFFICE OF RESPECT LIFE THEMES AND EVENTS

January

22nd – Roe vs. Wade Remembrance

Denver Respect Life Mass – Cathedral – Celebrate Life March at Capitol

Respect Life Boot Camp for grades 8-12 recommended – book this 6 months prior

Theme: Post- abortion healing for men and women (Promotion of Project Rachel services)

February

Theme: Love for those among us with Special Needs, special needs adoption services

Promote awareness of varieties of disabilities – sacramental needs met

March

25th – Feast of the Annunciation

Archdiocesan Essay and Poster contest for middle school and highschools (bi-annually , and dependent upon liturgical calendar per year)

Theme: Early Human Development

(show DVDs, display soft baby models, highlight milestones of development)

April

Theme: End of Life Issues – advance directives, perinatal hospice, death penalty

(offer Advance Directives seminars in your parish, display brochures on death penalty issue)

May

Theme: Why Abortion is Never the Right Answer

Explanations of: Early/Chemical abortions, methodologies, short and long term risks and consequences, breast cancer link information

June

Theme: Natural Family Planning vs. Artificial Contraceptives Education

(Parish education for young adults and young marrieds) Great for environmental Coloradans!

July

Theme: Historical significance of abortion in the U.S.

(display Roe v. Wade, Doe v. Bolton, Dred Scott comparisons, annual losses...)

August

Theme: Artificial Reproductive Technologies

(display articles and pamphlets, educational presentation by prolife medical professional)

September

Theme: Chastity and Purity as Virtuous Lifestyles

Promote events and age- appropriate training for youth in your parish and in your schools

Fall 40 Days for Life campaign begins

October – National Respect Life Month – Annual Gospel of Life conference

Theme: Spiritual Warfare – Respect Life intercessions at all Masses, request Respect Life education from the pulpit, decorate your parish with prolife banners, photos, etc..., have a fundraiser for a local pregnancy care resource (Marisol, Gabriel Houses) Christ Child Society...

Awareness for helping women in difficult pregnancies: emotionally, spiritually, materially, medically

November

Theme: Legislative Issues

Gather all relevant material from Colorado Catholic Conference related to upcoming legislation.

December

25th – Birth of Our Lord

Theme: Respect for All Life with Corporal Works of Mercy – Care for the poor, homeless, those who are alone, in nursing homes and extended care facilities with gifts of food and clothing

Corporal Works of Mercy -

Feed the hungry – Give drink to the thirsty – Clothe the naked – Shelter the homeless – Visit the sick – Visit the imprisoned – Bury the dead.

Spiritual Works of Mercy –

Admonish the sinner – Instruct the ignorant – Counsel the doubtful –Comfort the sorrowful – Bear wrongs patiently – Forgive all injuries – Pray for the living and the dead

Additional and current information can always be found at our website:

RESPECTLIFEDENVER.ORG

Annual Event reminders:

January – Celebrate Life March

Every mid-January we hold our Denver Celebrate Life event, which begins with morning Masses around the city. Thousands converge upon the west side of the State Capitol building downtown to hear music and speakers. Parishes, schools and organizations carry banners, music and dance groups delight the crowd. This is a positive, family-friendly event with all ages and many strollers. www.respectlifedenver.org

September – National Day of Remembrance

Every September we hold a prayer service of remembrance for the more than 5000 children lost to abortion who are buried in the cemetery at Sacred Heart of Mary Church in Boulder. www.abortionmemorials.com

October – Gospel of Life conference

Every October there is an educational conference showcasing hot-button issues of our culture related to life issues, featuring well-known speakers and ministry displays. www.respectlifedenver.org

Prayer in the Square - Every 1st Saturday

This apostolate was established in 2017 based upon Our Lady of Fatima's request for prayers on the 1st Saturday of every month. Numerous locations participate by praying a Rosary and Divine Mercy Chaplet out in a public space. www.prayerinthesquare.com

40 Days for Life – Spring and Fall Campaigns

Our local participation in the largest internationally coordinated pro-life mobilization in history, uniting for 40 days with prayer, fasting, and vigil outside abortion facilities in the Denver area. <https://40daysforlife.com/Denver>
Email: 40days@ccdenvr.org Facebook: Denver 40 Days for Life

Additional Local Pro- Life Apostolates

Sisters of Life *The Sisters of Life are engaged in a mission of evangelization on God's plan for life and love on university campuses in Colorado. They meet and speak with college women in an effort to build the culture of life and also to serve those who have been wounded by the culture of death.* They are on campus at the University of Colorado Boulder, Colorado State University, the University of Northern Colorado, the University of Denver and the Colorado School of Mines. Convent Phone 720-722-3485

Christ in the City, Denver A Catholic non-profit dedicated to forming missionaries, volunteers and communities in knowing, loving and serving the poor. Missionaries are spiritually guided by the priests and laity of the Christian Life Movement. Phone 303 952-9743 <https://christinthecity.co>

Footprints Women supporting women who find themselves in an unplanned pregnancy. (Parish-based ministry) Phone 720-382-5242 Email info@endowgroups.org Endowgroups.org/footprints

Parish Youth Pro-Life Outreach

Mission: Promote within your teens a respect for life from moment of conception until natural death.

Educate your teens concerning respect life issues, and empower them to make a difference in expanding the Culture of Life.

Promotions: Use social media to alert and remind teens of upcoming events

Events and programs:

5th Grade – Girls “Bridge to Adulthood” Mother/Daughter evening presentation to understand the upcoming changes in maturity and menstruation.

Boys “Our Changing Bodies” Father/Son evening presentation to understand the upcoming changes related to puberty.

7th Grade – Chastity 101 90 minute presentation, overview of this virtue, age- appropriate

8th Grade – Life Issues 4 part presentation (1 hour each) Embryology, Abortion, Chastity, Value Every Life

January Celebrate Life March in Denver – make a group banner to show who you are

January March for Life Washington D.C. – organize a group effort to experience this national event

40 Days for Life *Spring and Fall Campaigns* – prayer at abortion clinics (sign- up event)

September Annual Day of Remembrance – Sacred Heart of Mary, Boulder cemetery

Annual ProLife Boot Camp– High School ages (arrange your date with Respect Life Speakers Bureau)

Create a **ProLife bulletin board** for your Parish – keep it interesting, people are more likely to read the board if it is organized, attractive, and updated.

Have a regular **meeting**, create semester goals, learn something new each meeting

Invite ProLife **speakers** to your parish – advertise and serve refreshments

Start a ProLife **library** at your parish – research good books, then have a fun fundraiser to buy them/ donate them to your library

Have a **diaper drive** for Gabriel House and Marisol Homes

Have a **car wash** or other fun fund-raiser for a prolife apostolate in your area

Things to learn about in your ProLife Youth Group: (initial suggestions)

Abortion procedures, risks, short and long-term consequences

“Emergency contraception”, Plan B, Morning-After Pill....RU 486...

Embryology and Early Human Development

Roe v. Wade and Doe v. Bolton Supreme Court Decisions in 1973

Catholic Church teachings on the FULL SPECTRUM of life issues

St. John Paul 2’s teachings on the Theology of the Body

Contraception and Fertility-Based Awareness Methods

Euthenasia and Assisted Suicide

Breast Cancer connection with abortion and birth control

Planned Parenthood



Damascus Initiative 2018

Domenico Morelli *The Conversion of St. Paul*, Altamura Cathedral, Italy Wikimedia Commons

This initiative is centered around using prayer as a positive effort in the spiritual battle for the Culture of Life. Rather than giving in to frustration and negative emotions when we hear of, or see workers within the abortion industry, let us use the power of prayer as our offensive weaponry against the enemy of all life.

What is effective? Precise, targeted prayer mentioning key workers in the abortion industry (James 5:16)

To Do: Simple! Whenever you hear or think of their name, pray a Hail Mary for their conversion!

Objective: That God would intervene in their life “He is not willing that any should perish” 2 Peter 3:9

By bringing people across their path that will impact their lives for LIFE

That He would create circumstances in their life that impact their hearts and souls

That He would speak to them in their dreams



Here are specific names to pray for

Local List:

Dr. Warren Hern - Boulder Abortion Clinic – Late Term abortionist since the 1970s

Comprehensive Women's Health Center, Denver

Dr. Stephen Hinds - Healthy Futures for Women 300 E. Hampden Ave.

Colo Center for Reproductive Medicine

Mile High OB/Gyn Associates 425 S. Cherry St, Denver

Partners in Women's Health 4500 E. 9th Ave, Denver

Planned Parenthood, Denver locations

*pray for doctors, nurses, technicians, directors, managers, support staff, their families

National List:

CEO – Planned Parenthood America

Ilyse Hogue – President of NARAL Pro-Choice America since 2013

Nancy Pelosi – Prochoice democratic leader – pray for all legislators who favor abortion

Encouraging reminders -

God changed the hearts of: Saul/ St. Paul—and in OUR LIFETIMES: Dr. Bernard Nathanson, Dr. John Bruchalski, Dr. Anthony Levatino, Dr. Noreen Johnson, and other abortionists
Abby Johnson, (And Then There Were None, with 300+workers) Carol Everett, and other clinic directors, even Norma McCorvey (The Jane Roe of Roe v Wade)

Every time you hear their name – or think of them – instead of getting angry –

STOP and say a Hail Mary for their conversion.

The effectual, fervent prayer of the righteous changes things! – James 5:16

God loves specific prayers – that way, when they are specifically answered,

He alone receives the glory!

DAYS FOR SPECIAL PRAYERS AND BLESSINGS

HOLY DAYS AND FEAST DAYS

Presentation of Jesus –	Blessing of babies and little children
Annunciation –	Blessing of women that are pregnant
Solemnity of Mary –	Blessing of mothers
Palm Sunday –	A day of giving
Good Friday –	Prayer for those in prison
Easter Sunday –	Theme of rejoicing in all human life
Corpus Christi –	Theme of fellowship, care of elderly, handicapped, poor
Visitation –	Blessing of mothers before childbirth
All Saints –	Theme of living a life of service to others
Immaculate Conception –	Blessing of mothers before childbirth
Christmas –	Theme of remembering to see Christ in all people
Holy Innocents –	Baby blessings, prayers for babies lost to abortion
Holy Family –	Prayers, blessings for families

SPECIAL OBSERVANCES

- Mother's Day – Blessing of mothers
- Father's Day – Blessing of fathers
- Memorial Day – Bless and honor all veterans and those who gave their life in service to our country
- Independence Day – Pray that all human beings in our free country will be granted the right to life
- Respect Life Sunday – Use theme throughout the month
- Thanksgiving – Prayers of thankfulness for our gifts, and prayers for those around us in need

A Culture of Death

"In our century, as at no other time in history, the [culture of death} has assumed a social and institutional form of legality to justify the most horrible crimes against humanity: genocide, final solutions, ethnic cleansings, and the massive taking of lives of human beings even before they are born, or before they reach the natural point of death."

St.JP2, 1993 Homily, Denver



A Culture of Life

"The culture of life means respect for nature and protection of God's work of creation. In a special way it means respect for human life from the first moment of conception to its natural end. . .

The culture of life means thanking God every day for His gift of life, for our work and dignity as human beings and for the friendship He offers as we make our pilgrim way toward our eternal destiny."

St. JP2, Farewell 1993 at Stapleton Airport, Denver



Prayer of the Parish ProLife Representative

Father, we praise You for all creation. We thank You for life—especially human life, created directly by You after Your own image and likeness.

Thank you for Your Son, Jesus, who so dignified each human by becoming one of us, and for when every human life was so precious that He lived, died and rose from death, for every person, born and preborn.

Bless our opponents as you have blessed us, with enlightenment, to know the sanctity of each unborn human child. Change their minds and hearts with the truth.

We dedicate ourselves to You as your parish prolife representatives. Strengthen us, Father, by Your Spirit, in our resolve to return full respect for every human life in our country—at every age and every stage of life.

Use us as your co-workers, making our smallest activity fruitful. Grant success to our efforts to educate others about the dignity of all life, and for legislation to protect all of humanity from conception to a natural death.

For with you we can do all things, and apart from you we can do nothing.

We ask this through Jesus, born of Mary. Amen.

USCCB Pro-Life Rosary

Prayer Intentions

∞The Joyful Mysteries ∞

The Annunciation

For parents facing an unexpected pregnancy, that they lovingly accept the precious life God has entrusted to their care.

The Visitation

That the family and friends of expectant parents might reach out and support them as they prepare to meet their child face to face.

The Nativity

That the love of the Blessed Mother and the Christ Child may be a source of strength for every expectant mother, especially mothers living in poverty, and that they both will be surrounded by joy and love.

The Presentation

That fathers of young children will model St. Joseph in devoutly practicing their faith, so that they lead their children to God by their words and example.

The Finding of Jesus in the Temple

For all children who have been lost and forgotten, that they may be led to a place where they are treasured, protected and loved.

≈The Luminous Mysteries ≈

The Baptism of Jesus in the River Jordan

That all baptized Christians will be open to the Holy Spirit and bear witness to the sanctity of life.

The Wedding Feast at Cana

For all husbands and wives, that they treasure the priceless gift of married love by generously accepting children through procreation and adoption.

The Proclamation of the Kingdom of God

That those who pray and work for greater respect for human life will be guided by the Beatitudes and reveal the face of Christ to others.

The Transfiguration

That our world will be transfigured by the witness of faithful Christians so that all may understand the priceless value of every human being.

The Institution of the Eucharist

That through our worthy reception of the Eucharist and frequent Eucharistic Adoration, Jesus will teach us to love sacrificially the least and neediest among us.

✧The Sorrowful Mysteries ✧

The Agony in the Garden

For all who are suffering from abandonment or neglect, that compassionate individuals will come forward to offer them comfort and aid.

The Scourging at the Pillar

That the victims of violence, torture and slavery will be delivered from their suffering, find healing and know that God is close to them.

The Crowning with Thorns

That the persecution of Christians will end in a new era of tolerance and respect for the religious freedom and conscience rights of all.

The Carrying of the Cross

For all who labor under burdens that seem too great to bear – due to illness, age, poverty, cruelty or injustice – that our prayers and aid will lighten their crosses.

The Crucifixion

For an end to the death penalty and for the release of all prisoners of conscience and all who have been wrongfully convicted.

✧The Glorious Mysteries ✧

The Resurrection

For all who have lost loved ones, and especially for parents of a child who was miscarried, aborted or stillborn, that they will find peace in the promise of the Resurrection.

The Ascension

For all who struggle with addictions, that through Christ's triumph and ascent into glory, they may triumph over their temptations, and gain strength and peace.

The Coming of the Holy Spirit

That the Holy Spirit will open the minds and hearts of those who now reject the Gospel of Life and allow them to be convinced of the truth and goodness of all that the Church professes concerning human life.

The Assumption of Mary

For mothers who have died at the hands of abortion providers, that they may experience reconciliation and together with their children know God's peace.

The Coronation of Mary

For all mothers, that they might come to know the wonder of their vocation.

WEBSITES

Catholic Charities' ministries: ccdenver.org

Respect Life office: RespectLifeDenver.org

Respect Life Radio podcasts: RespectLifeRadio.org

Prayer in the Square: PrayerintheSquare.org

Gospel of Life Conference: GospelofLifeCo.org



FACEBOOK

Catholic Charities of Denver



INSTAGRAM

Ccdenver_co



TWITTER

@liferockymountains



National website: 40DaysforLife.com

Our Facebook page: [40Daysforlife-Denver](https://www.facebook.com/40Daysforlife-Denver), CO

Our Facebook group: [40DaysforLife-Denver](https://www.facebook.com/groups/40DaysforLife-Denver)

Abortion:

Medical and Ethical Truths

Historical Significance

Post Abortion Healing

Spiritual Adoption

Emergency Contraception

Youth: What Can I Do?



Medical & Ethical Truths of Abortion Education Essentials

Purpose

Abortion is a highly politicized issue, especially in North America. Because of this, there is a vested interest in maintaining the image of abortion as safe and risk-free, but this is simply not the case. With so many barriers regarding informed consent prior to abortion and the lack of reporting or follow-up care post-abortion, the general population is largely misinformed about the medical and psychological post-abortion complications.

Because 3 in 10 women, by the age of 45, will have had an abortion, it is important to develop an awareness of the consequences and complications that manifest themselves post abortion, and are impacting 33% of women.

Definitions

Cervix – The lower, narrow opening to the uterus

Embryo – Human life at its earliest developmental stage

Fertilization – Joining of the male sperm and the female egg to form a human embryo

Fetus – A developing unborn baby (Latin for “small one”)

Full-Term Pregnancy – About 40 weeks after the last menstrual period or 38 weeks after fertilization, this is when the unborn baby is ready to be born.

Last Menstrual Period – The date when a woman started her last menstrual period before fertilization. This is the point in time from which the pregnancy and the age of the unborn baby are measured.

Trimester – An interval of three months used to measure three successive stages of pregnancy – first, second and third.

Uterus – The pear-shaped muscular female organ where a fertilized ovum embeds and grows until birth.

What if the child is unwanted?

“This is a bogus argument. It doesn’t work for the simple fact that no one makes such an argument about children after birth. Is certain death really the answer to potential neglect or abuse? If someone’s right to life truly were established or removed based simply on their “wantedness,” what would that mean for those in foster care, the homeless, the aged or the infirm?

In the broadest sense, the whole discussion of “wantedness” ignores a substantial reality. Even if the biological parents want nothing to do with their offspring, there are families across the nation wanting desperately to adopt a baby, families who are willing to adopt diseased babies of any race or ethnicity.

Something as subjective as “wantedness” can never be the basis for granting someone the right to life, and abortion advocates know this...The only reason they argue that mothers should be free to kill their unwanted children before birth is because they’re ignoring the scientific reality that these children, too, are living, human beings. The question is humanity, not wantedness.”

*- "AbortionFacts.com." Fact #6: Poverty, Rape, Disability, or "unwantedness" Do Not Morally Justify Abortion.
N.p., n.d. Web.
29 Apr. 2015.*

Abortion Methods (Reminder: All life begins at conception)

The human reproductive systems of men and women are designed to lead to the conception of children. When the woman is fertile and ovulates, there will soon be an egg (ovum) in one of her fallopian tubes. If one of the millions of sperm reaches and unites with the ovum, fertilization occurs, and a genetically unique human being begins its life and precise, intricate trajectory of development.

Chemical

How Oral Contraceptives, Intrauterine Devices, Depo-Provera Injectable & the Ortho Evra Patch Work:

These methods can sometimes but not always prevent a pregnancy by suppressing ovulation (female egg production in the ovary) and thickening the mucus in the cervix in order to block sperm passage. They also can cause an early abortion if conception has occurred. Oral Contraceptives, the Depo-Provera Shot and the Ortho Evra Patch all thin the lining of the uterus and make it hostile to implantation for any new life that has been created. Intrauterine Devices cause an early abortion via copper poisoning (if the IUD contains copper).

For more information on Artificial Contraceptives and their side effects reference the thematic information on “Natural Fertility Awareness vs. Artificial Contraception.”

Morning After Pill and “Plan B”

Explanation: “Emergency Contraception” is a high dosage of steroid female hormones. It is recommended to be used with 72 hours after intercourse. The goal of emergency contraception is to prevent or end the pregnancy by suppressing ovulation (female egg production in the ovary), thickening the mucus in the cervix in order to block sperm passage, or to thin the lining of the uterus and make it hostile to implantation for any new life that has been created (this new life will then die). What must clearly be understood is that conception may have already occurred before the “72 hour” window. These chemicals are meant to cause the loss of that new life.

What if the mother is addicted to drugs?

“There are children alive today who were born with drug addictions, and who are living with mothers who continue to use cocaine, and yet these children have every bit as much of a right to life as all of their more fortunate contemporaries. Drug addiction isn’t the issue, humanity is the issue.

Do we deal with drug addictions by killing everyone who is addicted to drugs? No, we don’t. And we certainly wouldn’t suggest such treatment for those whose addiction is no fault of their own...

The tragic irony in America today is that, in most states, women can be prosecuted for “fetal abuse” if they take harmful drugs during their pregnancy, but these same women are perfectly free to hire someone to kill their baby if they so choose. Mothers are free to kill, but not free to harm?!... Embryos and fetuses should be protected from harm and death.”

- "AbortionFacts.com." Fact #6: Poverty, Rape, Disability, or "unwantedness" Do Not Morally Justify Abortion. N.p., n.d. Web. 29 Apr. 2015.

Possible side effects include: Nausea and vomiting, irregular and unpredictable menstrual periods, especially with multiple uses, ectopic pregnancies (occurring outside the womb, can be life threatening when a developing baby begins to grow in the fallopian tube), blood clot formation, breast tenderness and infertility.

Long-term side effects: As of yet, there are not long-term studies which may demonstrate that as a result of these chemicals being given in such high doses - women will be permanently damaged or at risk for diseases such as cancer.

Medical

Mifepristone and Methotrexate

Explanation: Mifepristone (generic name for RU-486) and Methotrexate are artificial steroids that are used in combination with Misoprostol to abort a baby up to approximately seven weeks after a women's last menstrual period.¹

A woman's body produces the hormone progesterone. This hormone is necessary for bringing about and sustaining pregnancy. In order to sustain pregnancy a woman needs a thick layer of endometrium. The endometrium is the interior layer of the uterus, which thickens in preparation for the implantation of a fertilized embryo. As an antiprogesterone drug, Mifepristone obstructs receptors of progesterone, which then breaks down the thick lining of the endometrium so that an embryo cannot attach to the womb for nourishment and then dies. Used in combination with Mifepristone, Misoprostol causes the uterus to contract and expel the dead embryo and placenta.²

¹RU486Facts.org: Medical Information about RU486 (Mifepristone), "Effectiveness of RU486 plus misoprostol," RU486Facts.org, www.ru486facts.org/index.cfm?page=effectiveness.

²Planned Parenthood Federation of America, Inc., "Mifepristone: Expanding Women's Options for Early Abortions in the United States," Planned Parenthood, www.plannedparenthood.org/issues-action/abortion/state-abortion-restrictions/reports/mifepristone-expanding-womens-options-early-abortion-united-states-6128.htm (accessed Sept. 26, 2008).

What if the woman was raped?

"Abortion is an act of violence that kills a living human being. The circumstances surrounding the conception do not change this simple reality. Rape and abortion share this in common. They are both acts of assault against an innocent victim.

Aborting a child conceived through rape simply extends this pattern of violence and victimhood. It does not "unrape" the woman, but it will most certainly increase her regret and misery....

In those rare cases when a pregnancy is the result of rape, we must be careful who gets the blame. What is hard about this hard case is not whether an innocent child deserves to die for what his father did. What is hard is that an innocent woman has to take on childbearing and possibly mothering – if she decides to keep the child rather than choose adoption – for which she was not willing or ready. This is a very hard situation, calling for family, friends and the Church to do all they can to support her. But the fact remains that none of this is the fault of the child....

Civilized people do not put children to death for what their fathers have done. Yet aborting a child conceived by rape is doing the exact thing. He is as innocent of the crime as his mother. Neither she nor he deserves to die."

- "AbortionFacts.com." Fact #6: Poverty, Rape, Disability, or "unwantedness" Do Not Morally Justify Abortion. N.p., n.d. Web. 29 Apr. 2015.

Methotrexate is a drug, which when administered via injection or orally halts fetal cell division. Usually 5-7 days after, Misoprostol is administered to cause the uterus to contract and expel the dead embryo and placenta.³

Short-Term and Long-Term Physical Side Effects⁴: Heavy uterine bleeding (9-10 days, up to a month), abdominal pain, nausea/vomiting/ongoing diarrhea (this process has a strong effect on the digestive system), possible infection (these drugs suppress the immune system), possible hospitalization due to hemorrhaging, possible miscarriage or birth defects of future children, extreme sleep disturbances, impaired future fertility.

Surgical

Suction Method

Explanation: This method is used to abort a baby up to approximately 12 weeks after a woman's last menstrual period. Up to 12 weeks, the baby's bones are more like cartilage, and able to be broken apart via suction. For this method, a dilator is used to stretch the cervical muscle until the opening is wide enough for the abortion instruments to pass into the uterus. Tubing is then inserted, which is connected to a suction machine.⁵ Afterwards, a curette is used to scrape any remains of the baby and placenta out of the uterus.

Dilation & Evacuation

Explanation: This method is used to abort a baby from 13 weeks to 24 weeks - when the bones have hardened, and the body is too large to be broken up via suction. For this method, the cervix must be opened even wider. Laminaria (expanding seaweed) or a combination of laminaria and manual dilation will be used to -

³Hern, Warren M, Abortion Practice (Philadelphia, PA: J.B. Lippincott Company, 1990), 114.

⁴Ring-Cassidy, Elizabeth, and I. J. Gentles. "Drug-Induced or "Medical" Abortion."

Women's Health after Abortion: The Medical and Psychological Evidence. Toronto:

DeVeber Institute for Bioethics and Social Research, 2003. N. pag. Print.

⁵Planned Parenthood. "In-Clinic Abortion" (Planned Parenthood Federation of America, 2008), available at www.plannedparenthood.org/health-topics/abortion/in-clinic-abortion-4359.htm# methods.

What if the woman was raped?

"A child conceived by rape is as precious as a child conceived by love, because a child is a child. The point is not how he was conceived but that he was conceived. He is not a despicable 'product of rape,' but a unique and wonderful creation of God.

Women often think that a child conceived by such a vile act will be a constant reminder of their pain. On the contrary, the innocence of the child often has a healing effect. But in any case, the woman is free to give up the child for adoption, which may be the best alternative. Aborting the child is an attempt to deny what happened, and denial is never good therapy...

Having and holding an innocent child can do much more good for a victimized woman than the knowledge that an innocent child died in an attempt to deny or reduce her trauma."

- "AbortionFacts.com."

Fact #6: Poverty, Rape, Disability, or "unwantedness" Do Not Morally Justify Abortion. N.p., n.d. Web. 29 Apr. 2015.

open the cervix to the desired width.⁶ After the cervix is open, the doctor will remove the parts with forceps. If necessary, remaining tissue will be removed with a suction device. In order to ease the removal process, the child may be killed before the procedure begins in order to soften the fetal tissue.⁷

Dilation & Extraction - Partial Birth Abortion

Explanation: After 24 weeks, a partial birth abortion method is used. This method is a three-day procedure. On the first and second days, laminaria is used to open the cervix to the desired width. On day three, the doctor will use an ultrasound to locate the baby's legs. Grasping one leg with the forceps, the doctor will deliver the baby up to his or her head. Scissors are inserted into the base of the skull to create an opening. A suction catheter is placed into the opening to remove the contents of the skull. The skull will then collapse, and the rest of the baby is removed. Afterwards, a suction curette is used to scrape any remains of the baby and placenta out of the uterus.⁸

Short & Long-Term Physical Consequences⁹:

Heaving bleeding, blood clots, embolism, infection (mild to fatal infections which are caused by body parts of baby not properly removed from uterus after abortion), hepatitis from blood transfusion, incomplete abortion, allergic reaction to drugs, tearing of the cervix, scarring of the uterine lining, perforation of the uterus, damage to nearby organs, sterility, miscarriages of future pregnancies, premature future deliveries, increased risk of ectopic pregnancies, breast cancer, and death.

Short & Long Term Emotional & Spiritual Consequences: Post-Abortion Syndrome signs can be detected right away or remain hidden and manifest themselves years later. Because 3 in 10 women, by the age of 45, will have had an abortion, it is important to develop an awareness of the emotional, psychological, and spiritual consequences that manifest themselves post abortion, and are impacting 33% of women.

⁶Haskell, Martin MD. "Second Trimester D&X, 20 Weeks and Beyond – D&E for Late Second Trimester Abortions," Presentation at National Abortion Federation Conference: "Second Trimester Abortion: From Every Angle – Fall Risk Management Seminar." (Dallas, TX, Sept. 13-14, 1992), 28.

⁷Hern, Warren M, Abortion Practice (Philadelphia, PA: J.B. Lippincott Company, 1990), 126-135.

⁸Haskell, Martin MD. "Second Trimester D&X, 20 Weeks and Beyond – D&E for Late Second Trimester Abortions," Presentation at National Abortion Federation Conference: "Second Trimester Abortion: From Every Angle – Fall Risk Management Seminar." (Dallas, TX, Sept. 13-14, 1992).

⁹Martha E. Schleber. *You Have A Right To Know*. Jefferson City: Martha E. Schleber, 2001. Print.

Poverty, rape, disability, or "unwantedness" do not morally justify abortion.

"There are all sorts of circumstances that people point to as justification for their support of abortion. Since none of these circumstances are sufficient to justify the killing of human beings after birth, they're not sufficient to justify the killing of human beings before birth.

If abortion is wrong because it is killing a child, then whether or not the child is "wanted" has no bearing on the matter – unless, of course, it is wrong to kill "wanted" people, but right to kill "unwanted" people.

These "hard cases" are often used as a last defense by those who actually believe abortion should be legal no matter what the circumstances in an attempt to move the focus away from the heart of the issue – which is the humanity of unborn children and the violence of abortion."

"AbortionFacts.com." Fact #6: Poverty, Rape, Disability, or "unwantedness" Do Not Morally Justify Abortion. N.p., n.d. Web. 29 Apr. 2015.

Some of the signs of the syndrome include depression, anxiety, guilt, loss of self-esteem, insomnia, anger, suicidal thoughts, sexual trouble and nightmares about the baby. Oftentimes, a woman will not connect these symptoms to the abortion of her baby. The symptoms are heightened when the woman meets a pregnant woman, sees a baby, passes an abortion facility or recalls the anniversary of the baby's death or expected due date. Post-Abortion Syndrome can also manifest itself in relationship problems, alcohol and drug abuse, eating disorders, and personality disturbances.

Spiritually, a woman may consciously or unconsciously distance herself from God and the Church or anything related to either out of a deep sense of guilt, shame and fear of not being able to be forgiven for her abortion.

For more information on the emotional, psychological and spiritual consequences of abortion and its effect on both women *and* men, reference the thematic information on "Post Abortion Healing."

The Abortion-Breast Cancer Link (ABC Link)

Since 1991, when it was first adopted by the Susan G. Komen Foundation, the 'Pink Ribbon' has become the international icon for breast cancer awareness. Among women, breast cancer accounts for 30% of all cancer diagnosis (second only to skin cancer), and besides lung cancer, breast cancer is the leading cause of cancer death for women.¹⁰

Many of the factors that place a woman at risk for breast cancer are out of her control (i.e. her family history), but not all of them. A risk factor that has been downplayed time and time again by the abortion industry and its supporters (including the Susan G. Komen Foundation) is the abortion-breast cancer link.

When a woman's body is preparing to have a baby, it changes. One of these changes includes a natural process of breast development. During the first trimester, estrogen and other hormones make the cells in her breast multiply, and differentiate. By the time the baby is delivered though, these cells have matured into milk-producing cells, duct cells etc. It is important for the cells to reach maturation because if they do not, as in the case of abortion, the cells that have multiplied, but have not fully matured into milk producing cells, are highly susceptible to disease. After an abortion, a woman's risk of breast cancer then becomes higher - reaching almost 50% compared to the 20% risk that she had before she became pregnant.¹¹

¹⁰"U.S. Breast Cancer Statistics." *Breastcancer.org*. N.p., n.d. Web. 30 Apr. 2015.

¹¹ Dr. Joel Brind. *Breast Cancer Risks and Choices*. Jefferson City: Dr. Joel Brind, 2002. Print.

Miscarriage, otherwise referred to as a spontaneous abortion, generally does not carry the same increased risk of future breast cancer as an induced abortion. With a miscarriage, a woman's body naturally does not produce the same high levels of estrogen that are produced during a normal pregnancy, which multiplies the cells in her breast.^{12 13} It is important to note that it is not the low levels of estrogen, which results in a miscarriage, but the low levels of progesterone. Estrogen is made from progesterone. So, with low levels of progesterone, as in the case of a miscarriage, come low levels of estrogen, which are then too low to substantially increase a woman's future risk of breast cancer.¹⁴

The Abortion-Breast Cancer link has been demonstrated in both worldwide and U.S. studies. In worldwide studies dating back to 1957, 27 of the 33 studies conducted show an increased risk (as high as 310%) of abortion with breast cancer.¹⁵ In U.S. studies, 13 of 14 studies confirm the link.¹⁶ This risk continues to be minimized by studies of poor quality, which do not separate induced abortion from spontaneous abortion.¹⁷

In 2012, despite 'Big Abortions' downplay of the link, and in response to mounting pressures from pro-lifers, the Susan G. Komen Foundation attempted to sever its ongoing funding to Planned Parenthood (in 2011 this funding amounted to over \$600,000).¹⁸ This elicited a media fire storm led by Planned Parenthood. Within three days, Susan G. Komen acquiesced and reinstated its funding of the organization to a tune of \$700,000.¹⁹ Karen Handel, Komen's former executive vice president of public policy in 2011, resigned in the wake of the controversy and later published a book on the whole event entitled, "Planned Bullying."²⁰

¹² Kunz J Keller PJ (1976), Hcg, Hpl, Oestradiol, Progesterone and Afp in Serum in Patients with Threatened Abortions. Br. J Ob Gyn B3:640-4.

¹³ Stewart DR, Overstreet JW, Nakajima ST, Lasley BL. (1993). Enhanced Ovarian Steroid Secretion Before Implantation in Early Human Pregnancy. J Clin Endocrinol Metab 76:1470-6.

¹⁴ Dr. Joel Brind. Breast Cancer Risks and Choices. Jefferson City: Dr. Joel Brind, 2002. Print.

¹⁵ Ring-Cassidy, Elizabeth, and I. J. Gentles. "Induced Abortion and Breast Cancer." *Women's Health after Abortion: The Medical and Psychological Evidence*. Toronto: DeVeber Institute for Bioethics and Social Research, 2003. 28. Print.

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Hays, Charlotte. "Komen for the Cure and Planned Parenthood." *National Catholic Register*. N.p., 8 Aug. 2013. Web. 30 Apr. 2015.

¹⁹ Ertelt, Steven. "Komen Still Sends Big Bucks to Planned Parenthood Abortion Business." *LifeNews.com*. N.p., 22 Oct. 2013. Web. 30 Apr. 2015.

²⁰ Hays, Charlotte. "Komen for the Cure and Planned Parenthood." *National Catholic Register*. N.p., 8 Aug. 2013. Web. 30 Apr. 2015.

ABC Link: Ideology of "Safe" Abortion

"This tendency to ignore or deny inconvenient information is especially strong when the subject is abortion. Documentation and public awareness of the negative effects of abortion poses a danger to Big Abortion, in the same way studies linking cigarettes to cancer posed a danger to Big Tobacco."

The first study linking cigarettes to lung cancer was published in 1928, and the first Surgeon General's Warning, without the support of the AMA, was announced in 1964. The Bradford Hill epidemiologic criteria developed to evaluate causality, ultimately used to show the tobacco lung cancer link in the 1960s, are the same criteria that support the ABC link.

The Abortion Breast Cancer Link is not likely to be disproved, because this finding rests on the biological facts about our created bodies. Pro-choice columnist Ellen Goodman in 2004 railed that research linking breast cancer to abortion "keeps reappearing no matter how many scientists drive a stake through its heart." But the link is based on how we are made, and this reality won't ever go away."

*Angela Lanfranchi, M.D., FACS.
Abortion And Breast Cancer: The Link That Won't Go Away.
Washington, DC: Angela Lanfranchi, M.D., FACS, 2007. Print.*

Historical Significance of Abortion

Education Essentials

Purpose

Prior to 1967, abortion was prohibited in every state with the only exception of saving the life of the mother. Between 1967-1972 abortion legislation in the states became more liberalized, and by 1973, abortion was protected in every state through all nine months of pregnancy. An understanding of the legislation surrounding the legalization of abortion gives insight into the politicization of abortion, the current barriers to informed consent prior to abortion, and lack of reporting policies post abortion.

In addition, understanding the historical significance of abortion provides an alarming awareness of the crux of the abortion debate. Ultimately, what human lives are deemed worthy of receiving the rights of person?

Definitions

Hippocratic Oath (Approx. 250 BC) – Historic oath taken by physicians dating back to the Greeks, which states: (excerpt only) “I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion.” Some medical schools in the United States have now dropped vowing the Oath because of euthanasia and abortion practices.

Griswold v CT (1965) – The Supreme Court invokes a right to “marital privacy,” which invalidates laws that prohibit married persons from obtaining contraceptives¹.

Eisenstadt v Baird (1972) – The Supreme Court rules that laws limiting the obtaining of contraception only to married persons is discriminatory to unmarried persons and violates the “right to privacy” of unmarried persons².

¹"Griswold v. CT (1965)." *EndRoe.org*. National Committee for a Human Life Amendment, n.d. Web. 16 Apr. 2015.

²"Eisenstadt v. Baird (1972)." *EndRoe.org*. National Committee for a Human Life Amendment, n.d. Web. 16 Apr. 2015.

What is Legal is not Always Moral

“Therefore, by the authority which Christ conferred upon Peter and his Successors, in communion with the bishops – who... have shown unanimous agreement concerning this doctrine declare that direct abortion, that is, abortion, willed as an end or as a means, always constitutes a grave moral disorder, since it is the deliberate killing of an innocent human being. This doctrine is based upon the natural law and upon the written Word of God, is transmitted by the Church’s Tradition and taught by the ordinary and universal Magisterium.

No circumstance, no purpose, no law whatsoever can ever make licit an act which is intrinsically illicit, since it is contrary to the Law of God which is written in every human heart, knowable by reason itself, and proclaimed by the Church.”

- Paul, John, II. "You Shall Not Kill." Evangelium Vitae. Boston: Pauline & Media, 1995. 102. Print.

1st Amendment: Protects freedom of religion, speech, the press, right to assembly and to petition the government for a redress of grievances.

4th Amendment: Forbids unreasonable searches and seizures of individuals and properties.

9th Amendment: Protection of rights not explicitly stated in the Constitution.

*Never forget that everything
Hitler did in Germany was legal.
-Martin Luther King, Jr.*

14th Amendment: Prohibits states from denying any person life, liberty, property or equal protection under the law.

Abortion Timetable

Elective Abortion: Elective abortion is legal everywhere in the United States through the 26-week gestation (28 week menstrual) age. ³

“Medically indicated” Abortion: “Medically indicated” abortion is legal up to the end of the ninth month if the mother’s health is at risk. Risks to a mother’s health include physical, psychological, and financial well-being. ⁴

Important Legislation

The protection of the abortion timetable listed above was paved by two historically significant cases that both presented constitutional challenges to state criminal abortion laws.

Roe v Wade (1973) – Since 1854, Texas state law prohibited abortion except to save the life of the mother.⁵ In 1969, two Texas lawyers, Sarah Weddington and Linda Coffee were looking for an opportunity to challenge this Texas state law, and found such an opportunity in pregnant Norma McCorvey, “Jane Roe.” ⁶ The lawyers argued that, because of the Texas state law’s prohibition of abortion, Roe’s implicit constitutional right to privacy (*there is no explicit right to privacy stated in the Constitution*) was being violated. They argued she had a constitutional right to have an abortion in a safe, medical environment without having to travel out of the state. ⁷

In a Texas federal court, a lawsuit was filed against the Dallas County District Attorney, Henry Wade, to prevent him from enforcing the state’s standing abortion prohibition. The Texas federal court ruled that the state law did violate the constitution. Henry Wade then appealed this decision to the Supreme Court.⁸

³“Abortion.” *A Student’s Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 12-13. Print.

⁴ Ibid

⁵ Ibid

⁶ Roe No More Ministry. *Who Was the “Roe” of Roe vs. Wade?* Dallas: Roe No More Ministry, TX. Print.

⁷ McBride, Alex. “Roe v Wade (1973).” PBS. PBS, n.d. Web. 16 Apr. 2015.

⁸ Ibid

On January 22nd, 1973, the Supreme Court handed down its infamous verdict, which was based on the “zone of privacy” implicit in the Constitution’s first, fourth, ninth and fourteenth amendments.⁹ At that point, this “zone of privacy” was already protecting individuals from state laws that intruded into a person’s decisions regarding marriage, contraception and child rearing (see *Griswold v CT* (1965) and *Eisenstadt v Baird* (1972)). The Supreme Court ruled that abortion was another decision that fell into this “zone of privacy”, and would be protected from state regulations unless state laws restricting abortion were “sufficiently important.” The court concluded that because there was no consensus as to whether the unborn child was a “person” deserving of full rights, state laws no longer had “sufficient importance” for banning almost all abortions of unborn life.

The ruling did leave a narrow opportunity for states to constitutionally protect the life of the fetus when he or she is considered viable (in 1973 the point of viability was typically considered the third trimester) outside the womb as long as abortion is still allowed to save the life of the mother.¹⁰ Also, the state is still able to have some regulation over abortion in the second and third trimesters because second and third trimester abortions present larger health risks to the mother. According to the Supreme Court’s decision though, all unborn life in the first trimester is not considered to have “sufficient importance” for abortions to be regulated or restricted by the state.¹¹

Doe v Bolton (1973) – The decision of this lesser known “companion” Supreme Court case was handed down on the same day as the *Roe v Wade* decision, January 22nd, 1973.

In Georgia, a married woman with three children, “Mary Doe” (Sandra Cano) was nine weeks pregnant and filed a constitutional challenge to the Georgia state law, which at the time banned abortions except to save the life of the mother, in the case of rape or if the baby would be born with a serious defect or deformation.¹² Already having three children, “Mary Doe” filed the suit on the basis that she would not be able to support the life of this additional child.¹³ Abortion doctors, nurses, clergy and social workers joined her in filing against the state law.

The Supreme Court sided with Doe and even though, *Roe v Wade* left a narrow opportunity for states to constitutionally protect the life of the fetus once he or she is viable outside the womb, this ruling broadened the “health exception” for abortion still in place for the life of the mother.

⁹Ibid

¹⁰Ibid

¹¹McBride, Alex. “*Roe v Wade* (1973).” *PBS*. PBS, n.d. Web. 16 Apr. 2015.

¹²“Abortion.” *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 12-13. Print.

¹³“*Doe v. Bolton* (1973).” *EndRoe.org*. National Committee for a Human Life Amendment, n.d. Web. 16 Apr. 2015

Risks to a mother's health would now include physical, emotional, psychological and even financial well-being.¹⁴

Since 1973, despite numerous challenges, the Supreme Court has upheld its decisions in the previous mentioned cases, and even struck down reasonable restrictions.

Planned Parenthood v Danforth (1976) – The Supreme court invalidated state law requirements for spousal consent, which were deemed unconstitutional restrictions to a woman's right to privacy in regards to abortion.^{15 16}

Thornburg v American College of Obstetrics & Gynecologists (1985) – Split 5-4, the Supreme Court invalidates state laws requiring informed consent which would include information on the risks involved with the abortion procedure, education on the gestational age of the child and prenatal development, and agencies that offer abortion alternatives. In addition, state requirements to keep records of abortions are also invalidated along with requirements that abortions in the third trimester be performed in a manner, which would strive, with a second doctor present, to protect the life of the viable child. All were deemed as restrictions to a woman's right to choosing abortion.^{17 18}

Webster v Reproductive Health Services (1989) - Roe v Wade did receive a significant strike when the Supreme Court ruled against Reproductive Health Services and allowed the Missouri state statute to ban the use of state money, employees and facilities for abortions that are not needed to save the life of the mother. The statute also included a preamble stating that life begins at conception. The Supreme Court allowed this preamble, and affirmed that the state does have a "compelling" interest in preserving fetal life. Nonetheless, the Supreme Court upheld its decision in Roe vs. Wade to not regulate abortions and federal abortion remained largely as they were, but the rationale for such laws was seriously undermined.^{19 20}

Historical Significance of Abortion Legislation & Dred Scott v Sandford (1857)

The historic Supreme Court case Dred Scott v Sandford sheds some chilling insight into the present day federal abortion laws, which remain standing because of the lack of consensus on whether the definition of personhood includes the unborn child, and, therefore, whether the unborn child is entitled to rights as a citizen.

¹⁴Ibid

¹⁵"Abortion." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 12-13. Print.

¹⁶"Planned Parenthood v. Danforth (1976)." *EndRoe.org*. National Committee for a Human Life Amendment, n.d. Web. 16 Apr. 2015.

¹⁷"Abortion." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 12-13. Print.

¹⁸"Thornburg v. American College of Obstetricians and Gynecologists (1986)." *EndRoe.org*. National Committee for a Human Life Amendment, n.d. Web. 16 Apr. 2015.

¹⁹"Abortion." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 12-13. Print.

²⁰"Webster v. Reproductive Health Services (1989)." *EndRoe.org*. National Committee for a Human Life Amendment, n.d. Web. 16 Apr. 2015.

Dred Scott v Sanford (1857) ²¹— Dred Scott and his family were slaves of Dr. John Emerson. In 1834, Dred Scott accompanied Dr. Emerson from the slave state of Missouri to the free state of Illinois and then the free Wisconsin territory. In 1846, after Dred Scott had returned with Dr. Emerson to Missouri, Dr. Emerson died and the ownership of the Dred Scott family passed on to his widow. In a lower Missouri Court, Dred Scott sued Emerson's widow for the freedom of his family on the basis of the established legal precedent of the Missouri principle "once free, always free." In the lower court, Dred Scott won.

JFA Sanford, Mrs. Emerson's brother and the legal administrator of her property, appealed the decision to the Missouri Supreme Court, which reversed the decision of the lower court. Scott's attorneys then filed his case at the federal level. In 1856, the case reached the Supreme Court, which ruled 7-2 against Scott because black people, free or slaves, were not recognized under the Constitution as having the rights of citizens, which meant Dred Scott had no right to sue in a federal court. The decision of the lower Missouri court was overruled, and the decision of the Missouri Supreme Court stood. The following is a short excerpt from the ruling:

Although he may have a heart and a brain, and he may be a human life biologically, a slave is not a legal person.

A black man only becomes a legal person when he is set free. Before that time, we should not concern ourselves with him because he is not a legal person.

The historic ruling set in motion the debates and divisions that moved the country toward the election of Abraham Lincoln and the Civil War. The Civil War ushered in the ending of legalized slavery, and sounded the beginning steps toward equality for black persons in the United States. The bloodshed of the Civil War, totaling 620,000 casualties, has yet to be rivaled by any other American conflict.²² In 1868, the Dred Scott decision was overturned by the ratification of the 14th Amendment.

As a nation, we are now proud that we have abolished legalized slavery, and granted citizenship to black people and other persons of color. We look disdainfully back upon times when our nation did otherwise, and continue to look forward ever ready to learn from such a dark time in our history.

Truly, we did not learn our lesson. Another "Dred Scott decision" stands today. There is a whole population that is still being discriminated against and considered "non-legal persons" – the unborn child. Replace the underlined words in the excerpt from the Dred Scott decision with 'unborn child.'

²¹ Konkoly, Tony. "Dred Scott v Sandford (1857)." PBS. PBS, n.d. Web. 16 Apr. 2015.

²² "Civil War Casualties." *Council on Foreign Relations*. Council on Foreign Relations, n.d. Web. 16 Apr. 2015.

Although he may have a heart and a brain, and he may be a human life biologically, an unborn child is not a legal person.

An unborn child only becomes a legal person when he is set free (aka born). Before that time, we should not concern ourselves with him because he is not a legal person.

This “Dred Scott decision” has yet to be overturned. Since 1973, the estimated number of innocent lives lost total about 54,559, 615.²³ (in 2012) This number exponentially dwarfs even the horrifically unprecedented casualties from the Civil War. Truly, we are still in the midst of a battle for “personhood” – the legal rights of the unborn child to life. We battle with hope that one day this decision will be overturned and future generations will look back on this morally depraved time, and wonder how our nation could ever have done otherwise.

One must ponder the sobering question: If God is merciful and raises up holy men and women that help put an end to the evil that is abortion, what will we do when our grandchildren look back on this time and ask us what we did to stop this atrocity – what will our answer be?

²³ "Abortion." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 15. Print.

Post-Abortion Healing Education Essentials

Purpose

In the early 1990s, the annual induced abortion rate in the United States reached an all-time high of 1.5 million.¹ Since then, the annual abortion rate has declined to 1.06 million.² In total since 1973, the number of abortions that have occurred number over 56 million.³ That number is unfathomable, and it is more unfathomable because the numbers are persons. They number the tragic loss of 56+ million unborn lives. (at the time of this compilation)

According to the Guttmacher Institute, by the age of 20, 1 in 10 women will have had an abortion.⁴ By the age of 30, that number changes to 1 in 4.⁵ By the age of 45 that number is 3 in 10.⁶ Behind the number of every mother who has had an abortion, there is a father of that unborn child, grandparents that will never know their grandchild, there may be siblings that will grow up without their brother or sister, and there are countless extended family members and friends who, too, are secondary victims.

These statistics should sober us, but they should not paralyze us. The numbers must open our eyes to persons. When we look around us, and encounter our neighbors, fellow parishioners, coworkers, and friends and family, we need to be mindful that we walk among the *many* wounded by abortion – some directly, others indirectly and many without their knowledge.

The predicament is particularly unique because our culture continues to laud a woman's choice to abortion. This culture insists that it is risk-free, consequence free, and worry-free.

¹Ring-Cassidy, Elizabeth, and I. J. Gentles. "Research on Post-Abortion Complications: An Overview." *Women's Health after Abortion: The Medical and Psychological Evidence*. Toronto: DeVeber Institute for Bioethics and Social Research, 2003. 5. Print.

²"Induced Abortion in the United States." *Guttmacher Institute*. N.p., July 2014. Web.

³O'Bannon, Randy. "56,662,169 Abortions in America Since Roe vs. Wade in 1973." *LifeNews.com*. N.p., 12 Jan. 2014. Web.

⁴"Induced Abortion in the United States." *Guttmacher Institute*. N.p., July 2014. Web.

⁵"Induced Abortion in the United States." *Guttmacher Institute*. N.p., July 2014. Web.

⁶"Induced Abortion in the United States." *Guttmacher Institute*. N.p., July 2014. Web.

A Special Word ...

"I would now like to say a special word to women who have had an abortion. The Church is aware of the many factors which may have influenced your decision, and she does not doubt that in many cases it was a painful and even shattering decision. The wound in your heart may not yet have healed. Certainly what happened was and remains terribly wrong. But do not give in to discouragement and do not lose hope. Try rather to understand what happened and face it honestly. If you have not already done so, give yourselves over with humility and trust to repentance. The Father of mercies is ready to give you his forgiveness and his peace in the Sacrament of Reconciliation. You will come to understand that nothing is definitely lost and you will also be able to ask forgiveness from your child, who is now living in the Lord. With the friendly and expert help and advice of other people, and as a result of your own painful experience, you can be among the most eloquent defenders of everyone's right to life. Through your commitment to life, whether by accepting the birth of other children or by welcoming and caring for those most in need of someone to be close to them, you will become promoters of a new way of looking at human life."

*-St. Pope John Paul II from
Evangelium Vitae, Section 99*

The culture intentionally leaves no space for women to feel anything adverse about their choice of abortion. Nonetheless, this space, which is not made by the culture, still exists in the wounded hearts of many women and men, and these wounds cry out for authentic healing.

On Motherhood, Microchimerism & Abortion

Woman has been designed by God for motherhood. A woman's physical ability to receive, bear and nurture life is an embodiment of the deep reality of her soul. Even if a woman is never a physical mother, she has been hard-wired to have a particular open-ness for embracing the totality of the life of the other into her very being. Made for motherhood, the choice of abortion does grave violence to a woman's nature.

The choice to have an abortion is driven by great fear – the fear of the *loss* of a relationship with the baby's father, the fear of *not wanting* a relationship with the baby's father, the fear of the anger from her parents at finding out about the pregnancy, the fear of loss of future plans she made for herself, fear of falling into poverty or deeper poverty, fear of not being ready, the list of fears goes on. The important takeaway is that, whatever the fear, it is so great that it drives her to act out of self-preservation rather than species preservation.

So, in order to self-preserve she justifies the abortion by shutting down and suppressing the maternal instincts that rise within her toward the child growing in her womb. She must do this by thoughts such as: denying that the new life growing within her is anything more than a "clump of cells." Even though she may try to convince herself mentally of this in order to justify the abortion, her body and emotions know otherwise.

Very soon after conception the baby is sending chemical messages to the mother's blood stream alerting her, "I'm here!" In the 1970's, fetal microchimerism was beginning to be discovered.⁷ Fetal microchimerism is the transfer of fetal cells, containing the genetic material of the mother and father, from the placenta into the mother's bloodstream and brain. While this biological discovery is relatively new, it takes place in *all* pregnancies and increases with the gestational age of the child, and also with an abortion procedure, particularly one that is surgical, as a result of the destruction of the placenta.⁸ "Microchimerism can be portrayed as a legacy of pregnancy that persists for decades via fetal cell engraftment in maternal bone marrow or other tissues."⁹

A woman may suppress recognition of the life of the child growing within her, and terminates the child in abortion. Initially after the abortion, she may feel relief. She was able to preserve herself and superficially rid herself of the fears that drove her to the abortion. Even so, her body cannot physically forget the child. This is because "the very cells of her body remember the pregnancy and know that the process of change that had been going on was stopped in an unnatural manner.

⁷ Miech, Ralph P. "The Role of Fetal Microchimerism in Autoimmune Disease." *International Journal of Clinical and Experimental Medicine*. E-Century Publishing Corporation, 12 June 2010. Web.

⁸ Miech, Ralph P. "The Role of Fetal Microchimerism in Autoimmune Disease." *International Journal of Clinical and Experimental Medicine*. E-Century Publishing Corporation, 12 June 2010. Web.

⁹ Miech, Ralph P. "The Role of Fetal Microchimerism in Autoimmune Disease." *International Journal of Clinical and Experimental Medicine*. E-Century Publishing Corporation, 12 June 2010. Web.

Her body and her emotions tell her that she is a mother who has lost a child.”¹⁰ As a mother who has lost a child, she needs to grieve and heal as such, but allowing herself to grieve means acknowledging not only the death of her child, but also her own responsibility in her child’s death. This is often all too much to bear, especially in a culture that told her there was nothing there to “bear” in the first place. So, her mode of operating must become one of denial and suppressing her emotions of grief.

Post-Abortion Syndrome

This denial and compartmentalization of these traumatic emotions manifests in symptoms of Post-Abortion Syndrome, which includes re-experience avoidance and self-destructive behavior (conscious and unconscious self-harm). Some of the emotional problems that women experience after an abortion can even align with a diagnosis of Post-Traumatic Stress Disorder.

“With PTSD, the victim wants to forget about the event and put it behind her, but at the same time, she is driven to express her feelings of fear and pain. As a result, she is caught in a trap, constantly alternating between feeling numb and reliving the traumatic event. Her efforts to “cope” with her feelings can take on a life of their own, often resulting in abnormal behavior or personality disorders.”¹¹

Flashbacks and memories of the abortion can be triggered unexpectedly by any events, people, places, information or things that remind the woman of her abortion. These can be especially strong, and painful on the anniversary of the abortion or expected due date of the baby. She may also re-experience the abortion through ongoing distressing dreams about her child or the event itself. In order not to be overcome by the anxiety of these flashbacks, the woman will avoid any events, people, places, information or things that remind her of her abortion. In order to carefully control her range of emotions, the woman must guard herself in her relationships, and close herself off or limit communication to those who are closest to her, and especially those involved with her decision to have the abortion. The official website of Project Rachel groups post-abortive women into two categories: “1) those who are suffering post-abortion reactions on an acute or chronic basis; and 2) those who have no identifiable problems now but are at risk at a future ‘stress time’ (such as a pregnancy, crisis in life, death of a loved one).”¹²

In 1995, a prestigious study was released of the death records (from hospitals and government death certificates) of 600,000 Finnish women. Of those women, the study discovered that the suicide rate of a woman who aborted her child was six times greater than the suicide rate for a woman who carried her child to term, and three times greater than the general suicide rate.¹³ The researchers concluded the study with the point that rather than being a relief for women, abortion has detrimental consequences to a woman’s mental health.

¹⁰ Vandegaer, Paula, Sr. "After the Abortion." *Project Rachel Hope After Abortion* org. N.p., 2011. Web.

¹¹ Project Rachel. *Post-Abortion Syndrome*. Jefferson City: Project Rachel, 1999. Print.

¹² Vandegaer, Paula, Sr. "After the Abortion." *Project Rachel Hope After Abortion* org. N.p., 2011. Web.

¹³ Ring-Cassidy, Elizabeth, and I. J. Gentles. "Behavioral Outcomes, Suicide, Healing." *Women's Health after Abortion: The Medical and Psychological Evidence*. Toronto: DeVeber Institute for Bioethics and Social Research, 2003. 193. Print.

Generally, the research on post-abortion after-effects is limited. This is due to the fact that post-abortion follow-up is based on findings that are short-term, often as short-term as a few hours after the procedure. Many physical complications do not appear for days or weeks following the abortion, not to mention the even less quantifiable emotional, spiritual or psychological complications. In addition, the USA has no reporting policy for abortions. So, while long-term complications are being addressed by community hospitals, family physicians, counselors and mental health workers, statistically, these treatments are not being linked to the abortion procedure.

According to the deVeber Institute for Bioethics and Social Research, “The cycle of self-loathing and self-punishment, although not thoroughly explored in the post-abortion research literature, is often painfully expressed in the personal stories of women who are attempting to recover and to find healing after an abortion.” This self-loathing and self-punishment manifests itself in various forms which include self-mutilation, engaging in intrinsically unsafe or chaotic activities / relationships, substance/alcohol abuse, eating disorders, repeat abortion.¹⁴ All of these are attempts to cope or control the unprocessed emotions or grief from the abortion.

Healing

Though the literature and research on post-abortion after-effects is limited, women continue to come forward even years after their abortion to seek authentic healing for their unprocessed grief. In response to the real suffering of these women, organizations, both faith-based and non-faith-based, have been established to accompany and support a woman through this process.

An organization of particular prominence in the field of post-abortion healing is Project Rachel. Founded in Milwaukee in 1984 by the Catholic Church, the mission of this organization is to facilitate the healing process in not only women, but men and families as well who have all been affected in different yet significant ways by abortion. Those who contact Project Rachel are referred to professional counselors and priests who have been specially trained in spiritual guidance and the Sacrament of Reconciliation. The ministry involves a process of telling one’s story and grieving the loss. At the beating heart of the ministry is forgiveness – forgiveness towards all those who were involved in the abortion, and forgiveness of self. All of this is to heal the *whole* person in the love and mercy of Christ so that he or she may move forward towards greater, continued healing.

According to the official website of Project Rachel, while there are trained professionals and priests who spearhead the ministry, all of us are called to partake in the healing ministry of Christ. If you think someone you know may have had an abortion or been involved or affected by an abortion, consider opening him or her up to the healing process with gentle words to his or her heart. *Never accuse or confront.* Project Rachel recommends bringing up an article or information you read on the real, yet often overlooked suffering of men and women with post-abortion trauma, and how there is a ministry, Project Rachel, that accompanies persons who are experiencing these sufferings in an

¹⁴ Ring-Cassidy, Elizabeth, and I. J. Gentles. "Behavioral Outcomes, Suicide, Healing." *Women's Health after Abortion: The Medical and Psychological Evidence*. Toronto: DeVeber Institute for Bioethics and Social Research, 2003. 197. Print.

authentic journey to healing in Christ.¹⁵ This may plant a seed in that person, which hopefully will lead them to eventually talk to someone - and begin their journey to healing and forgiveness.

Information on the Denver chapter of Project Rachel is available in this manual under the appendix entitled 'Community Resources' and the subheading of 'Post Abortion Healing.'

Also, a number of reference books assisting with this topic are listed in our **Additional Reading Resources.**

¹⁵ Vandegaer, Paula, Sr. "After the Abortion." *Project Rachel - Hope After Abortion.org*. N.p., 2011. Web.

Spiritual Adoption of a Woman in Crisis and her Unborn Baby

This is a wonderful way to encourage the members of your parish and school to “spiritually adopt” a woman who is facing an unplanned pregnancy, as well as her unborn baby whose life is in danger.

Individuals promise to pray for them daily for nine months. They may wish to name the child to make these prayers for real for them.

Pledge cards can be made in advance, you can also give out holy cards with the Spiritual Adoption prayer by Archbishop Fulton J. Sheen.

When applicable (such as a school setting), monthly announcements describing the baby’s development can be made verbally or by publication. At the end of the nine months, a “baby shower” can be held for your local Gabriel House or Marisol Home.

If the Respect Life committee wishes to choose a particular date for all participants to begin, 2 ideas are:

1/December 8th (Feast of the Immaculate Conception) to September 8th (Birth of Mary) or

2/March 25th (Feast of the Annunciation) to December 25th (Birth of Jesus)

Spiritual Adoption Prayer:

Jesus, Mary and Joseph, I love you very much. I beg you to spare the life of the unborn baby which I have spiritually adopted – who is in danger of abortion. Amen. - *Archbishop Fulton J. Sheen*

Sample Announcement:

The Respect Life Committee offers the program of “Spiritual Adoption of a Woman Facing an Unplanned Pregnancy, and of Her Unborn Baby”

On _____(day of the week/date), our parishioners /(students) will be asked to pray a simple prayer daily, for both mother and child during this crisis time in their lives.

Nine months from now, parishioners/students will be asked to bring in baby items and diapers which will be distributed to local Catholic Charities ministries that care for women in need and their children.

Sample Card verbiage:

Yes, I/we will spiritually adopt a woman facing an unplanned pregnancy and her unborn baby who may be in danger of losing their life through abortion. I/we promise to pray for them daily.

Name: _____(optional)

I/we will participate in a baby shower nine months from now. _____ Please check if your answer is yes.

Sample Monthly Announcements:

First Month: Thank you for spiritually adopting me! In just these past four weeks I have grown from one single cell to my own heart beating! It is beating twice as fast as my mother's! Thank you for praying for me!

Second Month: Hi! So much has happened since I last talked to you! I am already an inch long now and have all of my internal organs already! My head is the biggest thing about me because my brain is the most important organ. Thank you for praying for me!

Third Month: Hello! I have been so busy this past month! I am full of energy, sleeping and waking, even exercising! And hair is growing on my little head! Would you like to see my somersaults?!

Fourth Month: I am already 8 – 10 inches long, and my ears are working, so I can hear my mother talking. I am comforted by the sound of her heart beating.

Fifth Month: I am as long as a ruler now, and my mother can feel me moving around – even by reacting strongly to loud noises! It brings her great joy to feel my little feet stretching out.

Sixth Month: I am so intricately finished now that even my sweat glands are working! Given special care, I could live outside of my mom if I were born now. I may be small, but I am growing every day!

Seventh Month: I am using four of my senses already – hearing, taste, and touch, even vision although there's not much to see just yet! I even respond to my mother's voice! This space is getting more cramped!

Eighth Month: Wow! I will soon be ready to breathe air and see the world! I'm gaining weight and don't look so wrinkly anymore. I wonder what my purpose in life will be? Thank you for your prayers that have kept me safe.

EMERGENCY CONTRACEPTION/MORNING AFTER PILL info from A.L.L site

The emergency contraceptive/morning-after pill has three modes of action (as does the regular birth control pill); that is, it can work in one of three ways:

- The normal menstrual cycle is altered, delaying ovulation; or
- Ovulation is inhibited, meaning the egg will not be released from the ovary;
- It can irritate the lining of the uterus (endometrium) so as to inhibit implantation.

Keep in mind that fertilization (the union of female ovum, or egg, and male sperm) occurs in the fallopian tube and that fertilization marks the beginning of a new human life - and the beginning of the pregnancy. The newly created child then travels down the fallopian tube to the uterus (womb) where he or she implants. Implantation is necessary for the new child to receive nourishment from the mother and continue developing. The journey from the fallopian tube to the womb takes between five and seven days during which pregnancy cannot be readily detected.

Therefore, if a woman ingests emergency contraception after fertilization has taken place, the third mode of action can occur. The lining of the uterus can be altered causing the woman's body to reject the living human embryo, making implantation impossible and the child will die. This result is called a chemical abortion; therefore emergency contraception is an abortifacient.

So, the only real "emergency" in all of this is the woman's fear of being pregnant.

Two of the most commonly used emergency contraceptive pills are Preven and Plan B. The websites for both of these drugs clearly indicate that each can work to prevent a "fertilized egg" (which is actually a newly formed human being) from implanting in the uterine wall:

How do the PREVEN® emergency contraceptive pills prevent pregnancy?

PREVEN® can stop or delay ovulation (the release of an egg), it can stop sperm from fertilizing an egg if it was already released, and it **can stop a fertilized egg from attaching to the wall of the uterus.**"

Source: <http://www.drugs.com/mtm/preven-ec.html>

How Does Plan B® Work?

Plan B® (levonorgestrel) may prevent pregnancy by temporarily stopping the release of an egg from a woman's ovary, or it may prevent fertilization. **It may also prevent a fertilized egg from attaching to the uterus.** "

Source: <http://www.planbonestep.com/plan-b-pharmacists/how-plan-b-works.aspx>

Proponents of "emergency contraception," as well as the Preven and Plan B websites, contend that emergency contraception does not cause abortion. They argue that emergency contraception prevents pregnancy and thereby reduces the need for induced abortion. However, they intentionally define the term "pregnancy" as implantation of a fertilized egg in the lining of a woman's uterus, as opposed to "pregnancy" beginning at fertilization.

Whether one understands pregnancy as beginning at "implantation" or "fertilization," the heart of the matter is when human life begins. It is important to keep in mind that scientists have confirmed that at the moment the sperm and the egg join (fertilization), a new human being is created who is completely different from his/her mother.

This is not a subjective opinion, but an objective scientific fact. Accordingly, any artificial action that works to destroy a fertilized egg (human embryo) is abortifacient in nature.

Check out this video that explains how the pill is abortifacient (i.e., how it can kill your preborn baby without you even knowing): http://www.youtube.com/watch?v=jiCU46_lWeE

The common description of the MAP as emergency "contraception" fails to accurately describe its possible abortifacient action and is misleading the public. The confusion is aggravated by attempts to re-define pregnancy as occurring after implantation. Potential users of MAP are not told that this drug may abort an established pregnancy. This is not informed consent.

Some basic facts about ovulation and the possibility of becoming pregnant:

A woman ovulates approximately once every 28 days. Therefore the chance that a woman will ovulate on any randomly selected day is 3.57 percent.

When a woman ovulates, the egg is able to be fertilized for 12-24 hours (1 day).

When sperm enters the woman's body, it remains alive and able to fertilize an egg for 1-5 days.

It takes emergency contraception from 12-24 hours to be effective (1 day).

Emergency contraception remains effective for at least 10 days.

It takes a fertilized egg 5-7 days after ovulation to implant in the woman's womb.

In 78% of all cases, taking emergency contraception is unnecessary because the woman could not have conceived a child (meaning she was not fertile to begin with).

Thus, emergency contraception only has an effect 22 percent of the time.

Of those 22 percent, the mode of action in which the emergency contraception works depends on when the woman takes it:

Emergency contraception taken within 24 hours, will act 43 percent of the time by preventing implantation (thus ending the life of the newly created child)

Emergency contraception taken between 24 and 48 hours will act 57 percent of the time by preventing implantation (thus ending the life of the newly created child)

Emergency contraception taken between 48 and 72 hours will act 71 percent of the time by preventing implantation (thus ending the life of the newly created child)

Experts confirm abortifacient potential of morning-after pill

The most recent scientific study on Levonorgestrel, the essential component of the "morning-after pill" or "emergency contraceptive," confirms that the drug does indeed have a third effect on users, which consists in preventing the implantation of a fertilized ovum in the womb of the mother.

The promoters of the drug in Latin America, where most countries have laws against abortion, have argued that there is no scientific basis for the "third effect," and that therefore the drug should be legalized. Dr. Horacio Croxatto, professor at the Chilean Institute of Reproductive Medicine, said in 2006 that the morning-after pill "is not abortifacient because it only prevents pregnancy by stopping ovulation."

Nevertheless, the most recent study (2007) by Doctors Mikolajczyk and Stanford of the Department of Medicine in Public Health of the University of Bielefeld (Germany) clearly indicates that the pill's "real effect" includes mechanisms that prevent implantation.

Source: <http://www.catholicnewsagency.com/new.php?n=9463>



What Can I Do to Help Stop Abortion?

Participate

In school: Join your Pro-Life Club – or START ONE! (Get help from Students for Life)

Hold a GARAGE SALE or a CAR WASH: Donate the money to a prolife organization or a center that helps women and their families in crisis.

RAISE FUNDS to purchase a beautiful ProLife banner for your school and/or parish for prominent display.

GARAGE SALE SCAVENGER HUNT: With friends, go to garage sales and get baby and/or maternity items to donate to local Gabriel Houses – who aid mothers in need.

PRO LIFE COMMUNITY ACTIVITIES: Get involved and represent your school! January 22nd activities, 40 Days for Life, praying outside abortion clinics using positive signage and a caring presence – especially during times when abortions are being performed, your presence makes a huge impact.

Pray

Use the SPIRITUAL ADOPTION PRAYER (Every day for 9 months – and name the child you are praying for)

“Jesus, Mary and Joseph, I love you very much. I beg you to spare the life of the unborn child that I have spiritually adopted who is in danger of abortion.”

THE ROSARY: The Joyful Mysteries are especially ProLife

Pray for : Women contemplating abortion – Women who have had an abortion – People who work in the abortion industry: doctors, nurses, counselors, directors of centers – Legislators and other public officials, including judges

Write

LETTERS TO THE EDITOR: Magazines, newspapers, TV stations about good reporting

LEGISLATORS: regarding ProLife bills or even a general ProLife letter

YOUR PASTOR: Compliment them on a ProLife homily or action, encourage them to be vocal and to allow LIFE displays and literature

ADVERTISERS: for those that advertise on pro-choice programs, ask them to discontinue their support of these shows.

Volunteer

At ProLife Events in the Archdiocese

Witness

Wear Precious Feet pins (available at www.hh76.com)

Wear ProLife t-shirts!

Place a ProLife bumper sticker or window cling on your car (with permission)

Speak up with friends, peers, associates and neighbors. Speak with kindness and patience – truth is always truth – but speak truth in love. Often people don't always remember what you said, but they remember HOW you said it. Ask for the Holy Spirit's assistance in tough situations.

Ask your school administration to bring in representatives of ProLife organizations to explain what they do and why.

Websites

Abortionfacts.org

Priestsforlife.org

Lifeteen.org

Studentsforlife.org – follow on Twitter, Apple App Store: download free app: Abolish Abortion

Lovematters.com

Truelovewaits.com

Pure Love Club - Facebook



ARTIFICIAL REPRODUCTIVE TECHNOLOGIES

Artificial Reproductive Technologies, NaPro Technology & Stem Cell Research Education Essentials

Purpose

At surface value, Artificial Reproductive Technologies (ART) do not immediately present themselves as immoral & unethical. After all, where contraception and abortion are directly opposed to new life, ART is specifically designed to conceive new life, and, often-times it is requested by infertile couples. These couples may or may not realize that ART is not actually treating their infertility, but rather approaching this serious symptom with a band-aid. By scratching the thin veneer of the seemingly surface value of ART, one can gaze with horror at the brave new world which ART is establishing.

While abortion and contraception aim to have “bonding without babies,” Artificial Reproductive Technologies aim to have “babies without bonding.” Both violate the nature of the marital act, which is procreation *and* union. The marital act has been established by God as the way we have been lovingly designed to cooperate with His creative powers to bring new life into existence. Artificial Reproductive Technologies remove the conception of a child from the free, total, and faithful marital act. Instead, conception takes place in laboratories that are harnessing life via the dominance of technology.

This technological approach to reproduction is embedding a deep, almost subconscious, mindset of the commoditization of life, which harms the dignity of the relationship between parent and child. Children are no longer welcomed as gifts from God; they are rights that we are entitled to have, only if we so desire them. With ART, parents can dictate which children are desirable – ones without certain defects, desired gender, with sufficient intellectual aptitudes, etc. The more society manipulates reproduction, the more children are at risk to be viewed less like unique gifts to a family and more like projects. This seriously undermines the inherent dignity of the child.

Church Teaching on Artificial Reproductive Technology & Stem Cell Research...

“Since it must be treated from conception as a person, the embryo must be defended in its integrity, cared for, and healed, as far as possible, like any other human being....

It is immoral to produce human embryos intended for exploitation as disposable biological material.

‘Certain attempts to influence chromosomal or genetic inheritance are not therapeutic but are aimed at producing human beings selected according to sex or other predetermined qualities. Such manipulations are contrary to the personal dignity of the human being and his integrity and identity’ which are unique and unrepeatable.”

- CCC 2275

ART is a slippery slope into morally illicit and ethically problematic minefields, which include the commoditization of wombs through surrogacy, the dilemma of what to do with half a million frozen embryos, the conception of children for same-sex couples, the destruction of innocent human lives through embryonic stem cell research and cloning, and the dangerous new frontier in the development of three-parent embryos.

Artificial Reproductive Technologies

Artificial Reproductive Technologies (ART) refers to the techniques used to make reproduction possible aside from the natural process of the marital act. There are two leading techniques of ART: artificial insemination and in vitro fertilization (IVF) with embryonic transfer. Both techniques require sperm cells from a man, and egg cells from a woman.

Artificial Insemination

With artificial insemination the sperm is collected, and then introduced directly into the woman's cervix, fallopian tubes or uterus (intrauterine insemination). The egg is fertilized by the sperm, and the pregnancy proceeds as usual.¹

Homologous Artificial Insemination – Sperm is collected from the woman's husband or partner, and then introduced into the woman's cervix without the natural process of the marital act.

Heterologous Artificial Insemination – Sperm is collected from a donor that is not the woman's husband or partner and then introduced into a woman's cervix without the natural process of the marital act. The use of donated sperm might be preferred for a variety of reasons which may include the poor quality of the husband/partner's sperm or to avoid the risk of passing on a hereditary disease from the husband/partner.

On Homologous Artificial Insemination

"Techniques involving only the married couple (homologous artificial insemination and fertilization) are perhaps less reprehensible [than techniques that require the intrusion of a donor or surrogate] yet remain morally unacceptable. They dissociate the sexual act from the procreative act. The act that brings the child into existence is no longer an act by which two persons give themselves to one another but one that "entrusts the life and identity of the embryo into the power of doctors and biologists and establishes the domination of technology over the origin and destiny of the human person. Such a relationship of domination is in itself contrary to the dignity and equality that must be common to parents and children."

*-CCC 2377; cf.
Donum Vitae 5*

¹ "Assisted Reproductive Technology." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 28-29. Print.

In-Vitro Fertilization (IVF)

Sperm cells are collected from the father, and egg cells are collected from the mother.

Collecting egg cells from the mother is a process which involves the use of drugs (injected or inhaled) that stimulate and control ovulation. Egg development is monitored via blood testing and ultrasounds.

Once collected, the sperm cells and egg cells are brought in contact in-vitro (within a petri dish) where fertilization occurs, and several embryos are created.

While several embryos are created in vitro, usually only 1 to 3 embryos are transferred to the mother's uterus where the pregnancy proceeds, unless complications arise.

With IVF, it is common that more than one of the transferred embryos successfully implants in a woman's uterus. If this is the case, and the woman does not want to have twins, triplets, quadruplets etc., then the excess embryos will be selectively aborted via a chemical injection that stops the baby's heart.²

There are various ends for embryos that are not transferred - destruction, freezing or preservation. Embryos that do not look healthy enough to be transferred at a future date are destroyed. If the parents plan to transfer more embryos in the future, the healthy embryos are frozen. If the parents do not want to freeze the embryos for a future pregnancy, the embryos are frozen (cryogenically) indefinitely. On average, 17 embryos are created for each child desired; thus 16 embryos die.³ The destruction of these embryos is an abortion of them, and morally illicit.

IVF with intracytoplasmic sperm injection (ISCI) – In ISCI, a carefully selected individual sperm cell is introduced directly into an egg cell by a technician. This differs from the traditional IVF process, in which *multiple* sperm cells and egg cells are brought into contact in a petri dish. Once fertilization is confirmed, the ISCI embryo is transferred to the mother's uterus.

IVF with donated gametes – If one or neither (both parents have infertility difficulties) of the prospective parents are able to provide gametes, then donated gametes are used to obtain the sperm and/or egg cell.

IVF with a "surrogate mother" – When a woman seeking ART is not able or willing to carry the pregnancy to term in her own womb, the womb of a surrogate mother is used. For payment, a surrogate mother will carry the child conceived via IVF for the prospective couple. At birth, surrogate mother is required by contract to give the child to the couple.

If the surrogate mother becomes pregnant using artificial insemination, then she will also be the biological mother of the child.

² Mann, Benjamin. "Aborting One Twin, Sparing the Other, When IVF Goes 'wrong'" *Catholic News Agency*. Catholic New Agency, 26 Aug. 2011. Web.

³ "Assisted Reproductive Technology." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 30-31. Print.

IVF and embryonic cloning – Cloning is performed through somatic cell nuclear transfer, which involves exchanging the nucleus of a women's egg with the nucleus from a somatic cell and fusing them together to conceive an embryo.⁴ Scientists distinguish reproductive cloning (reproducing an existing human being) from therapeutic cloning (relying on DNA from born people to produce new embryos that are genetically the same, killing the genetically-same embryo and harvesting its genetically matched stem cells for research purposes⁵)

IVF with three-parent embryos – The first three-parent child has yet to be born, but scientists are experimenting to make this possible by exchanging the additional cellular parts through the recombination of eggs from two different women *or* destroying an embryo in order to piece out its parts for building another embryo through nuclear transfer.⁶ *2017 update: 1st child born, lingering questions about full risks of mitochondrial replacement therapy and long-term health remain...

Physical & Psychological Consequences for ART-Conceived Children

Compared to children conceived naturally, children conceived via ART are 25% more at risk for birth defects, which include developmental and genetic disorders as well as abnormalities in various body systems.⁷ Additionally, ART conceived children with donated gametes experience the psychological duress of not knowing their genetic origins or biological parents. As these children become adults, the psychological implications of ART will be better tracked and studied.

Clearing Misconceptions: ART, Infertility & NaPro Technology

Contrary to popular belief, Assisted Reproductive Technologies do not “treat” the painful, burden which is infertility. Infertility is a symptom of an underlying health anomaly. ART does not treat the underlying cause(s) of infertility, but skips over them entirely without the restoration of health to a women's fertility.

NaPro (Natural Procreative) Technology approaches the infertile couple holistically, with the following goals:⁸

- 1) It works toward assessing the underlying causes of the reproductive abnormality
- 2) It allows for treatment of these underlying causes
- 3) It assists the couple in achieving pregnancy while maintaining the natural acts of procreation
- 4) If the treatment program is unsuccessful, research into the unknown causes is undertaken
- 5) If medically unsuccessful, the program will assist with successful family building by being supportive of adoption

⁴Pacholczyk, Tadeusz, Fr. "Pondering Implications of Three-parent Embryos." *Denver Catholic* 18 Apr. 2015, Volume XCI - NO. 14 ed.: n. pag. Print.

⁵Hughes, Mariann. "Cloning Breakthrough Awakens Pro-life Opposition." *Our Sunday Visitor* [Huntington] 2 June 2013: 4. Print.

⁶Pacholczyk, Tadeusz, Fr. "Pondering Implications of Three-parent Embryos." *Denver Catholic* 18 Apr. 2015, Volume XCI - NO. 14 ed.: n. pag. Print.

⁷"Assisted Reproductive Technology." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 32. Print.

⁸"The Goals of NaPro Technology in Infertility." *Infertility*. NaProTechnology, n.d. Web. 21 Apr. 2015.

NaPro Technology approaches “women with the educational principles of their menstrual and fertility cycles and helping women to *discover the power that exists within their cycle* (this power is *knowledge and understanding*) and allows the physician to approach women as *total human persons*. This (NaPro Technology) *is a medical science that is at the service of the human person*. It not only encourages the female patient to become a partner in the evaluation and treatment of her reproductive health, but, such participation is an actual component of the approach.”⁹

In addition to respecting the dignity of a woman’s body, a woman’s fertility health, the marital act, the relationship between the parent and child etc., NaPro Technology is a more cost-effective approach. According to the American Society of Reproductive Medicine a single cycle of IVF costs, on average, \$12,400.¹⁰ Many medical plans have limited to no coverage of ART so the cost is absorbed out of pocket.

This is in comparison to coverage of NaPro Technology. Cost will vary by provider, but costs are generally lower, and covered by insurance because NaPro Technology is diagnosing and treating the underlying cause of which infertility is only a symptom.

For information on the related topic of natural fertility awareness see the section in this manual entitled, “Natural Fertility Awareness vs. Artificial Contraception.”

Stem Cell Research

Stem cells are immature, undifferentiated cells that are capable of developing into many types of cells, which make up different tissues in the adult organism.¹¹ Stem cells are acquired and developed for research purposes, and some illness treatment.

Fertility Facts

“For couples of regular fertility, the identification of the woman’s fertile days through Creighton Model charting can help couples to achieve pregnancy 76% of the time after just one cycle, and 98% after five cycles. For couples who suffer from infertility as a result of common conditions such as endometriosis and PCOS [polycystic ovarian disease], Creighton Model charting combined with Medical and Surgical NaPro Technology can help 40-45% of them to naturally achieve pregnancy and live birth within one year, and 75-80% within three years (pregnancy rates may vary, depending on the causes(s) of infertility). Journal of Reprod. Med. 1992 Oct; 37(10): 864-6.

Based on the 2011 national summary of published success rates of Artificial Reproductive Technology (such as In Vitro Fertilization) the average overall success rate is 35% if you are less than 35 years of age and use fresh, non-donor embryo eggs. The success rate drops significantly with age down to 21% 38-40 years, and 12% >41 years of age. CDC.gov”

-Kenney, Teresa. "NaProtechnology and Infertility." Fertility Care for Young Women 6 (Mar. 2014): 3. Print.

⁹ Hilgers, Thomas W. "Two Approaches to Reproductive Medicine." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 34. Print.

¹⁰ "In Vitro Fertilization (IVF) Facts, Success Rates, Multiple Births, What to Expect." *WebMD*. WebMD, n.d. Web. 21 Apr. 2015.

¹¹ "Embryo Research." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 44. Print.

The types of stem cells are as follows: Adult (from adult *or* child's skin, muscles, blood, bone marrow, fat etc.), Umbilical (from umbilical cord blood), Amniotic & Placental (from amniotic fluid or placenta), Fetal (aborted fetuses or miscarriages), Induced Pluripotent and Embryonic. Embryonic stem cells are not morally licit to use for research and illness treatment purposes because they are obtained via the destruction of human embryos. Fetal stem cell research is also morally illicit if the fetal stem cells were obtained from an abortion.

Embryonic Stem Cell Research & In Vitro Fertilization (IVF)

In Vitro Fertilization and Embryonic Stem Cell research are directly related. Embryonic Stem Cell Research is possible because of the surplus embryos, which have been conceived through in vitro fertilization and then frozen to be designated for research use. In 2010 alone, frozen embryos in the United States amounted to between 500,000-600,000.¹²

In order to be used for research, scientists must thaw the frozen embryos and allow them to develop to the 6-7 day stage of development, the blastocyst stage, then the embryos are destroyed in order to extract pluripotent cells.¹³ This cell mass which is extracted from the interior of the sphere (our design/structure at that stage) is precisely what would have developed into a human child. Because of this natural process, there has not been successful experimentation using embryonic stem cells since 1982. These cells were created by God with the distinct purpose of becoming a unique human.

Pluripotent cells are of interest to research because they are capable of being generated into all types of organism cells (with the exception of the placenta). Embryonic stem cell research is deplorable not only because it is the direct killing of young, innocent human life in order to supposedly serve the needs of another human life, but also because there is a proven, successful alternative for extracting pluripotent cells.

Induced pluripotent stem cells

Professor Shinya Yamanaka and John Gurdon received the Nobel Peace Prize in 2012 for their discovery of induced pluripotent stem cells. Instead of being obtained via the destruction of a human life, the induced pluripotent cells are acquired by deprogramming and reprogramming adult stem cells in order that they become undifferentiated, and capable of being generated into all types of organism cells.¹⁴

¹² "Embryo Research." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 36. Print.

¹³ "Embryo Research." *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 46. Print.

¹⁴ Ibid.

Stem Cell Research and Legislation

Privately funded embryonic stem cell research has always been legal. When it comes to legislation, the argument lies in whether embryonic stem cell research should be funded by the government. Funding for embryonic stem cell research was banned under the Bush Administration, but this ban was revoked by an Executive Order from Barack Obama in 2009.

Of note: in 2018, on the website of the U.S. Dept of Health and Human Services, there is a Summary Table from the National Institute for Health's 'Categorical Spending.'

Under the category of: Stem cell research/embryonic/human it is listed that in 2016, \$206 million was spent

In 2017, \$252 million was spent

...and the estimated spending for 2018 is set at \$266million.

From the Encyclical Letter of 'The Gospel of Life'...

"This evaluation of the morality of abortion is to be applied also to the recent forms of intervention on human embryos which, although carried out for purposes legitimate in themselves, inevitably involve the killing of those embryos. This is the case with experimentation on embryos, which is becoming increasingly widespread in the field of biomedical research and is legally permitted in some countries...it must be nonetheless stated that the use of human embryos or fetuses as an object of experimentation constitutes a crime against their dignity as human beings who have a right to the same respect owed to a child once born, just as to every person.

This moral condemnation also regards procedures that exploit living human embryos and fetuses- sometimes specifically "produced" for this purpose by in vitro fertilization – either to be used as "biological material" or as providers of organs or tissue for transplants in the treatment of certain diseases."

*Paul, John, II. "You Shall Not Kill."
Evangelium Vitae.
Boston: Pauline & Media, 1995.
102-103. Print.*

CHASTITY

TAMARA KNIGHT
p h o t o g r a p h y



Chastity

Education Essentials

Purpose

In the Sermon on the Mount, Jesus gives us the Beatitudes. Among them He says, “Blessed are the pure of heart for they shall see God” (Matthew 5: 8). Chastity is the virtue, which strengthens us with the purity of heart that we need to fulfill this Beatitude in our own lives, and anticipate even now the eternal life-giving, and joy filled communion that is to come.

On Initial Misconceptions

As we begin an examination of the virtue of chastity, let’s first clear the air of a few misconceptions about this virtue. Chastity is *not* a Puritanical suppression of our sexuality. *Neither* is it a long list of “thou shall nots.” Chastity is also *not* strictly for singles who are obliged by the Church to practice it begrudgingly until they enter a married state of life at which point chastity can be disregarded with total relief.

On the contrary, *everyone* is called to live out his or her vocation chastely – single, married or celibate. Chastity is not a suppression of our sexuality. It is a “successful *integration* of sexuality within the person and thus the inner unity of man in his bodily and spiritual being” (CCC 2337). In fact, in his work *Love and Responsibility*, Fr. Karol Wojtyla (St. John Paul II) writes strongly of the danger of this “suppression mentality” regarding chastity:

Chastity is very often understood as a “blind” inhibition of sensuality and physical impulses such that the values of the “body” and of sex are pushed down into the subconscious, where they wait an opportunity to explode. This is an obviously erroneous conception of the virtue of chastity, which, if it is practiced only in this way, does indeed create the danger of such “explosions.” (170)

Saying ‘yes’ to the integration of our sexuality with the virtue of chastity necessarily implies having to say ‘no’ to anything which perpetuates inner disunity. Is this not the case, though, with

Church Teachings on Chastity...

“Chastity means the successful integration of sexuality within the person and thus the inner unity of man in his bodily and spiritual being. Sexuality, in which man’s belonging to the bodily and biological world is expressed, becomes personal and truly human when it is integrated into the relationship of one person to another, in the complete and lifelong mutual gift of a man and a woman.

The virtue of chastity therefore involves the integrity of the person and the integrality of the gift.”

-CCC 2337

every ‘yes’ we make in our daily lives? Each ‘yes,’ no matter how simple, implies that there is something to which we implicitly are saying ‘no.’ Ultimately, chastity is a ‘yes’ to our true image and likeness and it is a ‘yes’ to enter freely, body *and* soul, into the deepest reality and longing of our hearts, which is Love.

Theology of the Body

St. Pope John Paul II’s Theology of the Body (TOB) is a series of 129 teachings that were delivered at Wednesday General Audiences over a period of five years. Interrupted by the assassination attempt on the Holy Father’s life, a break for a Holy Year and some teachings on other topics, the first Theology of the Body catechesis was given on September 5th, 1979 and the cycle officially concluded on November 28th, 1984.

In the introduction to the new edition of the English translation of the Theology of the Body, Dr. Michael Waldstein writes, “The work as a whole is John Paul II’s masterwork, in which the many strands of his philosophical and theological reflection come together in a rigorous and profound argument.” (Introduction, p.4) It is true that Theology of the Body is a response to the sexual revolution, but it is also a response to the philosophical threads of disembodied anthropologies that have unconsciously entrenched themselves in the wider culture. These disembodied anthropologies have divided the body and spirit, and this division has had devastating consequences, which stand in opposition to the magnificent message of the mystery of the Incarnation.

“Jesus Christ...by the revelation of the mystery of the Father and his love fully reveals man to himself and makes his supreme calling clear” (Gaudium et Spes, No. 22). In His own body, the second person of the Triune God, Christ, answers the question which continuously sounds in the depths of each person’s mind and heart – the question of what it means to be human. This is the richness of the message of Theology of the Body, which the Church is still unpacking. George Weigel refers to John Paul II’s masterwork as “a kind of theological time-bomb set to go off with dramatic consequences...perhaps in the 21st century.” He foresees that when it goes off “it will compel a dramatic development of thinking about virtually every major theme in the Creed” (Witness to Hope, PP. 343, 853).

An understanding of the Theology of the Body provides valuable context for a genuine embrace of the virtue of chastity, which successfully integrates man in his bodily and spiritual being.

Made for Communion

In the ‘Theology of the Body,’ John Paul II takes us back to the beginning, the Creation narratives. “God created man in his own image, in the image of God he created him; male and female he created them,” (Genesis 1:27). It is important to note that this truth endows *equal* dignity upon *both* man and woman who *both* equally image God in their common humanity, intellect and will.

St. John Paul II highlights a new understanding, though, of what it means to be made in the image and likeness of the Triune God, it means we are made for communion.

“It also means that man and woman, created as a “unity of two” in their common humanity, are called to live in a communion of love that is in God, through which the Three persons love each other in the intimate mystery of one divine life...Man – whether man or woman – is the only being among the creatures of the visible world that God the Creator “has willed for its own sake.” This model for this interpretation is God himself as Trinity, as a communion of persons. To say that man is created in the image and likeness of God means that man is called to exist “for” others, to become a gift,” (Mulieris Dignitatem, 7).

Made in the image and likeness of the Triune God, we are made for communion and we can only truly find ourselves in as much as we fully give of ourselves for the good of others. The Incarnation of the Second Person of the Trinity, Jesus Christ, completely revolutionizes the way we understand our bodies. From the words of St. John Paul II, “The body, in fact, and it alone,” he says, “is capable of making visible what is invisible: the spiritual and divine. It was created to transfer into the visible reality of the world, the mystery hidden since time immemorial in God, and thus to be a sign of it” (Feb 20, 1980)¹. Basically, matter matters. *In His own body*, Christ teaches us on the cross the deepest meaning of what it means to find ourselves through a sincere gift of self. He gives of Himself freely, fully and faithfully on the cross in obedience to the Father and out of love for His bride, the Church.

In the sacrament of marriage, instituted by God, man and woman come to die to themselves in order to live for the good of the other, and they vow that their love, too, will remain free, faithful, total, and open to life. This openness to life is an image of the Trinity. The Father so loves the Son and the Son so loves the Father. The third person of the Trinity, the Holy Spirit, is the living reality of their love. God is completely content in the love shared among the three persons. He lacks for nothing, and yet He longs to bring more people into the living reality of this love. He created all of us out of the generosity of His love, for His love, and to, one day, return to His love for all of eternity. In marriage, the love between a man and woman is so real that it pours over in the marital act (also instituted by God) to create living realities of that love, which are our children.

The purpose of sex is procreation and unity within the sacrament of marriage. To take the purpose of procreation *or* unity out of sex is to use the language of the body not to be a visible sign of the ‘mystery hidden since time immemorial in God’, but to actually speak a counter-sign. This is why the Church speaks out against the use of contraception. “If contracepted intercourse claims to express love for the other person, it can only be a dis-embodied person. It is not a love for the other person in the God-ordained unity of body and soul.” ² For more information on Church teaching on

¹ West, Christopher. "What Is the Theology of the Body?" *Theology of the Body for Beginners*. West Chester, PA: Ascension, 2004. 5. Print.

² West, Christopher. "God, Sex, and Babies." *God, Sex, and Babies*. Chastity.com, n.d. Web.

contraception see the section in this manual entitled, “Natural Fertility Awareness vs. Artificial Contraceptives.”

The Comprehensive Union

We are called to be a sincere gift for others, and the Creation narrative reminds us that this capacity to be a sincere gift for others is possible only because God first gave us to each other. God’s gift of one to another is displayed from the very beginning, and exemplified in the gift of woman to man. “On first beholding created woman, man must surely have thought: “God gave you to me.” He said as much, though in different words – (Gen. 2:23). Awareness of gift and “given-ness” is clearly written into the biblical Creation account” (Meditation on Givenness).

Made in the image and likeness of the Triune God, we have been made for communion, and we experience this communion in as much as we make of ourselves a self-gift to the other. In a special way though, we have been made for the comprehensive union that is marriage. This means our sexuality is not given to us for ourselves. It has been given to us oriented to the totality of the union of marriage. Marriage is the only reality in which this total self-gift of one’s body in the sexual union is proportionate to the total gift of one’s soul. Due to the total nature of the union, this union in marriage can only happen once with one person, and it is a life-long union.

The Ultimate Union

Marriage is an image of the love of the Trinity, and the free, faithful and total love of Christ for the Church to which He bears witness to on the cross. God made us out of love, for love and to return to His love. In this way, the sacrament of marriage is a shadow of the eternal wedding feast of the Lamb in Heaven for which we have all been made. In the New Testament, Christ directs us to our ultimate destiny when He says, “in the resurrection they neither marry nor are given in marriage” (Matt. 22: 30). Together with all who respond “yes” to the wedding invitation of the Lamb, we will see the Lord “face to face” and be completely enveloped, with our resurrected soul *and* body, in the eternal exchange of love that is the communion of the Three Persons.

In the reflections of St. John Paul II, “the union to come “will be a completely new experience.” Yet “at the same time,” he says, “it will not be alienated in any way” from the love that man and woman experienced in “the beginning” and have sought to reclaim throughout history (see Jan.13, 1982). The original meaning of the body “will then be revealed again in such simplicity and splendor” when all who respond to the wedding invitation will live in the full-freedom of self-giving love (see Jan. 13, 1982). Those who rise to eternal life will experience “the absolute and eternal nuptial meaning of the glorified body in union with God himself” (March 24, 1982).”³

³ West, Christopher. “Beyond the Fig Leaves: The Resurrection of the Body” *Theology of the Body for Beginners*. West Chester, PA: Ascension, 2004. 61. Print.

In Anticipation of the Ultimate Union

In the light of understanding marriage as a shadow of the ultimate, eternal union with God for which we have been made, we understand that marriage is not the only vocation that fulfills the most profound truths of the meaning of man's existence. In *Familiaris Consortio*, St. John Paul II writes "Christian revelation recognizes two specific ways of realizing the vocation of the human person, in its entirety, to love: marriage and virginity or celibacy. Either one is in its own proper form an actuation of the most profound truth about man, of his being 'created in the image of God'" (n. 11).

The priest or religious freely chooses *not* to suppress their sexuality but to *forsake* sexual relations in order to be a sign *now* of the heavenly marriage to come. The celibate man images Christ, and freely chooses to lay down his life for love of Him, body and soul, to "marry" the Church. The celibate woman images the Church, and freely lays down her life, body and soul, for love of her Bridegroom, Christ. Through their total gifts of self, both celibate men and celibate women are fathers and mothers to many. They, too, are called to fruitfulness in their vocations by bearing many "spiritual children."

A Brief Word on Vocation

Married, priestly or religious life all are incredibly intimate calls from Christ that are discerned in the depths of one's heart and, oftentimes, with the guidance of a spiritual director. While it is true that celibacy is an objectively superior state of life because, even now, it is a foretaste of the heavenly union for which we have all been made, a state of life is as holy as the individual who is living it. The saints are our witnesses to this truth. They were married, single, celibate, and are all standing in the throne room of God. By immersing ourselves in their lives, we can be confident that the best state of life is the one for which God in the depths of His love has destined us from all of eternity to fulfill.

Chastity: The Freedom to Love

We have been made for communion, and to find ourselves in total gifts of self to the other. Made for union, not only are isolated acts of sexuality (i.e. lust, masturbation, pornography etc.) incompatible with the blue print of our very being, but they are also deeply unsatisfying. The same can be said for sex outside of marriage, cohabitation, adultery and divorce. These are irreconcilable with the innate disposition of our sexuality toward an exclusive and permanent union of body *and* soul.

When we understand all of this, and deeply internalize that we have been given to one another by God this means "that God wants to entrust that other person to you. And to entrust means that God believes in you, trusts that you are capable of receiving the gift, that you are capable of embracing it with your heart, you have the capacity to respond to it with a gift of yourself" (Meditation on Givenness).

In all states of life, chastity is the virtue which strengthens us to be capable of entrustment – to be entrusted with our spouse, coworkers, spiritual sons and daughters, friends of the same and opposite sex, our neighbors, the stranger seated next to us on the bus, etc. When we are freely able to fulfill the responsibilities of entrustment, we enter into the deepest, eternal reality: love. This love is not passing sentimentality or selfish infatuation. This love is willing the good of the other, despite the cost this willing of good might mean to my person. It is the love of Christ on the cross. This love is God. So, the more we are free to enter into authentic love, the more we enter into Him.

When Chastity Comes Up Against Our Fallen Nature

Before the fall, our passions were governed perfectly by the intellect and will. Adam and Eve were “naked, and were not ashamed” (Genesis 2:25). Free from the concupiscence of sin and selfish desires, they looked upon another with the eyes of the Creator. In his book, “Men, Women and the Mystery of Love,” Edward Sri writes, “Adam and Eve understood “the nuptial meaning of the body” – not just the body at face value, but the body’s capacity to express love and communion of person.”⁴ There was no shame, because there was no fear of being hurt or misunderstood by the other. Without this fear, there was full freedom to love the other perfectly.

Sin enters the scene. Immediately following its entrance Adam and Eve were “naked and ashamed” (Genesis 3:7). The disharmony that ensued as a result of original sin was not limited to our relationship with God. Disharmony occurred within Adam and Eve. To this day, this disharmony occurs within us. The intellect and will became darkened, and, with difficulty, we struggle to control concupiscent desires lest they control us. Adam and Eve covered themselves with fig leaves to instinctively protect themselves from being treated and viewed as an object by the other.

Church Teachings on the Chaste Person...

The chaste person maintains the integrity of the powers of life and love placed in him. This integrity ensures the unity of the person; it is opposed to any behavior that would impair it. It tolerates neither a double life nor duplicity in speech.

Chastity includes an apprenticeship in self-mastery which is training in human freedom. The alternative is clear: either man governs his passions and finds peace, or he lets himself be dominated by them and becomes unhappy...

Whoever wants to remain faithful to his baptismal promises and resist temptations will want to adopt the means for doing so: self-knowledge, practice of an asceticism adapted to the situations that confront him, obedience to God’s commandments, exercise of the moral virtues, and fidelity to prayer. “Indeed, it is through chastity that we are gathered together and led back to the unity from which we were fragmented into multiplicity.”

-CCC 2338-2340

⁴Sri, Edward. "Foundations for the Theology of the Body." *Men, Women and the Mystery of Love*. Cincinnati: Servant, 2007. 156. Print.

Yet, there is good news. Christ came to restore mankind. He did so through His own nakedness on the cross. Through the supernatural graces available to us by His Church in the sacraments, if we allow it, we can be transformed with the strength to regain mastery over ourselves. The more we are able to govern our passions, the more we are able to will the good of the other in authentic love, and the more we can offer ourselves freely in self-gift to the other. The extent to which we are able to be a self-gift is the extent to which we are able to say “yes” to our true image and likeness.

Understanding our fallen nature and inclination toward concupiscence is helpful in understanding why chastity does not always immediately present itself as “freedom.” This is especially true in our individualistic, pleasure seeking culture, which is happy to be driven by the ebb and flow of passions, and kick morality and right reason to the curb. In our culture, if it feels good, it must be good. We are driven by our passions and we turn around and “drive” persons. We test them for how much value we can glean from them, and cast them aside for the next best thing, when the next best thing comes along.

At the end of the day, our culture’s obsession with “sexual liberation” is an opportunity to probe the individuals within the culture to ask questions they no longer know to ask, but still these questions are crying out in the language of their bodies. A “...young man who rings the bell at the brothel is unconsciously looking for God.”⁵ Well, so too is our sex-saturated culture. Like the young man, our culture rings the bells at many doors of disordered and distorted sexuality, but at the core of our culture’s obsession with sex as the “be all and end all,” there still resounds in our souls the true toll of an original human experience – the longing to be truly known in authentic communion. Christ still remains our answer.

Practicalities, Purity & Prayer

To strengthen the virtue of chastity, it is undeniably important to be mindful of the images that are filling our mind, to what our eyes are drawn, the lyrics to which we listen, the words we speak, the jokes we indulge in, the places we find ourselves spending time, the message we intend to send with the clothes we wear, the areas of weakness and temptation in our lives, the areas where we lack accountability. We need to honestly examine all of these things, avoid whatever leads us to sin, and never grow wary of running to the Lord’s mercy in the Sacrament of Reconciliation.

According to the Catechism, “The virtue of chastity comes under the cardinal virtue of temperance, which seeks to permeate the passions and appetites of the senses with reason” (CCC 2341). The more we work to discipline our eating, drinking, sleeping and exercise habits, the more we will be strengthened also in avoiding indulgence in the passing freight trains of temptations from the passions.

⁵“Other Quotations.” *The American Chesterton Society*. N.p., n.d. Web.

With this 'long and exacting' work in mind, it is important to remember that our Lord longs to make in us new hearts so that His laws are not impositions on us. He wants us to be free of the law. An example of this freedom from the law that is often used is of a husband and wife. We hope that a husband and wife do not need to be told to not murder the other. This law is not an imposition on them from outside of themselves. This law has already been written on their hearts. They have no desire to murder the other. The husband and wife also do not measure the strength of their love by the simple fact that neither of them has killed the other. Their responses of love to the other go beyond the commandments of the law. The Lord longs for this same thing to happen to our hearts when it comes to the virtue of chastity.

Saint Mother Theresa said, "Purity is the fruit of prayer." Jesus said on the Sermon on the Mount, "Blessed are the pure of heart for they shall see God" (Matthew 5:8). There is strong relationship then between prayer and purity. In order for our hardened hearts to be softened to truly embrace self-mastery not just as an imposition from outside of us, but as a desire that springs from within us, the choice for self-mastery must flow from encountering the Lord in prayer.

In His person, we encounter a relationship of authentic love, a relationship that truly satisfies the deepest longings for communion in our heart. In prayer we enter into communion with the communion of persons that is the Triune God. This relationship with the Lord changes us, not due to our own merits, but because, in prayer, Christ transforms the desires of our heart so that our desires are His desires purified.

In prayer, the Lord longs to meet us daily in our misery and shamefulness and looks upon us with love. We tire of coming before Him in our weakness, but He never tires of receiving us. He knows our weaknesses because He died for them. So, when we humbly come before Him and offer Him our sin, we allow Him to be our Savior.

This is not to say that with some prayer acrobatics and exercises, all of our struggles with chastity will vanish like a cotton candy cloud. They might not, and certainly not in the manner or in the timing we would like them to. Some of our struggles with self-mastery may be allowed to be life-long ones. We will find, though, that when we are beggars in prayer crying out for the Lord without any expectation of how He will respond or when He will respond, that all along we were never alone in our begging. He, too, is a beggar. He has been right there all along begging for us to beg for the love and mercy in His heart, and to find our rest in how He continues to make all things good, all things beautiful, and all things new for those who love Him.

Top 10 Reasons Why Chastity Rocks!

It's not a negative! Chastity means saying "yes" to a healthy lifestyle that can prepare you for a great marriage.

It's a 100% guarantee against STDs and unplanned pregnancies. All natural and no side effects.

It allows you to see your partner and your relationship clearly.

It's for EVERYONE! You can start anytime, even if you have been sexually active.

You'll spend quality time together and show affection in other ways.

Save the best for last! Your future husband or wife deserves the most important gift you can give – yourself.

There's no such thing as "going too far." The question "How far can I go?" becomes "How can I love and honor this person in every way, including respect for their sexuality?"

Great dating meter! Being chaste lets you quickly weed out the jerks that would drop you if you don't have sexual relations with them.

No regrets. Polls show most teens regret having become sexually active. I don't know anyone practicing chastity that regrets that decision.

Because it's WORTH THE WAIT! Marriage is the only reality in which we can give all of ourselves to another and mean it! Waiting for marriage is the only way to discover how great the gift of sex can be.

Dimitra C. Bolger

Early Human Development



Early Human Development Education Essentials

Purpose

An understanding of early human development enriches and nullifies arguments in favor of abortion that rest upon the scientifically inaccurate argument that the pregnancy being aborted is simply a “clump of cells” rather than a unique and innocent human being. In addition, this understanding of early human development, especially at a young age, impresses a deep mark of the dignity of life in the womb, and fosters a rejection of our culture’s exaltation of a woman’s right to an abortion.

Life Begins at Conception

The science of embryology affirms that a genetically distinct human life comes into existence as soon as the genetic information from the father’s sperm is combined with the genetic information from the mother’s ovum (egg cell).¹ This process is called fertilization, and, at this moment, 46 (23 chromosomes from the father and 23 chromosomes from the mother) chromosomes with 30,000 genes have united, and *all* of the physical characteristics of this genetically distinct human life have been determined: such as gender, facial features, body type, hair color, eye color, skin color. In addition to the determination of physical characteristics, within the genetic code of this new life, it has already been established how this new person will think and feel.

Even the government’s definition of fertilization attests to the beginning of life at conception. According to the National Institutes of Health, “fertilization” is the union of the sperm and ovum “whereby the somatic chromosome number is restored and the development of a new individual is initiated.”² This is the first developmental stage of a human being, and it is scientifically undisputable.

Church Teaching on the Dignity of Life in the Womb...

“Human life is sacred because from its beginning it involves the creative action of God and it remains forever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can under any circumstance claim for himself the right directly to destroy an innocent human being.”

-CCC 2258

“Human life must be respected and protected absolutely from the moment of conception. From the first moment of his existence, a human being must be recognized as having the rights of a person – among which is the inviolable right of every innocent being to life.”

-CCC 2270

“Since it must be treated from conception as a person, the embryo must be defended in its integrity, cared for, and healed as far as possible, like any other human being.”

-CCC 2274

¹“Is a Baby Human from the Beginning?” *Human Life International*. Human Life International, 20 Sept. 2009. Web.

² National Institutes of Health, Medline Plus Merriam-Webster Medical Dictionary (2013), <http://www.merriamwebster.com/medlineplus/fertilization> (emphasis added).

It is important to note, though, that human development is a continuous process extending from the moment of conception, when the trajectory of our life is established, through childhood, to adolescence, adulthood etc.

9 Months of Developmental Milestones

Day 4 – “Hello, Mother, I’m here!”

The new life sends a hormonal code asking for sustenance to his or her mother’s maternal centers. The maternal centers respond by thickening the lining of the womb to make it soft enough for the new life to nestle in and be nourished.

Day 7

Suppressing its genetic markers, the embryo sends out what can only be compared to a universal passcode to the mother’s cells. While the new life’s cells are genetically different than his or her mother’s, the “universal” signals sent are then recognized by her mother’s cells as a friend, and no defense is mobilized.

Day 18-21

The foundations of the brain, spinal cord, and nervous systems are laid.³ Also at this time, the new baby’s tiny heart begins beating through the new circulatory system.

Day 28

The new life is 10,000 times larger than the original fertilized egg, and there is still much growing to do!⁴ The placenta is keeping the mother’s blood separated from the womb, while permitting the necessary oxygen and nutrients to pass to the new life through the umbilical cord. Arms, legs, eyes, ears and mouth are beginning to be distinctive, and the baby’s backbone and muscles are forming. At 28 days, the baby’s “first neocortical cells appear. The neocortex is the seat of complex thinking and reasoning, and it is present in no other mammal.”⁵

Day 36

The first color in the retina is being developed in the baby’s eyes.⁶

Day 42-45

Fingers and toes have begun to take shape. The cartilage skeleton has formed, and the process of ossification has begun. The movements of the baby’s muscles and organs are being controlled by her brain, and reflexes are detectable. As early as 43 days, brain function, as measured by EEG (Electroencephalography) waves, can be detected.

³Life Issues Institute. *Milestones of Early Life*. Snowflake: Life Issues Institute, 2005. Print.

⁴“Is a Baby Human from the Beginning?” *Human Life International*. Human Life International, 20 Sept. 2009. Web.

⁵Ibid.

⁶Life Issues Institute. *Milestones of Early Life*. Snowflake: Life Issues Institute, 2005. Print

7 weeks

The baby is moving about impulsively. Eyelids begin forming, the baby's jaw has been shaped, and so have the teeth buds in her gums. "The first fully developed neurons (nerve cells) appear on the top of her spinal cord, beginning construction of the brain stem. This portion of the brain regulates vital functions such as breathing, heartbeat, and blood pressure."⁷

8 weeks

The brain and all the internal organs that are found in the adult body have been formed, and the baby's heart has now been beating for over a month. In conjunction with the nervous system, forty muscle sets are operating. Now, the baby simply needs time and nutrition.

9 weeks

The baby can curve her hand around an object placed in her palm, and sucks on her thumb. This action will prepare her for feeding after birth. Fingernails are forming.

10 weeks

Over the next seven weeks, fingerprints will be forming. The baby's body is entirely sensitive to touch. Her eyelids will seal until the 7th month in order to safeguard the forming light-sensitive eyes.

11 weeks

The baby is totally immersed in amniotic fluid, and she is practicing breathing with this fluid. Her taste buds are being established, and she has a sweet tooth. If her mother eats something sweet, the baby will swallow the amniotic fluid faster than if her mother eats something bitter in taste. Teeth buds have formed that will eventually be secondary teeth along with taste buds and vocal chords. The baby is now able to make a variety of facial expressions, including a smile.⁸

12 weeks

The baby's features are more and more defined, and so is her personality. She wrinkles her forehead, she opens and closes her lips, raises her eyebrows and she turns her little head. The finest of hair is beginning to grow on her upper lip, chin and eyebrows.⁹ Anywhere between the 12th and 20th week, the doctor will be able to identify the sex of the baby on an ultrasound for her parents.¹⁰

13 weeks

The baby's facial expressions resemble those of her parents.¹¹

⁷ "Is a Baby Human from the Beginning?" *Human Life International*. Human Life International, 20 Sept. 2009. Web.

⁸ Ibid.

⁹ Life Issues Institute. *Milestones of Early Life*. Snowflake: Life Issues Institute, 2005. Print.

¹⁰ Ibid.

¹¹ Ibid.

4 months

The baby's mother may begin to feel her baby somersaulting, kicking, turning or hiccupping. Medical research demonstrates that the baby can definitely experience pain at 4.5 months.¹² It is important to note though that as early as 7 weeks, nerve cells have appeared which means the experience of pain is most likely felt much earlier.

5 months

The baby has entered into daily cycles of biological rhythms-like sleeping. The baby can respond to sounds because her cochlea in her inner ear has reached adult size, and white blood cells are forming so that the baby can fight off infection.¹³

6 months

"Most babies are viable at this point (24 weeks or 60% of full gestation)." ¹⁴

7 months

The eyelashes are well developed, and the baby's eyelids re-open. Her head is no longer disproportionate to her body.¹⁵ Her weight will increase to approximately 2.2 pounds.¹⁶

8 months

The baby weighs approximately over 4.4 pounds,¹⁷ and she will settle into her position for birth.¹⁸

9 months

The baby will gain an ounce of weight per day in the final six weeks of gestation. "Of the 45 total generations of cell replications that will take place by mature adulthood, 41 have already taken place...The remaining four generations of cell replications will occupy all of the person's childhood and young adulthood.

A Leap for Joy

"The New Testament revelation confirms the indisputable recognition of the value of life from its very beginning..."

As Saint Ambrose writes: 'The arrival of Mary and the blessings of the Lord's presence are also speedily declared...Elizabeth was the first to hear the voice; but John was the first to experience grace. She heard according to the order of nature; he leaped because of the mystery. She recognized the arrival of Mary; he the arrival of the Lord. The woman recognized the woman's arrival; the child, that of the child. The women speak of grace; the babies make it effective from within to the advantage of their mothers who, by a double miracle, prophesy under the inspiration of their children. The infant leaped, the mother was filled with the Spirit. The mother was not filled before the son, but after the son was filled with the Holy Spirit, he filled his mother too.'

-St. John Paul II. "I Came That They May Have Life." Evangelium Vitae. Boston: Pauline & Media, 1995. 75. Print.

¹²Ibid.

¹³"Fetal Development." *College Students for Life of America*. Students for Life, n.d. Web.

¹⁴"Is a Baby Human from the Beginning?" *Human Life International*. Human Life International, 20 Sept. 2009. Web.

¹⁵"Fetal Development." *College Students for Life of America*. Students for Life, n.d. Web.

¹⁶"Is a Baby Human from the Beginning?" *Human Life International*. Human Life International, 20 Sept. 2009. Web.

¹⁷Ibid.

In developmental terms as measured by cell replications, we spend 90% of our lives *in utero*.¹⁹

Birth

When her mother's "water breaks" this means that the amniotic sac surrounding the baby has torn enough to allow the fluid to begin leaking out of the mother's body. The baby is officially ready for the adventure that lies outside her now highly - cramped living space. Her head has the largest diameter on her body, and so, on most occasions, it takes the lead in tunneling through the tight birth canal. Contractions in her mother's uterus will help propel the baby along the way. Once her head is through, baby often gasps their first breath of air, and the rest of her body will soon follow. Welcome to the world outside of the womb! Happy birthday little one! There has never been, and will never be, anyone created since the beginning of humanity that is just like you! God has placed you at this specific time in human history with all the gifts, talents, and characteristics from all of your ancestors from both sides of your family tree to make a difference in the world in your lifetime!

¹⁹ Ibid.

Prenatal Support for Families Facing an Adverse Diagnosis Education Essentials

Purpose

Prenatal testing and diagnosis are administered with the intention of detecting any anomalies in the developing child. These tests are neither good nor bad in themselves. They are undertaken in order to protect the health of the mother, and to begin appropriate treatment on the child(ren) as early as possible.

Unfortunately, in our culture, prenatal testing and diagnosis has strayed from this purpose. Prenatal testing is still done, but when an adverse diagnosis is received, the recommended course of action by the doctor is frequently abortion. Three different studies of the U.S. abortion rate of babies in the womb with Down Syndrome estimated the termination rates at 95%, 98% and 87%, respectively.¹ Abortion is recommended for an adverse diagnosis as a value judgment upon which human lives are “worth living”, and out of false compassion that aims to ease the psychological pain of the parents. The pain of the parents is not resolved by ending the life of their innocent child, and can actually lead to more loss and deeper grief.

For more information on the consequences of abortion see the section of this manual entitled, “Medical and Ethical Truths of Abortion.” For more information on post-abortion healing, see the section of this manual entitled, “Post Abortion Healing.”

Pro-Life Catholic Doctors of Obstetrics & Gynecology

It is important that expecting couples have knowledge of Pro-Life Catholic doctors in our area (see the appendix entitled Community Resources, and within the appendix, reference the section entitled “Pro-Life Catholic Physicians”). In the face of an adverse diagnosis, these doctors will counsel the parents holistically with recommendations that honor the dignity of the life of their unborn child,

Church Teaching on Prenatal Diagnosis...

“Since it must be treated from conception as a person, the embryo must be defended in its integrity, cared for, and healed, as far as possible, like any other human being.

Prenatal diagnosis is morally licit, ‘if it respects the life and integrity of the embryo and the human fetus and is directed toward its safeguarding or healing as an individual...’

It is gravely opposed to the moral law when this is done with the thought of possibly inducing an abortion, depending upon the results: a diagnosis must not be the equivalent of a death sentence.”

-CCC 2274

¹ “Prenatal Testing.” *A Student's Guide to Bioethics*. Philadelphia: Jerome Lejeune Foundation, USA, 2012. 22. Print.

the parents' own challenging emotional experiences, and will affirm that they are not alone when facing an adverse diagnosis.

Prenatal Peer Support

Upon receiving the news of an adverse diagnosis, parents need to be affirmed that they are not alone, and they need to be accompanied by those who are already walking or who have walked a similar journey. This peer-to-peer support network is a deep well of emotional solace to draw upon, and it provides connections to an even greater network of resources for the couple facing the challenging emotions of such a diagnosis. There are many great organizations that offer this framework of support. For a complete listing of these organizations see the appendix entitled Community Resources, and reference the sub-section entitled "Prenatal Support."

Perinatal Hospice

A growing, and truly compassionate response to an adverse prenatal diagnosis is perinatal hospice. Perinatal hospice accompanies families who are continuing the pregnancy of a child that may not live for the duration of the pregnancy or may be lost shortly after birth. Perinatal hospice accompanies the entire family and loved ones through pregnancy, birth and death in a manner that honors the dignity and value of both the baby and their family. Perinatal hospice is available in 245 hospitals, hospices and clinics both domestically and internationally.² Also, regardless of location, this approach can nearly always be integrated into the pregnancy and birth plan.

"The Church is close to those married couples who, with great anguish and suffering, willingly accept gravely handicapped children. She is also grateful to all those families which, through adoption, welcome children abandoned by their parents because of disabilities or illnesses."
-John Paul II, *Gospel of Life* (63)

Pastoral Guidelines for Pregnancy Loss

It is estimated that one out of four pregnancies end in miscarriage.³ The heartbreaking suffering of a pregnancy loss due to an ectopic pregnancy, miscarriage, stillbirth, or early infant death is a sorrow that many couples, particularly mothers, experience alone. In our society of on-demand contraception and abortion, the dignity of the life in the womb has been minimalized and, along with it, the grieving process that accompanies a pregnancy loss.

² "Perinatal Hospice/palliative Care Programs and Support." *Perinatal Hospice and Palliative Care*. N.p., n.d. Web. 22 Apr. 2015.

³ United States Conference of Catholic Bishops. *Solace and Strength in the Sorrow of Miscarriage*. Washington, DC: United States Conference of Catholic Bishops, 2014. Print.

This is why it is critical to not only be cognizant of this hidden suffering, but also acknowledge that there is a need for our parish communities to offer comfort to the suffering parents after the initial loss of the child *and* in the months that follow. Prayer and Catholic rituals give solace and concrete remembrance for the child, and should be made regularly available by contacting the pastor, deacon, or pastoral minister in the parish. There may be times when the parents do not wish to be reminded of their loss. In these cases, all pastoral care should follow the lead of the parents. For more information on Pastoral Care surrounding a Pregnancy Loss see the subsection under Prenatal Support & Special Needs/Disabilities entitled “Pastoral Care.”

Challenging Questions - Faithful Answers

for Early Child Loss

For Parents

The loss of a child is always difficult to understand, but it can be uniquely troubling when the child was pre-born or a recently born baby. Your loss may be due to a miscarriage, ectopic pregnancy, still-birth or early infant death.

Society has often minimized or ignored the loss and grief that families have experienced. In the past, mothers and fathers were often expected to move past the experience and little attention was focused upon the fact that they had lost their child. Advances in medical technology, particularly sonograms, are helping to increase awareness of the pre-born child even at early stages of pregnancy. Cultural attitudes are now moving toward greater recognition of miscarriage losses.

So much joyful anticipation surrounds the discovery that a new life has entered the world. When that life is cut short, sometimes after just a few weeks, questions arise that we cannot answer. The Church reminds us that God works through the natural sciences. Therefore, we must not feel ashamed to seek help from qualified professionals in dealing with our grief. As St. Pope John Paul II wrote, "Sharing in the joys and hopes, sorrows and anxieties of the people of every age, the Church has constantly accompanied and sustained humanity in its struggle against pain and its commitment to improve health...the Church looks with admiration at humanity's progress in the treatment of suffering and improved healthcare..."

For more personal guidance, and further exploration, families are encouraged to speak to a priest.

In deepest sympathy,

Lynn Grandon

Program Director of the Respect Life Office

Dignity of Human Life

The Catholic Church has consistently affirmed the dignity of human life.

At the moment of conception, a new unique human being is created. The Church has always proclaimed that each human being has inestimable value and dignity and is under our Heavenly Father's loving care. In addition, God's providential care for every person provides us with tremendous joy and hope.

These quotes from the Bible and Catholic teaching are a source of hope and trust:

"Human life must be respected and protected absolutely from the moment of conception."

-CCC 2270

"Before I formed you in the womb I knew you."

-Jeremiah 1:5

"God created man in His image, in the Divine Image He created him."

-Genesis 1:27

"By his incarnation the Son of God has united Himself in some fashion with every human being."

-The Gospel of Life, #2

Baptism

In many instances of early childhood loss there is no possibility to administer the Sacrament of Baptism prior to the death of the child. If a child is alive, the child is to be baptized if this is possible. (CIC, Can.871) However, when the child has already died, baptism should not be administered, since the sacraments are for the living.

What becomes of a child who dies in-utero is a profound mystery rooted in the reality of original sin, Jesus' instruction to baptize, and God's desire to save all people. The Church's teaching is very consoling for parents who have had miscarriages or who have suffered the deaths of young children before they were baptized.

While Baptism is ordinarily required for salvation, the Church recognizes that God is not bound by His Sacraments and can still bring about the salvation of the unbaptized. In this vein, the Church has recognized the desire for Baptism as having the same effects of sacramental Baptism when circumstances prevent the actual administration of the sacrament, (CCC 1258-60). Just as an adult who is invincibly ignorant of the need for Baptism may be saved through an implicit Baptism of desire, even more, can we hope that an infant who died without any Baptism may be saved.

Why did my child have to die? Why did God allow this to happen?

God does not desire the death of any of His creatures. He desires that we live with Him in heaven for all eternity.

On the status of children who die without baptism...

Regarding children who have died without Baptism, the Church can only entrust them to the mercy of God, as she does in her funeral rites for them. Indeed, the great mercy of God who desires that all men should be saved, and Jesus' tenderness toward children which caused Him to say: "Let the children come to me, do not hinder them" (Mark 10:14), allow us to hope that there is a way of salvation for children who have died without Baptism.

All the more urgent is the Church's call not to prevent little children coming to Christ through the gift of Holy Baptism.

– CCC 1261

Your faith spoke for this child. Baptism for this child was only delayed by time. Your faith suffices. The waters of your womb – were they not the waters of life for this child? Look at your tears. Are they not like the waters of baptism? Do not fear this. God's ability to love is greater than our fears. Surrender everything to God.

- St. Bernard of Clairvaux,

*Doctor of the Church,
in response to parents asking about
the fate of their miscarried child*

Unfortunately, sin entered the world through the free choice of Adam and Eve. The consequence of sin, as taught by the Council of Trent, is death. Therefore, all human beings are subject to death, regardless of age, stage of development, etc. However, God's love for us is so profound and His mercy so complete that even death does not mark the end of us. "He abolished death, and He proclaimed life and immortality through the Good News," (2 Timothy 1:10).

God did not bring sin and death into the world, but He can derive a greater good from the bad things that happen to us. In fact, He sent His only Son to show us just how this is possible. On Good Friday, many of Christ's family and friends must also have wondered how God could have allowed such a thing to happen. Easter Sunday contained the joyful, unexpected answer!

Contemplating these truths of the Catholic faith can help us begin to understand that God considers each life, no matter how brief on this Earth, as precious and irreplaceable. St. Therese of Lisieux wrote in her autobiography, "The sun shines equally both on cedars and on every tiny flower. In just the same way God looks after every soul as if it had no equal. All is planned for the good of every soul, exactly as the seasons are so arranged that the humblest daisy blossoms at the appointed time."

Where is my child now? Are children who haven't been baptized in Limbo?

Will I ever see my child?

The Church teaches that after death souls go to Heaven, Hell or Purgatory. "Limbo" was a theory put forth by medieval theologians to explain where unbaptized infants go, but it was never a formal teaching of the Church.

While it is impossible for us to say exactly where each deceased soul is, we know that, "The Holy Spirit offers to all the possibility of being made partakers, in a way known to God, of the Paschal Mystery," (CCC 1260). Therefore, the Church entrusts unbaptized children to the mercy of God. "Indeed, the mercy of God who desires that all men should be saved, and Jesus' tenderness toward children which caused Him to say, 'Let the children come to me, do not hinder them,' allows us to hope that there is a way of salvation for children who have died without Baptism," (CCC 1261).

Our great hope should be to someday obtain Heaven for ourselves and thereby spend eternity with God and our loved ones. As the Catechism states, "This mystery of blessed communion with God and all who are in Christ is beyond all understanding and description," (CCC 1027). It was even beyond understanding for those who lived and worked with Christ every day. St. Peter asked, "Lord where are you going?" Jesus replied, "Where I am going you cannot follow me now, you will follow me later. Do not let your hearts be troubled. Trust in God still, and trust in me. I will not leave you orphans; I will come back to you," (John 13:36, 14:1, 28).

St. Frances de Sales was able to comfort many parents who struggled with the loss of a child. He once wrote to a woman whose child was close to death, "...my mother, let us leave our children to the mercy of God, who has left his Son to our mercy. Let us offer to Him the life of our child, as He has given for us the life of His."

Is God punishing me for something I did wrong by taking my child away?

No.

God does not bring harm to parents or children, regardless of their actions. Christ explained this clearly when He healed the man who was blind from birth. "His disciples asked him, 'Rabbi, who sinned, this man or his parents, for him to have been born blind?' 'Neither he nor his parents sinned,' Jesus answered, 'he was born blind so that the works of God might be displayed in him,'" (John 9:2,3).

Life is full of trials and suffering and each person experiences them in varying degrees. "Earthly suffering," wrote St. Pope John Paul II, "when accepted in love, is like a bitter kernel containing the seed of new life... Although the sight of a world burdened with evil and misfortunes of every sort is wretched, nevertheless, the hope of a better world of love and grace is hidden within it. It is hope that is nourished on God's promise. With this support, those who suffer united with Him already experience in this life a joy that can seem humanly unexplainable."

My child's death has left me sad and angry. I don't feel like praying or going to Church.

Is this wrong?

It is common to have so many different feelings after the loss of a child. Sorrow, anger, fear, and bewilderment are emotions that may be felt for some time to come.

These feelings of grief often make us want to avoid the very people and things we need the most. It is during such times of intense emotions that the constancy and love of Christ can come to us through his Church. St. Frances de Sales wrote to a man whose son had died, "The word 'dead' is terrifying, as it is spoken to us; for someone comes to you and says, 'your son is dead.' But if some remains of sorrow still oppress your mind for the departure of this sweet soul, throw your heart before our Lord crucified, and ask for His help."

We may approach our Lord and pour our hearts to Him in prayer. This can happen in the silence of Eucharistic Adoration, during meditation on the Sacred Scriptures or the Rosary, while receiving the Sacrament of Reconciliation, or during the Holy Sacrifice of the Mass. All are tremendous sources of grace and renewal. We must resist the temptation to walk away from these avenues that can lead us to the eternal life our children enjoy. As Fr. Benedict Groeschel wrote, "We all must rely on the grace of God to rise up and press on. ...

The Holy Spirit helps us when we have reached the end of our rope. The Holy Spirit enlightens our darkness and strengthens us.”

What happens to the remains of a miscarried child?

In many instances of miscarriage there are no remains of the child readily available. However, in the event that remains are available, they may have been procured by the parents, the doctor or the hospital. The parents, at their option, may ask the doctor or hospital for the remains if they are not readily offered by the medical institution.

Burial with dignity and respect

For an early pregnancy loss, Mt. Olivet Cemetery (Archdiocese of Denver Cemetery) will assist parents with coordination of burial arrangements with a priest or deacon. At Mt. Olivet Cemetery, once a month, there is a communal burial of children lost early in pregnancy with a graveside service (all Denver hospitals are aware that this service is available). Plaques can be purchased at a minimum fee with the baby’s name. If the loss occurs at home, the cemetery requests that a physician must be contacted. The physician will need to write a letter explaining the loss is from a miscarriage, and include the approximate gestational age of the child. This letter will be required by Archdiocese of Denver Cemeteries before the child can be brought to Mt. Olivet cemetery.

For more information, contact 303-425-9511.

Also: Catholic Funeral and Cemetery Services of Northern Colorado
Cfcscolorado.org - Immediate Need Precious Lives Burial or call 303-502-9666.

Where should the rites be celebrated?

Some rites can be celebrated in the hospital or in the family home. Other rites are better celebrated in a church, home or funeral home. The Funeral Mass is to be celebrated in a church, dedicated oratory or chapel.

The cemetery is the appropriate site for the Rite of Committal (with or without the Final Commendation).

A Parent’s Prayer

Dear Lord,

We are saddened and hurt, and grieve the loss of our child. We miss being able to hold and caress our child. We will miss sharing the many experiences with our child that life on earth would have presented. We do not understand and yet we know that our child is also your child. Increase our understanding and strengthen our trust in you. We are comforted by your infinite love and mercy and we are confident that our child is now home and in your loving embrace. Please further comfort us.

Use our suffering to fulfill your will. Grant us peace. Strengthen our hope such that we can see past our tears and look forward with joy to that time when we will also be able to embrace our child and share the eternal joy which our child is now experiencing with you.

Jesus, we trust in you. Amen.

Where it is not possible to have the Funeral Liturgy in the presence of the body, a Funeral Mass for deceased children is appropriate after burial.

Definitions

According to the National Institute of Child Health & Human Development, a miscarriage is the term health providers use to describe the loss of pregnancy from natural causes before the 20th week of pregnancy. Most miscarriages occur very early in pregnancy, in some cases even before the woman knows that she is pregnant. Researchers estimate that, among women who already know they are pregnant, nearly 15% will experience a miscarriage. There are many causes of miscarriage, some of them known and others are unknown. In most cases, there is nothing a woman can do to prevent a miscarriage.

Stillbirth is the loss of pregnancy due to natural causes after the 20th week of pregnancy. It can occur before delivery or during delivery.

Community Resources: Loss of Child/Pregnancy Loss

Archdiocese of Denver Cemeteries

Mt. Olivet Cemetery

12801 West 44th Avenue, Wheat Ridge, CO 80033-2460

Phone: (303) 425-9511

<http://archdencemeteries.org/welcome/>

Services Provided: Burial arrangements following the loss of a child and pregnancy loss are available at the Mt. Olivet Cemetery location

As a note, the resources listed in the following pages are not considered officially endorsed Archdiocesan resources, but rather, general resources for Loss of Child/Pregnancy Loss

Suggested Reading List for Those Who Have Lost a Child

“Mourning a Miscarriage,” “Suffering a Still-birth or Newborn Death” from Elizabeth Ministries (Booklets of prayers)

“Thy Will Be Done – Letters to Persons in the World,” St. Frances de Sales, Sophia Institute Press (Contains several letters to friends facing the death of a child)

“Arise From Darkness – What To Do When Life Doesn’t Make Sense,” Fr. Benedict Groeschel, C.F.R., Ignatius Press (Thoughts and prayers for many of life’s trials, including death)

“Stumbling Blocks or Stepping Stones,” Fr. Benedict Groeschel, C.F.R., Pauline Press (Words of wisdom on keeping life’s trials in proper perspective)

“Mulieris Dignitatem – Apostolic Letter on the Dignity of Women,” St. Pope John Paul II (Beautiful insights on the gifts of femininity, fertility, love, marriage and more)

Services Provided: Mentorship by parents who have personally experienced a diagnosis of their child's limited lifetime prognosis or the loss of an infant. This mentorship is intended to provide moral and material support to other parents in similar situations, affirm they are not alone, and be a testament to the potential inherent in all life.

Colorado Pregnancy & Newborn Loss Service

Consultation & Support Program

7355 S. Peoria Street, Hanger 10, Suite 202, Englewood, Colorado 80112

Phone: 720-946-2828

Email: cpnlorg@yahoo.com

<http://www.coloradopregnancyloss.org/>

Services Provided: Private counseling, grief support groups, professional training and community education for all those affected by miscarriage, stillbirth or early infant death

Elizabeth Ministry International – Online Gift & Resource Center

Phone: 920-766-9380

<http://shopelizabethministry.mybigcommerce.com/>

Services Provided: Order miscarriage delivery aids, burial vessels, burial gowns and blankets, booklets and brochures

Mommies Enduring Neonatal Death

P.O. Box 631566, Irving, TX 75063

Phone: 972-506-9000

rebekah@mend.org

<http://www.mend.org/support/home-news-and-announcements.jsp>

Services Provided: Supports families who have lost a child through miscarriage, stillbirth or early death, and publishes a bi-monthly newsletter

Now I Lay Me Down to Sleep (NILMDTS)

7500 E. Arapahoe Road Suite #101, Centennial, CO 80112

Phone: 720-283-3339

Toll Free: 1-877-834-5667

Email: headquarters@nilmdts.org

<https://www.nowilaymedowntosleep.org/>

Services Provided: Remembrance photography to parents suffering the loss of a baby. Professional portraiture services are provided as a free gift. NILMDTS services are available in all of the United States as well as 40 countries around the world.

Suggested Reading List for Those

Who Have Lost a Child

"After Miscarriage: A Catholic Woman's Companion to Healing and Hope," Karen Edmisten

"Life-Giving Love – Embracing God's Beautiful Design for Marriage," Kimberly Hahn (contains an excellent chapter on miscarriage and stillbirth)

"An Empty Cradle, A Full Heart," Christine O'Keefe Lafser (100+ short meditations)

"Letters to Gabriel: The True Story of Gabriel M. Santorum," Karen G. Santorum (Story of a child's brief life set against the backdrop of the fight for pro-life legislation)

"Fertility Challenges From a Catholic Perspective," and:

"Our Babies are Safe with God: An Examination of the Limbo Question," Bernadette Zambri

Suggested Viewing

"Footprints on our Hearts: How to Cope After a Miscarriage, Stillbirth or Newborn Death," Paraclete Video Productions (60 minute DVD)

Perinatal Hospice: The Gift of Time

Email: waitingwithgabriel@mac.com

http://www.perinatalhospice.org/Home_Page.html

Services Provided: Online resource that provides a listing of the 245 hospitals, hospices and clinics (domestic and international) that provide perinatal hospice/palliative care to families who have received a fatal, adverse diagnosis. The perinatal approach accompanies the family with dignity through pregnancy, birth and death. In addition, the site provides resources for parents, caregivers and answers to many frequently asked questions surrounding perinatal hospice/palliative care.

String of Pearls

PO Box 630454, Littleton, CO 80163-0454

Email: laura@stringofpearlsonline.org

<http://stringofpearlsonline.org/>

Services Provided: Provides a nurturing and safe place for families as they navigate the journey following a fatal adverse diagnosis. String of Pearls offers coordinating care services with the medical community, suggestions for birth plan, access to a support team member, keepsake kit for baby's birth, and follow-up support for a minimum of two years

Community Resources: Prenatal Support for an Adverse Diagnosis

As a note, the resources listed below are not considered officially endorsed Archdiocesan resources, but rather, general resources for Prenatal Support

1 Heart 2 Souls

407 Vine Street, Suite 172, Cincinnati, OH 45202-1806

Phone: 859-496-4149

Email: info@1heart2souls.org

www.1heart2souls.org

Services Provided: Mentorship by parents who have personally experienced receiving a diagnosis of their child's disability or limited lifetime prognosis, and continued the pregnancy. This mentorship is intended to provide moral and material support to parents who have received an adverse prenatal diagnosis, affirm they are not alone, and be a testament to the potential inherent in all life.

Prayer Resources for Children

"Sometimes Life is Just Not Fair," Fr. Joe Kemp (For young children dealing with grief)

"A Bunch of Balloons," Dorothy Ferguson (For ages 5-9 – focusing on what's left, not just loss)

"A Child Remembers," Enid Traisman (For ages 8-12 – grieving death of a loved one, area for writing about the person, favorite stories, art pages, etc.)

"Children Grieve Too," Dr. Marvin & Joy Johnson (Information for those working with grieving children from infancy to teen)

Be Not Afraid

<http://www.benotafraid.net/>

Services Provided: Comprehensive and practical peer based support to parents experiencing a prenatal diagnosis, and continuing the pregnancy from other couples who have journeyed a similar path

International Down Syndrome Coalition

PO Box 121, New Plymouth, ID 83655

<http://theidsc.org/home.html>

Services Provided: Support to parents who are new to receiving a Down syndrome diagnosis, and continuing the pregnancy - support includes connecting these families to peer based support, local Down Syndrome Associations, providing up-to-date educational materials and resources for adoption.

Jérôme Lejeune Foundation USA

6397 Drexel Road Philadelphia, PA 19151

Phone: (267) 403-2910

Email: Contact@LejeuneUSA.org

<http://lejeuneusa.org/>

Services Provided: World's largest private funder of research into genetic intellectual disabilities. The foundation provides information and support to those considering pre-natal screening as well as wealth of information in regards to research, the best medical care for persons with genetic intellectual disabilities and advocacy for the defense of the full integration of persons with genetic intellectual disabilities into society.

Little Hearts

P.O. Box 171, Cromwell, CT 06416

Phone: 860-635-0006

Toll Free: 866-435-Hope

<https://www.littlehearts.org/>

Serviced Provided: Support, resources and education for families with children that have been diagnosed with congenital heart defects

National Down Syndrome Adoption Network

Phone - Birth Parent Line: 513-213-9615

Phone - Adoptive Parent Line: 513-709-1751

<http://www.ndsan.org/>

Services Provided: The mission of the organization is to ensure that every child born with Down Syndrome is able to grow up in a loving family. The National Down Syndrome Adoption Network is a resource for birth parents who are interested in seeking alternatives to parenting as they prepare for the arrival of their child or do not feel they are able to meet the needs of their Down Syndrome child. The organization also supports families who want to adopt a child with Down Syndrome. All services provided by the organization are without cost.

Perinatal Hospice: The Gift of Time

Email: waitingwithgabriel@mac.com

http://www.perinatalhospice.org/Home_Page.html

Services Provided: Online resource that provides a listing of the 245 hospitals, hospices and clinics (domestic and international) that provide perinatal hospice/palliative care to families who have received a fatal, adverse diagnosis.

The perinatal approach accompanies the family with dignity through pregnancy, birth and death. In addition, the site provides resources for parents, caregivers and answers to many frequently asked questions surrounding perinatal hospice/palliative care.

Prenatal Partners for Life

PO Box 2225, Maple Grove, MN 55311-6745

Phone: 763-772-3868

email: mary@prenatalpartnersforlife.org

<http://www.prenatalpartnersforlife.org/index.htm>

Services Provided: Prenatal support and encouragement for carrying a prenatal diagnosis pregnancy to term as well as support for parents raising a child with special needs.

Reece's Rainbow

PO Box 277, Monrovia, MD 21770

Message Line: (240) 780-2120

<http://reecesrainbow.org/>

Services Provided: As listed on the website, 'The mission of Reece's Rainbow is to advocate and find families for orphans with Down syndrome and other special needs by raising funds for adoption grants and promoting awareness through an online community, media communications, and other events.'

String of Pearls

PO Box 630454, Littleton, CO 80163-0454

Email: laura@stringofpearlsonline.org

<http://stringofpearlsonline.org/>

Services Provided: Provides a nurturing and safe place for families as they navigate the journey following a fatal adverse diagnosis. String of Pearls offers coordinating care services with the medical community, suggestions for birth plan, access to a support team member, keepsake kit for baby's birth, and follow-up support for a minimum of two years.

Encouraging Prayers

Lord, from you every family in Heaven and on earth takes its name. Father you are Life and Love. Grant that love...may prove mightier than all weaknesses and trials through which our families sometimes pass.

-St. Pope John Paul II

Lord, God of all creation. We bless you and thank you for your tender care. Receive this life you created in love and comfort your faithful people in their time of loss with the assurance of your unfailing mercy.

-Catholic Household Blessings and Prayers, USCCB, 2007

May God give us peace in our sorrow, consolation in our grief, and strength to accept his will in all things.

-Catholic Household Blessings and Prayers, USCCB, 2007

END OF LIFE



End of Life Education Essentials

Purpose

“Death with dignity.” Who doesn’t want to die with dignity? Unfortunately, this mantra to ‘die with dignity’ has become another phrase in a growing list of verbally-engineered phrases that have been harnessed by the Culture of Death. This carefully crafted slogan aims to promote an agenda of fostering widely accepted and available euthanasia. Euthanasia sinisterly replaces sanctity of life with the supposed ethic of “quality-of-life.”¹

This “quality-of-life” ethic extends its dark reach not only to prematurely end the lives of the elderly and ill, but it also weakens society’s understanding of the dignity of life of our chronically ill, mentally ill and those that are disabled. Ultimately, when life is measured by its perceived utility, everyone should be concerned- because the sacredness of every person’s life is challenged.

In the midst of this growing call both in our own country and internationally for legalized physician assisted suicide, the Church’s teaching, and practical wisdom regarding *true* “death with dignity” is rich.

Definitions

*Advanced Medical Directive*² – A legal instrument that specifies which medical procedures a patient wishes to receive or avoid, should the patient become incompetent.

*Anointing of the Sick*³ - A sacrament, which customarily includes confession of sins, that is administered to one in a seriously weakened state of health because of grave illness or the infirmity of old age (not confined to the “deathbed” visit, and repeatable if one’s condition worsens). The sacrament can bring the consolation of interior healing and a sense of God’s loving presence.

¹ Wiker, Benjamin. "Peter Singer." *Architects of the Culture of Death*. By Donald De Marco. San Francisco: Ignatius, 2004. 361. Print.

² *A Catholic Guide to End-of-Life Decisions*. Philadelphia: National Catholic Bioethics Center, 2005. Print.

³ Ibid

Church Teaching on Euthanasia....

“Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable.

Thus, an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.”

-CCC 2277

*Double-effect, principle of*⁴- A moral principle that provides guidance when an act or omission will have two consequences, one of which is moral and intended, the other evil but not intended, even though foreseen.

Extraordinary Care – Means that in the patient’s judgment do not offer a reasonable hope of benefit or entail an excessive burden or impose excessive expense on the family or community.

Euthanasia (also “mercy killing”) – An act or omission that of itself or by intention causes death in order to alleviate suffering.

*Health Care Proxy (also “Durable Power of Attorney”)*⁵- A legal instrument that specifies an “agent” (or “proxy”, or “surrogate”) who will make medical decisions on behalf of the patient (or “principal”) if the patient becomes incompetent.

Ordinary Care – Means including any treatment, medication or operation which offer a reasonable hope of benefit.

Palliative Care – Patient-Centric Care that addresses the needs of the whole person, including the physical, emotional, spiritual, social, and financial factors impacting their lives and those of their families. Effort is made to maintain the dignity of the patient throughout said holistic care, which utilizes all ethical means to alleviate suffering without intentionally hastening death.

Perinatal Hospice – Accompanies families who are continuing the pregnancy of a child that will likely die before or soon after birth. Perinatal hospice accompanies the entire family and loved ones through the pregnancy, birth and death in a manner honoring of both the baby and their family.

-For more information on perinatal hospice see the section of the manual entitled, “Prenatal Support & Special Needs/Disabilities.”

*Physician Assisted Suicide (PAS)*⁶- The voluntary termination of one's own life by administration of a lethal substance with the direct or indirect assistance of a physician.

*Viaticum*⁷- Final reception of the Sacrament of the Eucharist (within Mass, if possible) in the face of death, as a pledge of our Resurrection in Christ.

⁴ Ibid

⁵ Ibid

⁶ "Physician-Assisted Suicide Definition." *MedicineNet*. N.p., n.d. Web. 05 May 2015.

⁷ *A Catholic Guide to End-of-Life Decisions*. Philadelphia: National Catholic Bioethics Center, 2005. Print.

The Value of Suffering

Our culture has positioned euthanasia and Physician Assisted Suicide (PAS) to be “compassionate responses to alleviate suffering”, but this is a false compassion. “Even when not motivated by a selfish refusal to be burdened with the life of someone who is suffering, euthanasia must be called a *false mercy*, and indeed a disturbing ‘perversion’ of mercy. True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear.”⁸

At its crux, euthanasia and Physician Assisted Suicide (PAS) are a reduction of the human person to mere matter, and a blatant rejection of the redemptive nature of suffering, which is made possible to us by the graces bestowed upon us in the sacrament of our Baptism through the light of the Paschal Mystery.

Our suffering is indeed a mystery, but accepting the suffering that comes with illness, old age, and the process of dying can “make a person more mature, helping him discern in his life what is not essential so that he can turn toward that which is. Very often illness provokes a search for God and a return to Him...suffering can configure us to Him and unite us with his redemptive Passion.”⁹

Death, transformed by the resurrection, is an opportunity for a final act of communion with Christ.

From the Encyclical Letter of the ‘Gospel of Life’...

“Today, as a result of advances in medicine and in a cultural context frequently closed to the transcendent, the experience of dying is marked by new features. When the prevailing tendency is to value life only to the extent that it brings pleasure and well-being, suffering seems like an unbearable setback, something from which one must be freed at all costs. Death is considered “senseless” if it suddenly interrupts a life still open to a future of new and interesting experiences. But it becomes a “rightful liberation” once life is held to be no longer meaningful because it is filled with pain and inexorably doomed to even greater suffering. Furthermore, when he denies or neglects his fundamental relationship to God, man thinks he is his own rule and measure, with the right to demand that society should guarantee him the ways and means of deciding what to do with his life in full and complete autonomy....

In this context the temptation grows to have recourse to euthanasia, that is, to take control of death and bring it about before its time, “gently” ending one’s own life or the life of others. In reality, what might seem logical and human, when looked at more closely is seen to be senseless and inhumane. Here we are faced with one of the more alarming symptoms of the “culture of death,” which is advancing above all in prosperous societies, marked by an attitude of excessive preoccupation with efficiency and which sees the growing number of elderly and disabled people as intolerable and too burdensome.”

*-Paul, John, II. "You Shall Not Kill." Evangelium Vitae.
Boston: Pauline & Media, 1995. 104-05. Print.*

⁸ Paul, John, II. "You Shall Not Kill." *Evangelium Vitae*. Boston: Pauline & Media, 1995. 109. Print.

⁹ CCC 1501, 1505

“This natural aversion to death and this incipient hope of immortality are illumined and brought to fulfillment by Christian faith, which both promises and offers a share in the victory of the Risen Christ: it is the victory of the One who, by his redemptive death, has set man free from death, ‘the wages of sin’ (Rom 6:23), and has given him the Spirit, the pledge of resurrection and life (cf. Rom 8:11). The certainty of future immortality and hope in the promised resurrection cast new light on the mystery of suffering and death, and fill the believer with an extraordinary capacity to trust fully in the plan of God.”¹⁰

Moral Medical Decision Making

It is true that suffering is redemptive when it is enjoined to the redemptive Passion of our Lord, and only God has authority over life and death. Dating as far back as the Middle Ages, the Church has also recognized that human beings are not morally obliged to undergo every possible medical treatment to save their lives.

In moral medical decision making, one of the most important distinctions a person must make in regards to end-of life decisions is between care that involves ordinary means and care that involves extraordinary means. Ordinary care must never be foregone, but extraordinary care may or may not be used depending upon whether or not it offers a reasonable hope of benefit and does not impose an excessive burden on the patient, family or community.

“Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of “over-zealous” treatment. Here one does not will to cause death; one’s inability to impede it is merely accepted...Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the suffering of the dying, even at the risk of shortening their days,

On Nutrition and Hydration

“Is the administration of food and water (whether by natural or artificial means) to a patient in a “vegetative state” morally obligatory except when they cannot be assimilated by the patient’s body or cannot be administered to the patient without causing significant physical discomfort?”

YES. The administration of food and water even by artificial means is, in principle, an ordinary and proportionate means of preserving life. It is therefore obligatory to the extent to which and for as long as, it is shown to accomplish its proper finality, which is the hydration and nourishment of the patient. In this way suffering and death by starvation and death are prevented.”

*-Congregation of the Doctrine of the Faith,
August 2007*

¹⁰ Paul, John, II. "You Shall Not Kill." *Evangelium Vitae*. Boston: Pauline & Media, 1995. 110-111. Print.

can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable.”¹¹

In moral medical decision making, informed consent is critical. In order to make a moral decision, a patient must have all the correct information as is possible about his or her condition. This is in line with the Patient Self-Determination Act of 1996, which mandates medical facilities “inform patients of their right to accept or refuse medical treatment and to formulate advance directives.”¹² It is important to note though that patients are informed to formulate an advance directive, but not required to do so.

In the complicated maze of decisions, treatment and information, it is important to not rely solely on medical professionals. “Medicine is as an art as much as a science. Medical professionals can provide their best guesses as to the outcome of an illness, but ultimately God determines the length and span of our days. After gathering all the medical facts, it is helpful to have the advice of a priest or moral counselor to determine not only what may be considered extraordinary treatment in general, but also what may be considered extraordinary treatment in your particular case... While physicians can provide options, a priest or moral theologian can help you and your family make the right decisions.”¹³

A priest will also be cognizant to the spiritual element of suffering and care for the person through the Sacraments of Reconciliation, the Eucharist and the special graces of the Sacrament of the Anointing of the Sick. These sacraments will instill the person with strength, grace, courage and the forgiveness of sin.

Advance Directives & Health Care Proxy

Advance Directives (see definition) & a Health Care Proxy (see definition) are important because they guide the decisions made around a person’s end of life care in order that these decisions align with a person’s wishes and Church teaching. Advance Directives and/or a Health Care Proxy should be distinguished from the following, which present varying degrees of moral concerns:

Living Will – A document that designates by a “yes” or “no” statement whether or not a person wants to be kept alive regardless of unforeseen circumstances. Because the document is signed *in advance*, the hands of the medical community will control the means administered to the person, should that person, for some reason, become unable to act. Before signing, a person must be clear that their “living will” does not contain actions contrary to Catholic teaching, and make clear that if the person becomes critically ill, a priest should be contacted to celebrate the Sacrament of the Anointing.

¹¹CCC 2278, 2279

¹² *A Catholic Guide to End-of-Life Decisions*. Philadelphia: National Catholic Bioethics Center, 2005. Print.

¹³ *End of Life Issues*. Huntington: Our Sunday Visitor, 2005. Print.

Do Not Resuscitate Order (DNR) – A legal order defining that in the event of a cardiac arrest ones does not want life sustaining treatments to be given.

Physician Order Life Sustaining Treatment (POLST) – Regardless of your condition now or in the future, decisions regarding treatment apply. POLST includes a DNR order, and an AND order (allow natural death). A POLST can restrict and withhold assisted nutrition/hydration, and can even bar the administration of antibiotics. There are many ethical problems with POLST, but a major one is that it utilizes a simplistic check-box format to direct complex decision making, and it can be implemented even when the patient is not terminally ill.

It is important to note that even Advance Directives can have their limitations in that they can be misinterpreted and they do not foresee every future medical situation. That is why we can carefully “choose a *surrogate*, a living person, who will make health care decisions in real time on our behalf if we are rendered unable to do so. The proposed surrogate (also called a “health care proxy”) is someone who cares deeply about us, who loves us, and is reasonably able to make decisions in accord with our known wishes and with our best medical and spiritual interests in mind.”¹⁴

A Truly Compassionate Response: Palliative Care

For the seriously ill and dying their “worst suffering is often not physical pain, which can be alleviated with competent medical care, but feelings of isolation and hopelessness. The realization that others – or society as a whole – may see their death as an acceptable or even desirable solution to their problems can only magnify this kind of suffering...Our society should embrace what St. Pope John Paul II called “the way of love and true mercy” – a readiness to surround patients with love, support and companionship, providing the assistance needed to ease their physical, emotional and spiritual suffering...Effective palliative care also allows patients to devote their attention to the unfinished business of their lives, to arrive at a sense of peace with God, with loved ones, and with themselves. No one should dismiss this time as useless or meaningless. Learning how to face this last stage of our earthly lives is one of the most important and meaningful things each of us will do, and caregivers who help people through this process are also doing enormously important work.”¹⁵

¹⁴ Pacholczk, Tad, Fr. "Should I Have a Living Will?" *National Catholic Bioethics Center*. N.p., 1 Feb. 2007. Web.

¹⁵ "To Live Each Day with Dignity: A Statement on Physician Assisted Suicide." *USCCB.org*. United States Conference of Catholic Bishops, 16 June 2011. Web

No One Alone Parish Ministry – for End of Life Companionship

Volunteers: Serve with a loving and caring attitude, represent the faith community of the parish, make a difference with a dying person and their family

With their presence: Stay with/ sit beside the dying in their home, nursing home or hospital room, provide prayers, contact a priest for sacramental presence when needed, provide a listening ear, a caring touch when no other person or family members would be available to the dying person, or may provide respite for those caring for the dying person.

These volunteers are not expected to provide medical care or replace hospice services.

Objectives: That all people consider death in the context of our Catholic faith, that they view the role of medicine as respecting the inestimable value of life, that we understand the redemptive potential of suffering, to help build a civilization of love, to reach out to our brothers and sisters with care and support.

For a training session to aid volunteers, contact the Respect Life office.

LEGISLATION



*“What we believe about
God shapes what we
believe about men and
women. And what we
believe about men and
women shapes how we
act—socially,
politically, and
economically.”*

Archbishop
Charles
Chaput

Legislative Issues

Education Essentials

Purpose

Politics is a topic that is as good at making people as uncomfortable as when mentioning organized religion. Combine the two in conversation, and get prepared because you are quite possibly “in for it.” In for it or not, that is the topic to which we are going to discuss.

According to the Catechism of the Catholic Church, “[Christians] reside in their own nations, but as resident aliens. They participate in all things as citizens and endure all things as foreigners...They obey the established laws and their way of life surpasses the laws...So noble is the position to which God has assigned them that they are not allowed to desert it.”¹ In a special way, this task has been assigned to the lay faithful. Before understanding this special task of the lay faithful, it is important to understand the identity and mission of the Church, and why she, in a way that is distinct from all other Christian and non-Christian denominations of faith, has authority, and a responsibility to speak into the public square. It is good, too, to understand her mission as it relates to the nature of politics.

The Church

Christ instituted the Church as one, holy, Catholic and apostolic. The Church is one because she is the temple of the Holy Spirit. The Holy Spirit is the unifying love of the Father and the Son. Though the Church be filled with peoples from all races, cultures and nations she is united in this bond of love, which is strengthened in her common profession of one faith, common celebration of divine worship (namely the sacraments and through the apostolic succession of Holy Orders, which dates back to the Apostle Peter).² Her unity is wounded by original sin and fallen human nature, but because Christ is her head, she can never lose this union.

United with Christ, the Church is holy. “The Church is therefore holy, though having sinners in her midst, because she has no other life than the life of grace. If they live her life, her members are sanctified; if they move away from her life, they fall into sins and disorders that prevent the radiation of her sanctity. This is why she suffers and does penance for those offenses, of which she has the power to free her children ...

¹ CCC 2240

² CCC 815

through the blood of Christ and the gift of the Holy Spirit.”³ Christ is the head of the Church, and she is His Bride and Body. As His bride, she is an institution which is both human *and* divine. She is divine because she has been made spotless in His perfect gift of Himself in the Paschal mystery, but, as a body composed of persons, she is also human. Despite the fallen nature of the persons who compose the Church, it is Christ as her head, and the Holy Spirit, which dwells within her that, has and will continue sanctify the Church until the fullness of time.

The Church is ‘catholic’ which means she is ‘universal’ in terms of ‘in keeping with the whole.’ She is in ‘keeping with whole’ because, within the Church, resides the fullness of Christ and therefore “the fullness of the means of salvation” which he has willed: correct and complete confession of faithful, full sacramental life, and ordained ministry in apostolic succession.”⁴ Additionally, the Church is ‘universal’ in her mission to preach the timeless Good News of the Gospel message to all of God’s children to all of the ends of the earth. This is essential to the identity of the Church in order that all may become disciples unified in the fullness of Christ.

Finally, the Church is apostolic. She was founded by Christ on the twelve apostles. Through apostolic succession, which has been guided by the Holy Spirit, and the writings of Sacred Scripture, her teachings, while developed into fullness over the centuries, remain the same yesterday as today. It is important to note, though, that the tradition of apostolic succession actually preceded the written Scriptures. As the fullness of Truth, Christ is the source of the Church’s indestructibility and infallibility. The truths she speaks into the world are truths not because she says them, but because they reside in the fullness of truth, which is Christ. The Church is obligated by love of God and love of neighbor to instruct on these truths so all may live in accord with Truth, and find authentic happiness in this life and the next.

The Church must suffer for speaking the truth, for pointing out sin, for uprooting sin. No one wants to have a sore spot touched, and therefore a society with so many sores twitches when someone has the courage to touch it and say: “You have to treat that. You have to get rid of that. Believe in Christ. Be converted.”

-Servant of God Archbishop Oscar Romero

The Mission of the Church

The Church is definitely not here to establish a theocracy. She is not here to be considered “relevant” by the standards of the world. In the same breath, the Church’s mission is also not to end poverty, disease or suffering. She certainly has played a major role in addressing and alleviating the maladies that plague mankind in every age, but if she has done so (and she has), it was at the service of her primary mission.

³ CCC 827

⁴ CCC 830

Her primary mission is to make each of us into everything we have been created to be in God's plan for the sake of souls. Her mission is to make all of us into saints. Who are saints? Saints love their neighbor as God loves us – in total self-gift for the sake of the good of the other in response to the love God first showed us. With Christ as her head, the Church is here to teach us to love. Her commitment first and foremost to charity is what prompts her to speak tirelessly into the world against all that impairs the human person to respond freely to this fundamental call to love and to commission her members to live out and restore authentic charity in truth in action in their daily lives.

The Nature of Politics

In his encyclical, *Deus Caritas Est*, Benedict XVI writes, *"The just ordering of society and the State is a central responsibility of politics...Fundamental to Christianity is the distinction between what belongs to Caesar and what belongs to God (cf. Mt 22:21), in other words, the distinction between Church and State, or, as the Second Vatican Council puts it, the autonomy of the temporal sphere...The two spheres are distinct, yet always interrelated. Justice is both the aim and intrinsic criterion of all politics...The State must inevitably face the question of how justice can be achieved here and now. But this presupposes an even more radical question: what is justice? The problem is one of practical reason; but if reason is to be exercised properly, it must undergo constant purification, since it can never be free of the danger of a certain ethical blindness caused by the dazzling effect of power and special interests. Here politics and faith meet."*

Reason alone, even reaching the heights of knowledge, is limited in seeking the answers to the questions that are fundamental to human life, like the question: what is justice? The light of faith, which sheds an infinite horizon on the questions that stir the human heart, can only overcome this limitation. When one or the other is denied, both suffer along with the common good.

Without faith, reason quickly loses a vision of the ultimate destiny of the human person. Politicians enact policies without the guidance of first principles such as the inherent good of life or the protection of the creation of life in marriage. Without reason, faith becomes something based upon personal experience, and no longer has the authority to speak universally in the public square as much more than a "sincere belief."

Benedict XVI goes on to make the point that this intersection of faith and reason is where the Catholic Church's rich social doctrine has much to offer the State. The Church's social doctrine is founded in the reason of Natural Law, which is enlightened by the message of the Gospels. The Church does not seek to have authority over the State with the principles of her social doctrine. In speaking to this point, Benedict XVI goes on to say that "Even less is it an attempt to impose on those who do not share the faith ways of thinking and modes of conduct proper to faith. Its aim is

⁵ Benedict. "Justice and Charity." *God Is Love: Deus Caritas Est: Encyclical Letter*. Vatican City: Libreria Editrice Vaticana, 2006. 34-35. Print.

simply to help purify reason and to contribute, here and now, to the acknowledgement and attainment of what is just.”⁶

While the mission of the Church is not directly responsible for bringing about a just society, she contains the fullness of Christ within her. In containing the fullness of Christ, it is her mission to spread the Good News of Truth and Love to all people everywhere. This being the case, she cannot “sit-out” when it comes to true justice. True justice is giving both to God and one’s neighbor what is rightfully due to them. Charity is founded upon justice, but charity goes beyond the demands of justice. Without the foundation of justice, a society cannot be a true civilization of love.

Foundational Principles

Politics in America generally consists of two camps – Republican and Democrat. As Catholics, it is important for us to follow the foundational principles of our faith, which are grounded in natural reason. This must be done even before following a specific political party or policy for which we are particularly passionate. This is because these first principles are ‘non-negotiables’ that inform the policies (courses of action) which are adopted and enacted by the government. If the policies are not founded first in the truths of the human person, they will ultimately not serve the good of the human person. If the policies or laws are directly opposed to these foundational principles, support of such policies or laws can never be justified (i.e. abortion, infanticide, euthanasia).

Dignity of the Person: This is the first, and foundational principle. Known by the reason of natural law, each person, in every condition and phase of development from conception to natural death, is equal in infinite dignity and worth, and is an end in him or herself. Whatever degrades or objectifies the nature of the human person, is an offense to this inviolable dignity. The foremost offense to this dignity is any assault on a person’s fundamental right to life. In his encyclical, *Christifideles Laici*, St. John Paul II writes, “Above all the common outcry, which is justly made on behalf of human rights – for example, the right to health, to home, to work, to family, to culture – is false and illusory if the right to life, the most basic and fundamental right and the condition for all other personal rights, is not defended with maximum determination.”⁷

Right of Religious Freedom: The human person, composed of body and soul, “demands the recognition of the religious dimension of the individual.”⁸ This reality of the human person demands the protection of one of the most intimate components of a person’s being – the right to conscious and religious freedom.

⁶ Benedict. "Justice and Charity." *God Is Love: Deus Caritas Est: Encyclical Letter*. Vatican City: Libreria Editrice Vaticana, 2006. 34-35. Print.

⁷ Paul, John. "Respecting the Inviolable Right to Life." *Post-synodal Apostolic Exhortation Christifideles Laici of His Holiness John Paul II on the Vocation and the Mission of the Lay Faithful in the Church and in the World*. Boston: Daughters of St. Paul, 1989. 94. Print.

⁸ Paul, John. "Free to Call Upon the Name of the Lord." *Post-synodal Apostolic Exhortation Christifideles Laici of His Holiness John Paul II on the Vocation and the Mission of the Lay Faithful in the Church and in the World*. Boston: Daughters of St. Paul, 1989. 98. Print.

In his 2012 video on ‘Religious Freedom,’ Father Robert Barron defines religious freedom as the freedom to live one’s life in accord with the deepest part of one’s inviolable being – a person’s relationship to God.⁹ He makes the point that throughout all of history, tyrannical rulers launch their campaigns of dominance first and foremost by undermining religious freedom. Why? These rulers want to forcefully rule in the sacred space where God alone should reign in order to control not only the minds of the people, but their souls as well. Whenever a government works to breach this most intimate space of the human person, this should sound an alarm not only for “religious persons” but for *all* persons. For if this most intimate freedom is infringed, what other “freedoms” are truly sacred?

The Religious Minister has the obligation to defend values: what happens is that the political world can become overly scrupulous: it listens to a pastor and they say he is preaching against so and so. We do not preach against anyone; we refer to the value that is in danger and that must be safeguarded.

*-Pope Francis
(from On Heaven and Earth)*

Protection of Marriage: No law of the land can alter the nature of marriage, which is that it is an institution established by God between one man and one woman. The flourishing of the family is foundational to the flourishing of society because it is the “cradle of life and love.”¹⁰ It is the first school of virtue, wisdom and charity. It is where one learns how to truly live and love one’s neighbor in peace. “For this reason the duty in the apostolate towards the family acquires an incomparable social value. The Church, for her part, is deeply convinced of it, knowing well that ‘the path to the future passes through the family.’”¹¹

In a particular way, the lay faithful are called to defend and protect these foundational principles in society and the public square. Living in the world and sanctifying the world, the lay faithful are able to directly reach out and impact spheres in public life where religious vocations cannot so easily or directly impact. With this comes a great responsibility for the lay faithful to live and work in such a way so as bring the authentic love and truth found in Christ to persons who may not otherwise ever consider darkening the doors of a church. In his encyclical *Christifideles Laici*, St. John Paul II acknowledges the importance of this responsibility, and also clarifies its duty to extend into the public life: “In order to achieve their task directed to the Christian animation of the temporal order, in the sense of serving persons and society, the lay faithful *are never to relinquish their participation in*

⁹ *Religious Liberty*. Perf. Fr. Robert Barron. N.p., 16 May 2012. Web.

¹⁰ Paul, John. “The Family: Where the Duty to Society Begins.” *Post-synodal Apostolic Exhortation Christifideles Laici of His Holiness John Paul II on the Vocation and the Mission of the Lay Faithful in the Church and in the World*. Boston: Daughters of St. Paul, 1989. 101. Print.

¹¹ Paul, John. “The Family: Where the Duty to Society Begins.” *Post-synodal Apostolic Exhortation Christifideles Laici of His Holiness John Paul II on the Vocation and the Mission of the Lay Faithful in the Church and in the World*. Boston: Daughters of St. Paul, 1989. 103. Print.

“public life,” that is, in the many different economic, social, legislative, administrative and cultural areas which are intended to promote organically and institutionally the *common good*.”¹²

Getting Involved

As Catholics, and particularly as the lay faithful, we are obligated to serve the persons within our society and society itself by participating in public life. What does that mean concretely? How does one maintain hope in the face of our country’s current political landscape? The 2014 Colorado Catholic Conference’s ‘Get out the Vote’ brochure highlights a poignant portion of an address that was given by the U.S. Catholic Bishops in their 2003 biennial document, Faithful Citizenship:

*....some Catholics may feel politically homeless, sensing that no political party and too few candidates share consistent concern for human life and dignity. However, this is not a time for retreat or discouragement. We need more, not less engagement in political life. We urge Catholics to become more involved.*¹³

The Colorado Catholic Conference is an excellent local resource for staying informed not only during State and Federal election seasons (which occur every two years and four years respectively), but also to stay informed on legislation that is being decided at the state level all year, which has a direct impact on our communities. Register with the Colorado Catholic Conference, and receive live updates on upcoming legislative issues, and learn whether these issues are in accord or opposed to the teachings of the Catholic Church. Reach out to your local legislature by joining a petition, making a phone call or sending an email, all of which lets him or her know the stance of their constituents on these legislative issues. Also, don’t forget to take time to *thank* your legislatures when they take brave stances in support of policies that uphold foundational principles about the human person.

Additionally, identify and attend (with a friend or even two) positive local opportunities and events throughout the year, which promote and celebrate the joy of the Church’s teachings in a manner that promotes authentic dialogue. Stay updated on these opportunities throughout the year as they are promoted through the Respect Life Office (i.e. the Denver Celebrate Life March), along with other Archdiocesan offices and ministries.

A True Source of Hope

At the end of the day though, our true hope is not founded upon politics. It is founded upon the promises of Christ. Even when, despite all of our ongoing efforts, we do not see the foundational principles of the truths of the human person being honored in the public square, we cannot consider

¹² Paul, John. "Public Life: For Everyone and by Everyone." *Post-synodal Apostolic Exhortation Christifideles Laici of His Holiness John Paul II on the Vocation and the Mission of the Lay Faithful in the Church and in the World*. Boston: Daughters of St. Paul, 1989. 105. Print.

¹³ United States Conference of Catholic Bishops, *Forming Conscience for Faithful Citizenship*, 2011, no.5

our civic responsibility to society or the culture complete with the check marks we made on a ballot, or the petitions we electronically signed.

As Christians, as ‘resident aliens,’¹⁴ we are called lovingly by Christ to still live in the world in such a manner that our ‘way of life surpasses the laws.’¹⁵ We surpass the law, when we live out our deepest identity – total self-gift to the other in love. We surpass the law when we embrace a life lived in accord with the Beatitudes, when we encounter and truly love the least of our brothers in sisters in their poverty, and when we joyfully live out our individual vocations striving to be saints. Let us live each day with hope in the promise of Christ, “It was not you who chose me, but I who chose you and appointed you to go and bear fruit that will remain, so that whatever you ask the Father in my name he may give you. This I command you: love one another.”

(John 15: 16-17)

On Mercy as Hope

“My beloved Predecessor, the Servant of God John Paul II...said in inaugurating the new Shrine of Divine Mercy in Krakow: “Apart from the mercy of God there is no source of hope for mankind” (17 August 2002). On the basis of this mercy the Church cultivates an indomitable trust in human beings and in their capacity for recovery. She knows that with the help of grace human freedom is capable of the definitive and faithful gift of self which makes possible the marriage of a man and woman as an indissoluble bond; she knows that even in the most difficult circumstances human freedom is capable of extraordinary acts of sacrifice and solidarity to welcome the life of a new human being. Thus, one can see that the “No” which the Church pronounces in her moral directives on which public opinion sometimes unilaterally focuses, is in fact a great “Yes” to the dignity of the human person, to human life and to the person’s capacity to love. It is an expression of the constant trust with which, despite their frailty, people are able to respond to the loftiest vocation for which they are created: the vocation to love.”

-Benedict XVI

(From his 04/05/2008 address to participants in an international congress organized by the John Paul II Institute for Studies on Marriage and Family)

¹⁴ CCC 2240

¹⁵ CCC 2240



**NATURAL
FERTILITY
AWARENESS,
NAPROTECHNOLOGY**

Natural Fertility Awareness vs. Artificial Contraceptives Education Essentials

Purpose

It is almost an understatement to say we live in a culture saturated by sex. Our culture is obsessed with the technicalities of sex. Waiting in your local check-out line you cannot help but be deluged by the screaming headlines of prominent men's and women's magazines that promise to perfect and fulfill your sex life. When the culture is not absorbed in analyzing the technicalities, it is aggressively advocating that sex must remain "free" and "self-expressive." This culture denounces any person, no less an institution, that dares to speak into or attempt to hinder humanity's progressive path to supposed sexual "self-discovery."

The cultural denouncement is particularly merciless when it comes to the Church's stance on birth control. Before getting into the Church's teaching on birth control, it is important to first examine a fundamental question about sex that, oddly enough, our sexually driven culture is more removed from than ever. *What is its purpose?* Self-discovery is a part of it, but not as the world understands self-discovery.

Image & Likeness, Marriage & Sex

To understand the purpose of sex, it is important to go back to the beginning. "God created man in His own image, in the image of God He created him; male and female He created them," (Genesis 1:27). This truth endows equal dignity upon both man and woman who both equally image God in their common humanity. Unlike the rest of creation, men and women are rational beings with intellect and will. This also is in the image and likeness of God. The creation narrative goes on to state that it is not good for man to be alone. From this, we begin to be drawn into the mystery of the inner life of the Triune God, which will be revealed by Christ in the New Testament.

Church Teaching on Contraception & Sterilization...

"Periodic continence, that is, the methods of birth regulation based on self-observation and the use of infertile periods, is in conformity with the objective criteria of morality. These methods respect the bodies of the spouses, encourage tenderness between them, and favor the education of an authentic freedom. In contrast, "every action which, whether in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible," is intrinsically evil...

Thus, the innate language that expresses the total reciprocal self-giving of husband and wife is overlaid, through contraception, namely, that of not giving oneself totally to the other. This leads not only to a positive refusal to be open to life but also to a falsification of the inner truth of conjugal love, which is called upon to give itself in personal totality..."

-CCC 2370

“It also means that man and woman, created as a “unity of two” in their common humanity, are called to live in a communion of love that is in God, through which the Three Persons love each other in the intimate mystery of one divine life... This “unity of the two,” which is a sign of interpersonal communion, shows that the creation of man is also marked by a certain likeness to the divine communion (communion)... Man – whether man or woman – is the only being among the creatures of the visible world that God the Creator “has willed for its own sake”.... Being a person means striving toward self-realization... which can only be achieved “through a sincere gift of self.” The model for this interpretation is God himself as Trinity, as a communion of persons. To say that man is created in the image and likeness of God means that man is called to exist “for” others, to become a gift.” (Mulieris Dignitatem, 7)

Christ reveals to us the face of the Triune God, and in doing so he also teaches us, in His own body, the meaning of self-gift. In obedience to the Father, and out of love for His bride, the Church, Christ gives of Himself freely, fully and faithfully on the cross. Instituted by God, the sacrament of marriage between one man and one woman is a sign to the world of the covenantal love Christ has for His Bride, the Church. This gives deep meaning to the words of the Apostle Paul, “Husbands, love your wives, as Christ loved the Church and gave himself up for her, that he might sanctify her... For this reason a man shall leave his father and mother and be joined to his wife, and the two shall become one. This is a great mystery in reference to Christ and the Church,” (Eph. 5:25-26, 31-32). The supernatural graces bestowed by God on the man and woman through the sacrament of marriage strengthen them to image Christ in their love despite life’s difficulties and trials.

Sacraments are visible signs of an invisible reality. In the sacrament of marriage, the man and woman vow that their love will remain “free, faithful, total and open to life.” Then, through the language of their bodies, man and woman give of themselves freely, fully, faithfully, and with openness to life in the marital act, which enfleshes the vows and the invisible reality of the sacrament. In essence, each time they offer themselves in self-gift through the marital act they are renewing their marriage vows.

As the institutor of marriage and the marital act, God has designed sex for the purpose of procreation and unity (babies and bonding) within the sacrament of marriage. Again, this life and love giving “unity of two” is an image of the interior life and love of the Trinity. So, to engage in the marital act in a manner that is closed to life or love does not image the Trinity and misrepresents the vows the couple have taken to love each other freely, faithfully, totally, and with openness to life. The ‘other’ is no longer someone I give all of myself to, including my ability to be a parent, but, rather, someone that can be used simply for my own pleasure. The true image becomes distorted.

Truly, sex does lead to authentic self-discovery, but **only** when it is first an act of self-gift within the sacrament of marriage. After all, man “is the only creature on earth which God willed for its own sake, cannot fully find himself except through a sincere gift of self,” (Mulieris Dignitatem, 7).

Little Pill, Big Problems

Birth control intentionally separates the natural end of procreation from the marital act. Methods of birth control have been around as long as time itself. "Scrolls found in Egypt, dating back to 1900 B.C., describe ancient methods of birth control that were later practiced in the Roman Empire during the apostolic age. Wool that absorbed sperm, poisons that fumigated the uterus, potions, and other methods were used to prevent conception. In some centuries, even condoms were used (although made of animal skin rather than latex.)"¹

Methods of birth control have been around as long as humanity itself, but Christian *and* governmental support for the use of birth control has not.

From 1873 until as late as 1960, the US government enforced the Comstock Act, which made distributing birth control through the mail or across state lines a federal offense.² In 1873, this Act was precipitated by the immorality and infidelity that were developing rampantly in post-Civil War America.³ American culture believed firmly that birth control fostered promiscuity, and weakened family ties. A weak family is bad for society. In addition to the federal law, thirty states passed their own laws restricting the sale and use of birth control, some of them even more stringent than the federal ruling.⁴

The Comstock Acts began to crumble as early as 1918, when Margaret Sanger, founder of Planned Parenthood, was allowed to keep the first birth control clinic in American open, and birth control became permitted for therapeutic purposes only.⁵ Through a steady series of legal concessions, the Comstock Act was reversed entirely by the 1965 Supreme Court decision in *Griswold v Connecticut*.⁶

The Historical Christian Teaching

"Few realize that up until 1930, all Protestant denominations agreed with the Catholic Church's teaching condemning contraception as sinful. At its 1930 Lambeth Conference, the Anglican church, swayed by growing social pressure, announced that contraception would be allowed in some circumstances. Soon the Anglican church completely caved in, allowing contraception across the board. Since then, all other Protestant denominations have followed suit. Today, the Catholic Church alone proclaims the historical Christian position on contraception."

"Birth Control." The Essential Catholic Survival Guide: Answers to Tough Questions about the Faith. San Diego: Catholic Answers, 2005. 280. Print.

¹ "Birth Control." *The Essential Catholic Survival Guide: Answers to Tough Questions about the Faith*. San Diego: Catholic Answers, 2005. 281. Print.

² "People & Events: Anthony Comstock's "Chastity" Laws." *PBS*. PBS, n.d. Web. 05 May 2015.

³ *Ibid*

⁴ *Ibid*

⁵ "Timeline: The Pill." *PBS*. PBS, n.d. Web. 05 May 2015.

⁶ *Ibid*

Until 1930, *all* churches of various Christian denominations rebuked the use of birth control as a sin, which violates God plan for the marital act in natural law.⁷ Today, the Catholic Church is the only voice which firmly continues to hold the two millennia Christian stance, which condemns the use of birth control.

In 1968, with the recent advent of the birth control pill, and the mass production of barrier methods of contraception in the 1920s and 1930s, Pope Paul VI issued an encyclical, *Humanae Vitae* (*On Human Life*), to clarify the wisdom, which underlies the Church's position against the use of birth control. To say the encyclical was received with little enthusiasm by non-Catholics and Catholics alike is nothing short of a major understatement. Regardless of its reception, *Humanae Vitae* reads like a prophecy foretelling the maladies of our modern world. Already in 1968, the Church foresaw the serious implications that widespread, approved use of birth control would have beyond the bedroom. The implications of this little pill would ripple through the whole of society, and the aftermath would, and has, affected all of humanity. To read some of the literature which expounds upon these social science trends, reference the appendix of additional reading recommendations on the subsection entitled "Natural Fertility Awareness vs. Artificial Contraception." I

Medical Truths of Contraception

The use of birth control ruptures our very essence as human persons who have been made in the image and likeness of the Trinitarian God for communion and self-gift, not for control and utilitarianism.

⁷ "Birth Control." *The Essential Catholic Survival Guide: Answers to Tough Questions about the Faith*. San Diego: Catholic Answers, 2005. 280. Print.

The Vindication of Humanae Vitae

"The encyclical warned of four resulting trends:

- 1. A general lowering of moral standards throughout society;*
- 2. A rise in infidelity;*
- 3. A lessening of respect for women by men; and*
- 4. The coercive use of reproductive technologies by governments...*

Four decades later, not only have the document's signature predictions been ratified in empirical force, but they have been ratified as few predictions ever are: in ways its authors could not possibly have foreseen, including by information that did not exist when the document was written, by scholars and others with no interest whatever in its teaching, and indeed even inadvertently, and in more ways than one, by many proud public adversaries of the Church....

In sum, although a few apologists such as Stephanie Coontz still insist otherwise, just about everybody else in possession of the evidence acknowledge that the sexual revolution has weakened family ties, and that family ties (the presence of a biologically related mother and father in the home) have turned out to be important indicators of child well-being – and more, that the broken home is not just a problem for individuals but also for society. Some scholars, moreover, further link these problems to the contraceptive revolution itself."

Eberstadt, Mary. "The Vindication of Humanae Vitae." First Things (2008): n. pag. Web.

In rupturing God's image for man, birth control has deeply fissured our society, and there are overwhelming social science trends to demonstrate this. Theology and social science aside, the medical truths of the consequences of contraception are staggering. In a culture which exalts all that is natural and eco-friendly, there is little that is "green" about what birth control has done to the female body.

Methods of contraception can be divided into the following categories: ⁸

Barrier (Establish a block/barrier to prevent sperm from reaching egg): contraceptive sponge, diaphragm/cervical shield/cervical cap, condom

Hormonal Methods (Interfere with ovulation, fertilization, and can act as an abortifacient): Oral contraceptives, patch, injection/shot, vaginal ring

Implantable Devices (Devices inserted into body and left in place for years at a time): Implantable rods, intrauterine devices (IUDs/IUS)

Permanent Birth Control Methods: Sterilization Implant (Essure), men's surgery*, women's surgery*

*some physicians are trained in reparative reconstruction

Emergency Contraception (Abortifacients): Morning After Pill, Plan B, Next Step, RU486

The various short and long-term medical side effects of contraception use are outlined in the following pamphlets from www.OMSoul.org (One More Soul):

What a Woman Should Know about Birth Control by Chris Kahlenborn, MD: Contains information on all the major methods of contraception, with their methods of action and health consequences.

A Note on Sterilization

Sterilization (temporary or permanent) interferes with the proper, healthy functioning of the reproductive system, fertility. This interference is what makes sterilization "unnatural."

Comparisons can be incorrectly drawn between a pacemaker or kidney removal, and a tubal ligation or vasectomy, but this is comparing apples to oranges. The purpose in the cases of the pacemaker and/or kidney removal is to restore both the heart and the kidney to their proper functions. In the case of the pacemaker "the dysfunction is naturally occurring and the pacemaker is artificial" but it reestablishes the proper beating of the heart. In the case of the kidney removal, it means removing the organ entirely. "The reproductive system is no different; Cancerous ovaries or testes may be removed."

In terms of men's and women's permanent sterilization surgeries, it is important to note that there are physicians who have been trained to attempt repair of both male and female sterilization surgeries. These repairs, when successful, have provided great comfort and future children to families who regretted their previous decisions.

-Items in quotations are referenced from: "Why Is Contraception Any More "unnatural" than Pacemakers or Appendectomies?" Chastity.com. N.p., n.d. Web. 05 May 2015

⁸ "Birth Control Methods Fact Sheet." *Office on Women's Health*. N.p., n.d. Web. 05 May 2015.

Intrauterine Devices (IUD/IUS) – What every woman needs to know by Lili Cote de Bejarno, MD, MPH: Explains what every woman should know about the risks associated with the use of the intra-uterine devices (IUD/IUS).

Alternatives to the Pill by Lili Cote de Bejarno, MD, MPH: Due to various problems with the Pill, many people are looking for alternatives. Here are the major uses of the Pill, how it works, and effective alternatives.

Additional pamphlets are available at www.OMSoul.org
as well as the Spanish versions of the pamphlets listed above.

The Best Way to “Go Green:” Natural Fertility Awareness

It is too easy to simply dismiss Natural Fertility Awareness (NFA) methods as something relevant only to married or engaged couples. While NFA methods are definitely reliable and morally sound systems for family planning, the regulation of fertility is only one aspect of their multidimensional application.

Natural Fertility Awareness methods are an incredible opportunity for all women of reproductive age to be educated about what is actually happening in their menstrual cycle. “It is a common myth that women all ovulate on day 14 of the cycle; when in actuality that only happens in 14 percent of women.”⁹ With NFA methods, a woman learns to recognize the normal patterns of *her* menstrual cycle. This knowledge helps her to work cooperatively with her fertility instead of manipulating her body via hormones, chemicals and devices, which all aim to suppress the proper functioning of her reproductive system. Openness to NFA fosters an opportunity, which can lead to a deep appreciation for the amazing intricacy, meaning and dignity of her body.

A Basic Understanding of the Menstrual Cycle

Before digging into the three main methods of Natural Fertility Awareness, it is important to have a basic understanding of the dynamics of a woman’s menstrual cycle.

For starters, when it comes to fertility it is important to note that male fertility begins at puberty (around the age of 12 or 13) and continues for the entire duration of a man’s life. A woman’s fertility also begins at puberty, but she is only fertile for a small window of time during each of her menstrual cycles until she reaches full menopause. At the point of menopause, she will cease to be fertile for the duration of her life. When it comes to fertility, the fertility of both men and women need to be considered jointly. “The only meaningful point of discussion is the *combined fertility* of the couple. Since women are, for the most part, infertile, this means that the couple is, for the most part, infertile. Since men are always fertile and women are, for the most part, infertile, the understanding of the couple’s fertility is focused by necessity upon the cyclic variations of fertility and infertility that occur in the woman.

⁹ Kenney, Teresa. “The Real Main Event of Your Menstrual Cycle.” *Fertility Care for Young Women* 1 (Mar. 2009): 2. Print.

This cyclic variation of a woman's fertility is one of the most marvelously sophisticated events in all of nature. It is a *finely tuned, well-balanced, ecologically-sensitive* system."¹⁰

A woman's menstrual cycle begins with the first day of menstrual bleeding and ends with the last day prior to the beginning of the next menstrual period.¹¹ Twenty-eight days is considered the average length of the menstrual cycle, but most women experience menstrual cycles that vary in length from twenty one to thirty eight days. A woman's cycles are "regularly irregular to some degree."¹²

Oftentimes, bleeding (shedding of the uterine lining) is considered to be the "hallmark" of the menstrual cycle, but this is not the case. The true "hallmark" is the process of ovulation, which occurs when an egg is released from a woman's ovary.¹³ It is this ovulation process which defines a woman's cycle, and it is this event which typically divides a woman's menstrual cycle into two phases – the pre-ovulatory phase and the post-ovulatory phase.

The pre-ovulatory phase is counted from the first day of menstrual bleeding until the day of ovulation, and is highly variable in length.¹⁴ Its high variability accounts for the variability of length of a woman's menstrual cycle. The post-ovulatory phase is counted from the day following ovulation until the day prior to the start of the next menstrual period.¹⁵ This phase is highly stable with an average length of thirteen days though women can also expect variations between nine to seventeen days.

A woman's ovulation cycle begins in her ovary, and accompanies a woman's menstrual cycle as a result of the interaction of the FSH (follicle-stimulating hormone) and LH (luteinizing hormone). Both of these hormones are produced in the pituitary gland of the brain. In the ovary there are "several hundred thousand individual, undeveloped eggs."¹⁶ Early in the menstrual cycle, the FSH stimulates the development of one or two of these eggs toward ovulation. Development of these individual eggs takes place within an individual follicle. This follicle, cyst-like structure, will mature until it is approximately an inch in diameter.¹⁷

At the point of maturity, the LH hormone will stimulate the rupture of the follicle and the release of the egg from the ovary (ovulation) to the fallopian tubes. If conception does not occur, the egg will only live for 12-24 hours. "This lifespan of the egg is so short that if our fertility depended upon this fact alone,

¹⁰ Hilgers, Thomas W. "Basic Anatomy and Physiology." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 44-45. Print.

¹¹ Hilgers, Thomas W. "Basic Anatomy and Physiology." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 46. Print.

¹² Kenney, Teresa. "The Real Main Event of Your Menstrual Cycle." *Fertility Care for Young Women* 1 (1 Mar. 2009): 2. Print.

¹³ Hilgers, Thomas W. "Glossary of Terms." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 415. Print.

¹⁴ Hilgers, Thomas W. "Basic Anatomy and Physiology." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 46. Print.

¹⁵ Ibid.

¹⁶ Hilgers, Thomas W. "Basic Anatomy and Physiology." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 48. Print.

¹⁷ Ibid.

few women would become pregnant during their entire reproductive life. The length of the fertility cycle is extended by another vital factor. *That vital factor is the cervical fluid.*"¹⁸

FSH and LH hormone work to order the functioning of the ovary in the process leading up to ovulation, and following ovulation. The ovary also produces two important hormones during these processes – estrogen and progesterone. These two hormones are both important and affect both the cervical mucus, and the lining of the uterus throughout the menstrual cycle.

During the preovulatory phase, estrogen is being released by the maturing follicle, which holds the egg. This rise in the estrogen level signals the production of cervical mucus. The estrogen level will reach its peak the day before ovulation occurs. Produced within the cervical crypts, cervical mucus is discharged outside of a woman's body, and this discharge can last for several days. The cervical mucus is a biological marker that indicates that a woman is fertile. This cervical mucus will gradually become more and more slippery, or lubricative, stretchy and clear.

In the absence of good cervical mucus, sperm can survive only hours, sometimes only minutes, in the vagina. With good cervical mucus, though, sperm can survive anywhere from 3-5 days and make its way to the fallopian tubes where conception will take place.¹⁹

During the postovulatory phase, the mature follicle is converted into a corpus luteum, which is a gland that releases progesterone and estrogen. The rise of progesterone will signal a change in the type of cervical mucus, which is produced. The cervical mucus will transition into one that is thick, dense and a blockade that sperm cannot pass through. As the type of cervical mucus produced changes, the presence of discharge outside a woman's body declines to dryness. This dryness indicates infertility in a woman's cycle. "Progesterone's job is to prepare the uterus for the implantation of new life by thickening the lining of the uterus (endometrium) and allowing new life to easily implant."²⁰

If conception did not take place, the levels of both progesterone and estrogen will reduce radically, and this will signal the beginning of the menstrual period - the days of bleeding to slough off the thickened lining of the uterus. The onset of the menstrual period means that the woman's body is entering once more into the pre-ovulatory phase of her cycle.

¹⁸ Hilgers, Thomas W. "Basic Anatomy and Physiology." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 48-49. Print.

¹⁹ Hilgers, Thomas W. "Basic Anatomy and Physiology." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 49-51. Print.

²⁰ Kenney, Teresa. "The Two Main Hormones of the Menstrual Cycle." *Fertility Care for Young Women* 1 (18 Aug. 2009): 2. Print.

Methods of Natural Fertility Awareness

The three primary methods of Natural Fertility Awareness all cooperate with the natural functioning of a woman's reproductive system and the combined fertility of the couple.

Billings Method ²¹

In Melbourne, Australia in 1953, research by Drs. John and Evelyn Billings led to the revolutionary development of the method of Natural Fertility Awareness that is known as the Billings Method. Prior to the development of the Billings Method the only methods to naturally regulate fertility were the Rhythm Method and the Temperature Method. Neither of these methods relied upon observing the patterns of a woman's cervical mucus.

In the Billings Method, understanding the patterns of a woman's cervical mucus can help a couple to achieve or avoid pregnancy. The method relies on four rules that are to be applied regardless of circumstances, and the stage of a woman's reproductive life. As highlighted on the official site of the Billings Ovulation Method, the four rules are divided into three which are coined the 'Early Day Rules' because a couple applies them leading up to ovulation, and one 'Peak Rule' which is applied once the pattern of a woman's cervical mucus indicates that ovulation has occurred.

The three 'Early Day Rules' are as follows:

Early Day Rule 1: On days of heavy menstrual bleeding, avoid intercourse.

Because a woman's cycle can vary in the preovulatory phase, fertility may begin even before menstrual bleeding ends. In avoiding intercourse on days of heavy bleeding, a couple makes certain that cervical mucus that indicates fertility is not being masked.

Early Day Rule 2: Have intercourse on alternate evenings of a woman's Basic Infertile Pattern (BIP).

A woman's BIP can be either an unchanging pattern of dryness (no cervical mucus) or an unchanging pattern of discharge. Waiting to have intercourse on alternative evenings ensures that a couple is able to distinguish whether or not a change has occurred in a woman's BIP which would indicate potential fertility without the masking presence of seminal fluid.

Early Day Rule 3: Wait and see when there is a change in a woman's BIP.

A change in a woman's BIP can indicate potential fertility. If a change occurs and the change is indicative of slippery 'peak' mucus, apply the fourth 'Peak Rule.' If a change occurs, but the BIP returns the couple should abstain from sex for three days then resume use of Rule 2 on the fourth evening.

²¹ "The 4 Simple Rules of the Billings Ovulation Method." *Billings Life: The Official Site of the Billings Ovulation Method*. N.p., 22 Jan. 2013. Web.

The 'Peak Rule' is as follows:

Peak Rule: Once slippery 'peak' cervical mucus is observed, a couple should wait until the fourth day past the peak before engaging in intercourse if they are avoiding pregnancy. If a couple wants to achieve pregnancy, they have the most optimum chances of conceiving by having sex when slippery 'peak' mucus is present, and a for a day or two afterwards.**

**A couple wishing to achieve pregnancy will still apply the 'Early Day Rules' in order to be able to most clearly distinguish when they are fertile.

The four rules of the Billings Method are applied with the guidance of a trained Billings Ovulations Method tutor. The changes in a woman's cervical mucus are charted daily at the end of each day using stamps or symbols. The tutor will help a couple to understand their own individual patterns of infertility and fertility.

Sympto-Thermal Method ²²

In the Sympto-Thermal Method, a woman's menstrual cycle is distinguished by three phases:

Phase I kicks off with the onset of menstrual bleeding, and the days of infertility that typically follow. Depending on the individual cycle of the woman, this phase is highly variable. After all, signs of fertility may begin even before menstrual bleeding ends.

Phase II begins when a woman detects signs of fertility in her daily observations. This phase will continue through the point of ovulation and a couple of days afterwards. The average, healthy woman will have a Phase II, which spans approximately eight to twelve days.

Phase III is the time of infertility following ovulation and consists of a third of a woman's cycle. For the average, healthy woman this phase of her cycle is typically a constant length that varies little to none from one of her cycles to the next.

All of these phases are dependent upon the dynamics of the following four hormones: FSH and LH, which are orchestrated from the brain and Estrogen and Progesterone, which are orchestrated from the ovaries. These hormones have observable effects, which are measured in the Sympto-Thermal Method via the interior and exterior observations of a woman's cervical mucus, basal body temperature and cervix. As signs are observed they are recorded daily on a chart. The patterns of these signs are interpreted in order to aid couples in determining the boundaries between the phases of their fertility cycles.

²² *The Art of Natural Family Planning: Student Guide*. Cincinnati: Couple to Couple League International, 2007. Print.

Observable Sign 1: Mucus

In the Sympto-Thermal method, classifying mucus patterns is done by both sensations (what a woman feels and senses throughout her day) and characteristics (what a woman sees and touches when she wipes front to back with a folded piece of unscented toilet paper during visits to the bathroom). A woman should be particularly attentive to mucus sensations as soon as her period wanes, or, at a minimum, by the 6th day of her cycle (as a reminder the first day of her cycle is the onset of her menstrual period).

In the Sympto-Thermal method, *mucus sensations* are classified in the chart as follows:

- ‘d’ – when dryness is sensed throughout the day
- ‘w’ – when, at any time of the day, a sensation of wetness occurs
- ‘d’ – when there is a dry sensation observed each time a woman wipes in the bathroom
- ‘sl’ – where there is a slippery sensation observed when a woman wipes in the bathroom

In the Sympto-Thermal method, *mucus characteristics* are classified in the chart as follows:

- ‘n’ – when no mucus is observed
- ‘t’ – when mucus that is sticky, tacky, pasty, creamy, clumpy, or easily breakable when stretched repeatedly is observed
- ‘s’ – when mucus that is elastic, stringy, resembling egg-white or stretches easily when pulled on repeatedly

At the end of each day, it is critical that a woman records the most fertile sensation and characteristic she observed even if it was only observed once.

Observable Sign 2: Basal Body Temperature

The basal body temperature is the temperature of the body whether at rest or upon awakening, and neither food, drink or activity affects it. After ovulation, and in response to the surge of progesterone, a woman’s basal body temperature will rise slightly. This change in temperature provides important information to a woman during her menstrual cycle, which is why this indicator is also charted daily at the same time each day (within a half hour of a woman’s waking time).

Observable Sign 3: Cervix

Just as a woman’s cervical mucus changes in response to both Estrogen and Progesterone hormones, so does a woman’s cervix. During Phase II, in response to the hormone Estrogen, the cervical mucus will become more slippery and simultaneously the cervix will become more soft, feeling like the end of a person’s nose, and open. After ovulation occurs, and the Progesterone level rises, the cervix will close and harden, feeling more like the tip of a person’s nose. Simultaneously, the cervical mucus is changing to become more dry in sensation and characteristic. The changes in the cervix occur more rapidly post-ovulation than pre-ovulation, and coincide not only with the changes in the cervical mucus, but also with the rise in the basal body temperature.

A woman can observe the changes in her cervix by doing a careful personal examination. She should begin doing this twice a day in the afternoon or evening (the cervix is difficult to reach in the morning because of the way the muscles that support the uterus contract) once her menstrual period has ended or, at a minimum, by the 6th day of her cycle. Observations of the cervix are optional in the Sympto-Thermal method, but they can aid in presenting a woman a more complete understanding of her fertility.

The three observable signs are noted in the Sympto-Thermal chart. Additionally, there is space on the chart allocated for documenting any changes in lifestyle, which occur during a woman's cycle (i.e. medication use, illness, trips, stressful situations etc.). In documenting these changes, it is important that the exact dates when these lifestyle changes occurred are also recorded on the chart (i.e. nausea on cycle day 7 or vacation to Florida on cycle days 11-15). The chart provides a daily record, which can be used to identify the days of a couple's infertility and fertility. The couple then can apply further "rules," which they learn in the Couple to Couple League Sympto-Thermal Method classes - taught in many areas throughout our Archdiocese.

Creighton Method (CrMS)

Like the Billings Method, the Creighton Method is a mucus only method of Natural Fertility Awareness. Founded by Dr. Thomas Hilgers, Ob-Gyn, at Creighton University, Omaha, NE, the Creighton Method does descend from the Billings Ovulation Method, but the approaches are differentiated by the manner in which they categorize the patterns of a woman's cervical mucus and by the guidelines of each method.

The CrMs method relies upon the following definitions when it comes to distinguishing cervical mucus²³:

Peak-type mucus – Peak-type mucus may have any, one or combination of the following three characteristics: clear, stretchy and lubricative.

Non-Peak-type mucus – This is discharge that is not clear, stretchy or lubricative. A presence of even one of those qualities will classify the mucus as Peak-type mucus.

Peak Day – The final day in which mucus is clear, stretchy or lubricative

A CrMs chart is completed daily using a combination of both stamps and descriptions. A woman records the most fertile sign of the day in the designated box, which corresponds to the day she is in her cycle. Correct use of both the stamps and descriptions are critical to understanding the messages of a woman's menstrual cycle...

²³ Hilgers, Thomas W. "Creighton Model and Its Charting System." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 77. Print.

...as they relate to her fertility, and also her lifetime reproductive and gynecologic health.

The following are the stamps that are employed in CrMs charting:

Red stamps = Days of bleeding

Green stamps = Infertile dry days

White, baby stamps = Mucus days

Green, baby stamps = Dry, fertile days within the count of three (Peak day plus three following days)

The descriptions are available in the standardized 'Vaginal Discharge Recording System' (VDRS). This system records the level of a women's menstrual flow using symbols, along with number and letter specific classifications for the type of mucus present, color of mucus present and how often the most fertile sign of the day is observed. Using the standardized CrMs principals of observation and charting, a couple is aided in making responsible choices regarding pregnancy.

It is important to note that while training in the CrMs method begins with an introductory group session, the following sessions are done as individual follow-up sessions. This is an intentional component of the method, which allows for the system to be customized to the individual, and couple. Within the standardization of the CrMs principles of observation and charting, this "case management" approach is an acknowledgement of the uniqueness of each woman's fertility cycle, and it gives space for a "comprehensive and prioritized approach to the management of difficult cases."²⁴ The magnanimity of the approach is that "It can be used if a woman has *regular* or *irregular* cycles, is *breastfeeding*, is *premenopausal*, or is *discontinuing the use of contraceptive medications*. The system can be used successfully if the woman is experiencing a *continuous mucus discharge* or is *anovulatory*. In addition, the system offers new hope to the evaluation and treatment of *infertility* and *host of other reproductive and gynecologic problems*."²⁵

The CrMS method is built off of the "The Triangle of Support," which consists of research, education and service. As a result of the method's commitment to education there has sprung forth the groundbreaking work of Natural Procreative Education otherwise known as NaProEducation Technology, which is a whole new approach to the health of reproductive age women. The foundation of the approach is cooperation with a woman's menstrual and fertility cycles.

²⁴ Hilgers, Thomas W. "Creighton Model and Its Charting System." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 74. Print.

²⁵ Hilgers, Thomas W. "Creighton Model and Its Charting System." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 75. Print.

NaPro Education Technology is so radical because it is directly opposed to the mindset of artificial reproductive technologies (ART), which includes contraception, sterilization, abortion and in vitro fertilization. This ART mindset has dominated the field of reproductive medicine for over 45 years, taking on particular strength with the advent of oral contraceptives. Oral contraceptives have become the medical profession's treatment of choice for a whole host of gynecologic and medical conditions. Without an investigation of underlying causes, oral contraceptives are prescribed as a 'Band-Aid' to serious conditions. This is an injustice to the true health of women everywhere.

When a physician is trained properly in CrMs and NaPro Technology, a woman's CrMs chart will give the doctor an in-depth window into the interior workings of a woman's health and will disclose whether or not certain types of pathologic or physiologic irregularities are present. This is because the CrMs is "based upon biological markers that include not only the cervical mucus, but also the absence and presence of various types of bleeding..."²⁶

It is extremely important to note that these "biomarkers can only be identified with the use of CrMs...Using other forms of natural fertility regulation for these purposes will result in a less effective means of obtaining results...The CrMs is not only a standardized system, but an enormous amount of research has gone into the basic understanding and correlation of these various biomarkers to underlying physiologic and pathophysiologic events."²⁷

Ultimately, CrMs and NaPro Education Technology empower women of reproductive age to be active advocates for the healthy maintenance of their reproductive systems, and overall health. When a woman is in tune with her biomarkers she also can recognize when something is not normal, and take appropriate steps to get abnormalities investigated in order to identify the underlying causes of the abnormalities, and treat these causes in order to ensure her long-term health. That is true reproductive health care for women.

The Archdiocese of Denver's Office of Evangelization & Family Life Ministries offers regular teacher trainings for several NFP methods. They currently train teachers for these three methodologies. For more information on upcoming trainings, call: 303 715 3252.

In Conclusion & a Brief Word on 'Responsible Parenthood'

In conclusion, made in the image and likeness of the Triune God, we are made for communion and we can only truly find ourselves in as much as we fully give of ourselves for the good of others. The Incarnation of the Second Person of the Trinity, Jesus Christ, completely revolutionizes the way we understand our bodies. From the words of St. John Paul II, "The body, in fact, and it alone," he says, "is capable of making visible what is invisible: the spiritual and divine.

²⁶ Hilgers, Thomas W. "Creighton Model and Its Charting System." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 91. Print.

²⁷ Hilgers, Thomas W. "Creighton Model and Its Charting System." *The NaPro Technology Revolution: Unleashing the Power in a Woman's Cycle*. New York: Beaufort, 2010. 92-93. Print.

It was created to transfer into the visible reality of the world, the mystery hidden since time immemorial in God, and thus to be a sign of it” (Feb 20, 1980).²⁸ Basically, matter matters. *In His own body*, Christ teaches us on the cross the deepest meaning of what it means to find ourselves through a sincere gift of self. He gives of Himself freely, fully and faithfully on the cross in obedience to the Father and out of love for His bride, the Church.

In the sacrament of marriage, instituted by God, man and woman come to die to themselves in order to live for the good of the other, and they vow that their love, also will remain free, faithful, total, and open to life. This openness to life is in image of the Trinity. The Father so loves the Son and the Son so loves the Father. The third person of the Trinity, the Holy Spirit, is the living reality of their love. God is completely content in the love shared among the three persons. He lacks for nothing, and yet He longs to bring more people into the living reality of this love. He created all of us out of the generosity of His love, for His love, and to, one day, return to His love for all of eternity. In marriage, the love between a man and woman is so real that it pours over in the marital act (also instituted by God) to create living realities of that love, their children.

At the beginning of this document, we started off with a question: *What is the purpose of sex?* The purpose of sex is procreation and unity within the sacrament of marriage. To take the purpose of procreation *or* unity out of the marital act is to use the language of the body, not to be a visible sign of the ‘mystery hidden since time immemorial in God’, but to actually speak a counter-sign. “If contracepted intercourse claims to express love for the other person, it can only be a dis-embodied person. It is not a love for the other person in the God-ordained unity of body and soul.”²⁹

On Determining Family Size...

“Parents should ‘thoughtfully take into account both their own welfare and that of their children, those already born and those that the future may bring...[They must] reckon with both the material and spiritual conditions of the times as well as of their state in life. Finally, they should consult the interests of the family group, temporal society, and of the Church herself.’”

-Gaudium et Spes 50

“In relation to physical, economic, psychological and social conditions, responsible parenthood is exercised, either by the deliberate and generous decision to raise a numerous family, or by the decision, made for grave motives and with due respect for the moral law, to avoid for the time being, or even for an indeterminate period, a new birth.

Responsible parenthood also and above all implies a more profound relationship to the objective moral order established by God, of which a right conscience is the faithful interpreter. The responsible exercise of parenthood implies, therefore, that husband and wife recognize fully their own duties towards God, towards themselves, towards the family and towards society, in a correct hierarchy of values.”

-Humanae Vitae 10

²⁸ West, Christopher. "What Is the Theology of the Body?" *Theology of the Body for Beginners*. West Chester, PA: Ascension, 2004. 5. Print.

²⁹ West, Christopher. "God, Sex, and Babies." *God, Sex, and Babies*. Chastity.com, n.d. Web.

So, contraception removes the procreative element from the marital act. That is inarguable. To be clear though, how is avoiding pregnancy using a method of NFA any different? Technically, both contraception and an NFA method can be used to avoid pregnancy, but it is not the intention that is the issue at stake. In the words of Blessed Pope Paul VI, the Church acknowledges that there are “serious motives to space out births.” The difference between contraception and methods of Natural Fertility Awareness is this - in methods of Natural Fertility awareness a couple is “not directing any countermeasures towards the fertility of a specific conjugal act; the natural order and *telos* [end] of the act is respected. ‘As Janet Smith and Christopher Kaczor observe, “Contracepting couples make themselves infertile; NFP [or NFA] couples work with an infertility that is natural.’”

Let’s get back to the words spoken by dear Blessed Pope Paul VI. What do ‘serious motives’ for spacing out births even mean? After all, just because methods of Natural Fertility Awareness maintain the *telos* of the marital act, doesn’t mean that these methods cannot also be used selfishly. Using these methods with selfish motives also makes them an enemy of authentic love.

In this area of determining family size, the Church does provide guidance, but it is broad, and its broadness is not without intention. “It is the duty of each and every couple to apply these basic principles to their own particular situations.” Above all, a couple’s decision to avoid pregnancy should not be driven by a selfish desire to shirk the responsibilities that accompany parenthood, but rather the decision should be motivated by a prayerful consideration of the true good of the family, an unwavering openness to life, and a deep appreciation for the blessing of bringing up a community of children in the home.

An excellent additional website for reference: **naturalwomanhood.org**

³⁰ West, Christopher. "God, Sex, and Babies." *God, Sex, and Babies*. Chastity.com, n.d. Web.

³¹ West, Christopher. "God, Sex, and Babies." *God, Sex, and Babies*. Chastity.com, n.d. Web.

NaPro Technology vs. Artificial Reproductive Technologies

Our great state of Colorado has physicians trained in an effective and holistic response to infertility and other female issues.

This is the first system to network family planning with reproductive and gynecologic health monitoring and maintenance.

It uses the Creighton Model Fertility Care System to allow women to monitor easily and objectively several different biological markers, which are essential to understanding their health and fertility. These are generally familiar to women, and recorded in a standardized, objective process.

This tracking provides valid information that can be interpreted by women and by physicians that are specifically trained in this system. Unlike suppressive or destructive approaches, NaPro Technology works cooperatively with her body. It identifies problems and cooperates with her cycles by producing treatments that correct the condition, and protect potential for creation of new life.

Women now can know and understand the causes of the symptoms from which they suffer. This system can also be used to target hormone evaluation and treatment, identify potential risk for infertility and miscarriage, and to date the beginning of a pregnancy.

NaPro Technology is morally acceptable for people of all faiths. It maintains the integrity of the human person, it respects the dignity of women and the integrity of marriage.

Effectiveness:

Nearly 3 times more successful than IVF for assisting infertile couples AND does not result in early abortions or frozen embryos

Multiple pregnancy rates are 10 times lower than the national average

95% success rate for treating premenstrual syndrome (PMS)

95% success rate for treating postpartum depression (PPD)

Solutions for:

Infertility	Repetitive miscarriage
Menstrual cramps	Postpartum depression
Premenstrual Syndrome	Prematurity prevention
Ovarian Cysts	Hormonal Abnormalities
Irregular/abnormal bleeding	Chronic discharges
Polycystic Ovarian Disease	Other health problems

www.naprotechnology.com

www.popepaulvi.com

In Denver: www.bellanwc.org/

PEOPLE WITH SPECIAL NEEDS



Showing God's Love to Those With Special Needs Education Essentials

Purpose

All life is beautiful.

In a culture that increasingly focuses on the “quality of life” rather than the sanctity of life it is critical to affirm, and celebrate the value, worth and dignity of the lives of those with special needs and handicaps, and to work together for the full integration of these persons into the community, and parish life.

Persons with Special Needs and Disabilities

Persons with disabilities bring unique gifts to the human family and the Church, and the face of a person with disabilities is not always immediately apparent. Good working definitions of the various types of disabilities are found in *That All May Worship* from the National Organization on Disability.¹

This document defines seven major types of disabilities:

Mobility Impairment: A person with mobility impairment has a physical condition that necessitates the use of a wheelchair, walker, cane, braces, or crutches.

Vision Impairment: A person with vision impairment may be totally blind or have such a low amount of vision as to impact normal life activities.

Hearing Impairment: A person with hearing impairment may be totally deaf or hard of hearing to the point that it impacts their ability to communicate.

Mental Illness: A person with mental illness has a biological dysfunction in the brain that may cause serious disturbances in the way the person thinks, feels, and relates to other people. These are brain-based illnesses that are usually treatable.

¹Davie, Ann Rose., and Ginny Thornburgh. *That All May Worship: An Interfaith Welcome to People with Disabilities*. Washington, D.C.: National Organization on Disability, 1992. 2006. Web

Church Teaching on Care for those with Special Needs and Disabilities...

“Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.”

-CCC 2276

“The family should live in such a way that its members learn to care and take responsibility for the young, the old, the sick, the handicapped and the poor. There are many families who are at times incapable of providing this help. It devolves then on other persons, other families, and, in a subsidiary way, society to provide for their needs: ‘Religion that is pure and undefiled before God and the Father is this: to visit orphans and widows in their affliction and to keep oneself unstained from the world.’”

-CCC 2208

Developmental Disabilities: A person with a developmental disability has a lifelong condition which may have occurred at birth, in childhood, or before the age of twenty-two. These conditions that comprise developmental disabilities include: mental retardation, spinal cord injury, epilepsy, sensory impairment, cerebral palsy, autism, and traumatic brain injury.

Learning Disabilities: A person with a learning disability has a constant interruption in the basic, brain-centered processes that affect listening, thinking, speaking, reading, writing, spelling, and sometimes calculating. This person normally has average to above-average intelligence.

Chronic Illness: A person with chronic illness has an illness that persists for months or years and interferes with the everyday ability to function. Among the types of chronic illnesses are: psychiatric disorders, HIV/AIDS, seizure disorders, respiratory conditions, diabetes and other metabolic disturbances, head trauma, sickle cell anemia, cardiac conditions, multiple sclerosis, muscular dystrophy and other neuro-muscular degenerative diseases, gastrointestinal disorders, allergies, the many forms of cancer, arthritis, chronic back pain, lupus, osteoporosis, glaucoma, retinitis, cataracts, and other visual impairments.

Persons with Special Needs & the Celebration of the Sacraments

Persons with disabilities need to be fully integrated into the life of the Church. The life of the Church is Christ, and nowhere is He more present than in the sacraments.

On June 16th, 1995, the National Conference of Catholic Bishops approved the publication of the *Guidelines for the Celebration of the Sacraments with Persons with Disabilities*. This document can be read in full at <http://www.usccb.org/beliefs-and-teachings/how-we-teach/catechesis/upload/guidelines-for-sacraments-disabilities.pdf>. This document is a guide of general principles which is a great resource for priests and religious, diocesan staff, catechists, parishioners, health care workers, and all those who minister to and give tender care towards persons with special needs and disabilities.

The Task of the Parish Community

"People need to be constantly challenged to see that individuals with disabilities bring unique gifts to the human family. The notion that these individuals present a burden to society is reflective of an attitude of impatience, fear and prejudice. Those are not reflective of our highest human potential, and are actually the opposite of those very human traits individuals with Down Syndrome are most known for, that is, their love, compassion, generosity, openness, helpfulness, intuitiveness and creativity. It is the task of advocates for the disabled to make those qualities known and to put them to work in the public square."

*-Mark Bradford, President of the US branch of the Jérôme Lejeune Foundation
(Naab, Kathleen. "I've Got Down Syndrome. So What?" Zenit News Agency. N.p., 21 Mar. 2013. Web.)*

Archdiocese of Denver Office of Special Religious Education

Led by Fr. Roland Freeman and
Sr. Mary Catherine Widger
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or 303 934 1999.

SPIRITUAL WARFARE



"America, you are beautiful and blessed in so many ways but your deepest identity and truest character as a nation is revealed in the position you take toward the human person. The ultimate test of your greatness is the way you treat every human being, but especially the way you treat the weakest and most defenseless ones.

"The best traditions of your land presume respect for those who cannot defend themselves. If you want equal justice for all and true freedom, and lasting peace, then, America, defend life!

All the great causes that are yours today will have meaning only to the extent that you guarantee the right to life and protect the human person."

Denver, August 12, 1993

STANDING UP FOR LIFE

St. John Paul II spoke powerful words in Washington, D.C. during his homily in 1979 - summarizing our efforts:

- ♦ When the **sacredness of life before birth** is attacked, we will stand up and proclaim that no one ever has the authority to destroy unborn life.
- ♦ When a **child** is described as a burden or is looked upon only as a means to satisfy an emotional need, we will stand up and insist that every child is a unique and unrepeatable gift of God, with the right to a loving and united family.
- ♦ When the **institution of marriage** is abandoned to human selfishness or reduced to a temporary, conditional arrangement that can easily be terminated, we will stand up and affirm the indissolubility of the marriage bond.
- ♦ When the **value of the family** is threatened because of social and economic pressures, we will stand up and reaffirm that the family is “necessary not only for the private good of every person, but also for the common good of every society, nation, and state.”
- ♦ When **freedom** is used to dominate the weak to squander natural resources and energy, and to deny basic necessities to people, we will stand up and reaffirm the demands of justice and social love.
- ♦ When the **sick, the aged, or the dying** are abandoned in loneliness, we will stand up and proclaim that they are worthy of love, care and respect.

Spiritual Warfare

Education Essentials

Purpose

Dear friends – I PROMISE YOU – you WILL encounter spiritual warfare when you choose to champion the cause of life at this time in history. Are you ready/willing/and able to battle like the saints? God needs an army that is not faint of heart. The enemy of our souls is very active in this war – because he hates life. He especially hates human life that reflects the image of God, and he will do everything that he can to hurt, kill and destroy humanity. He will lie, deceive, distort facts, cause division, frustrate, stir up anger, create conflict and disagreements, discourage you, interrupt your plans... are you seeing the methodology yet?

For a clever read on his tactics, read “*Screwtape Letters*” by C.S. Lewis – a classic “dialogue between 2 demons” and “*This Present Darkness*” a fascinating novel by Frank E. Peretti.

In his writing of “*How to Win the Culture War*,” Peter Kreeft reminds the reader that, in order to win any war, one must know three critical points – that you are indeed at war, who your enemy is, and what weapons or strategies can defeat your enemy. As bearers of the Gospel of Life in a world that is entrenched in the culture of death, we too need to be confident in these three things.

After all, in this troubled culture that seems to be developing more each day, we must remember that our true enemies are the ‘spiritual hosts of wickedness’, which are referred to in Ephesians 6 on the right banner of this page -

As bearers of the Gospel of Life in a world that is entrenched in the culture of death, it is an understatement to say there is much work to be done to bring souls into authentic love and truth, which is the person of Christ. All the same, in the midst of all of our responsibilities and running lists of tasks, it is important that

From Sacred Scripture...

Finally, be strong in the Lord and in the strength of his might. Put on the whole armor of God, that you may be able to stand against the principalities, against the powers, against the world rulers of this present darkness, against the spiritual hosts of wickedness in the heavenly places. Therefore take the whole armor of God, that you may be able to withstand in the evil day, having done all, to stand.

Stand therefore, having fastened the belt of truth around your waist, and having put on the breastplate of righteousness, and having shod your feet with the equipment of the gospel of peace; besides all these, taking the shield of faith, with which you can quench all the flaming darts of the Evil One. And take the helmet of salvation, and the sword of the Spirit, which is the word of God. Pray at all times in the Spirit, with all prayer and supplication.

Ephesians 6:10-18

we take consistent time to center ourselves in prayer and silence, and remember that, no matter our great zeal, we cannot give what we do not have.

At the end of the day the work is Christ's. He is what all of our daily plans need - more of Him and less of us. St. John the Baptist knew this so clearly when he said, "He must increase and I must decrease" (John 3:30). Whether the work He calls us to bears fruit according to our own standards or not - is not up to us. He decides the fruit that will be borne, and in His love He determines the times and places it will be borne. We may not always see the fruits of our various labors in this life. Our joy comes from embracing an "eternal perspective" – striving to see life from God's point of view.

Let us explore some insights from saints who have walked this road before us, as well as the enrichment and courage that comes from a well-disciplined prayer life. Knowing that the God who created the Universe wants to have loving, personal dialogue with us every day should be a great source of encouragement. We speak, He listens – and then give Him time to speak back to us... either in our hearts or through holy words from others and Holy Scripture.

Roll up your sleeves and purposefully decide to head out on this journey towards Heaven!

"You cannot be half a saint. You must be a whole saint or no saint at all." *St. Therese of Lisieux*

"Dear young people, have the sacred ambition to become holy like He is holy! You will ask me: but is it possible today to be saints? If we had to rely only on human strength, the undertaking would be truly impossible. With Christ, saintliness – the diving plan for every baptized person – becomes possible... Young people of every continent, do not be afraid to be the saints of the new millennium!" *St. Pope John Paul II*

Remember we have this rich heritage of powerful saints that have gone before us – they are in heaven cheering us on! We just cannot see them with our mortal eyes, but Holy Scripture affirms that there is just a thin veil separating us. Learn about specific saints that struggled in areas that you are personally dealing with – and implore their intercession. They are delighted to pray with you!

Think of your heart, your soul as a castle. The enemy of this castle will be encircling it, looking for any weaknesses, any cracks where he can enter and mount an attack. Where you are weak, he will attack...in your sleep, in your mind, he will use other people, and don't be fooled into thinking that there is no such thing as demonic activity – it still exists, so we must be vigilant!

PRAYER AS A FIRST LINE OF DEFENSE AND OFFENSE

Father Robert Barron, “Prayer is raising your mind to God, without it your soul dries up.”

St. Mother Teresa of Calcutta, “I worry some of you still have not really met Jesus – one to one – you and Jesus alone. We may spend time in chapel, but have you seen with the eyes of your soul how He looks at you with love? Do you really know the living Jesus, not from books but from being with Him in your heart? Have you heard the loving words He speaks to you? Ask for the grace: He is longing to give it. Never give up this daily intimate contact with Jesus as the real living person – not just the idea.”

St. Teresa of Avila, “Mental prayer in my opinion is nothing else than an intimate sharing between friends: It means taking time frequently to be alone with Him whom we know loves us.”

St. John Vianney, “When it’s God who is speaking...the proper way to behave is to imitate someone who has an irresistible curiosity and who listens at keyholes. You must listen to everything God says at the keyhole of your heart.”

MORNINGS:

Set your alarm for some minutes earlier than normal to start your day speaking with Christ before anyone else. Prepare yourself to meet the day through prayer: talk over things that you are concerned about with Him, ask Him to grant you a “Divine Appointment” (where you can bless/help/encourage/intervene somehow with someone as His servant during this day), prepare yourself for the challenges that you are already aware of – Give yourself to Him fully, first thing!

If you are able to go to daily Mass, good for you! Ask God to speak to your soul from the daily readings and through the homily. Be friendly to those around you – we cannot fathom the burdens others are carrying. Draw upon the spiritual strength of the Eucharist.

“When I awake, let me be filled with your presence.” Psalm 17:15 (NAB)

“My God, I give you this day. I offer you, now, all of the good that I shall do and I promise to accept, for love of you, all of the difficulty that I shall meet. Help me to conduct myself during this day in a manner pleasing to you. Amen”

St. Francis de Sales

Prayer of Consecration to Mary:

I, (your name), an unfaithful sinner, renew and ratify today through you my baptismal promises. I renounce forever Satan, his empty promises, and his evil designs, and I give myself completely to Jesus Christ, the incarnate Wisdom, to carry my cross after him for the rest of my life, and to be more faithful to him than I have been till now.

This day, with the whole court of heaven as witness, I choose you, Mary, as my Mother and Queen. I surrender and consecrate myself to you, body and soul, with all that I possess, both spiritual and material, even including the spiritual value of all my actions; past, present, and to come. I give you the full right to dispose of me and all that belongs to me, without any reservations, in whatever way you please, for the greater glory of God in time and throughout eternity. Amen.

St. Louis DeMontfort

Prayer for the Gifts of the Holy Spirit

Holy Spirit, Divine Consoler, I adore you as my true God, with God the Father and God the Son. I adore you and unite myself to the adoration you receive from the angels and saints. I give you my heart, and I offer my ardent thanksgiving for all the grace which you never cease to bestow on me, O Giver of all supernatural gifts, who filled the soul of the Blessed Virgin Mary, Mother of God with such immense favors, I beg you to visit me with your grace and your love and to grant me the gift of **holy fear** so that it may act on me as a check to prevent me from falling back into my past sins, for which I beg pardon. Grant me the gift of **piety** so that I may serve you for the future with increased fervor, follow with more promptness your holy inspirations, and observe your divine precepts with greater fidelity.

Grant me the gift of **knowledge** so that I may know the things of God and, enlightened by your holy teaching, may walk, without deviation, in the path of eternal salvation. Grant me the gift of **fortitude** so that I may overcome courageously all the assaults of the devil and all the dangers of this world that threaten the salvation of my soul. Grant me the gift of **counsel** so that I may choose what is more conducive to my spiritual advancement and may discover the wiles and snares of the tempter. Grant me the gift of **understanding** so that I may apprehend the divine mysteries and by contemplation of heavenly things detach my thoughts and affections from the vain things of this miserable world. Grant me the gift of **wisdom** so that I may rightly direct all my actions, referring them to God as my last end so that, having loved him and served him in this life, I may have the happiness of possessing him eternally in the next. Amen. *St. Alphonsus de Liguori*

Praying the Rosary

Pope Adrian VI refers to it as the “scourge of the devil.” It is a powerful prayer!

“If you say the Holy Rosary every day with a spirit of faith and love, our Lady will make sure she leads you very far along her Son’s path.” *St. Josemaria Escriva*

“It is, according to the saints, the enemy of Satan, putting him to flight; it is the hammer that crushes him, a source of holiness for souls, a joy to the angels, and a sweet melody for the devout.”

St. Louis de Montfort

Choose to be Courageous

“The righteous are bold as a lion.” Proverbs 28: 1

“Be strong and of good courage, fear not, nor be afraid of them, for the LORD thy God, He it is that doth go with thee, He will not fail thee, nor forsake thee.” Deuteronomy 31:6

“Wait on the LORD, be of good courage, and he shall strengthen your heart: wait, I say on the LORD.” Psalm 27:14

“The God of peace will soon crush Satan under your feet.” Romans 16:20

“Let nothing trouble you. Let nothing frighten you. Everything passes. God never changes. Patience obtains all. Whoever has God wants for nothing. God alone is enough.”

St. Theresa of Avila

“Many who may seem to us to be children of the devil will still become Christ’s disciples.”

St. Francis of Assisi

EVENINGS

“When night comes, and you look back over the day and see how fragmentary everything has been, and how much you planned that has gone undone, and all the reasons you have to be embarrassed and ashamed: just take everything exactly as it is, put it in God’s hands and leave it with Him. Then you will be able to rest in Him, really rest, and start the next day as a new life.”

St. Teresa Benedicta of the Cross

“Teach us to be generous, good Lord; teach us to serve you as you deserve, to give and not to count the cost, to fight and not to heed the wounds, to toil and not to seek for rest, to labor and not to ask for any reward save that of knowing we do your will.”

St. Ignatius of Loyola

Wrap yourself in the Holy Spirit like a blanket of safety, and entrust your life, your home, your family to God’s protection as you rest and recharge during the night. He cares for you and knows where you are at every moment, and He never slumbers or sleeps.

SPIRITUAL READING

We gain such strength from reading holy texts and 2000 years of insights from the saints. When our hearts are open, it is a thrill to sense words illuminating on a page and piercing our hearts, pouring balm over our soul’s wounds or filling us with new courage and determination.

An encouraging exercise is to read each day – according to the day of the month – the corresponding book of Psalms and Proverbs. Before you read – ask God to speak wisdom to your heart for that precise day’s events and challenges. You will be amazed at what happens!

Father Robert Barron, “Your soul longs for the deep things of God – it feeds on them. The soul wants the Divine Life. Why are you starving spiritually? Because you’re ‘not eating right! Don’t fill your mind with junk.’”

Favorite books for Spiritual Reading

Imitation of Christ – Thomas a Kempis

Interior Castle – St. Teresa of Avila

Introduction to the Devout Life – St. Francis de Sales

Mere Christianity – C.S. Lewis

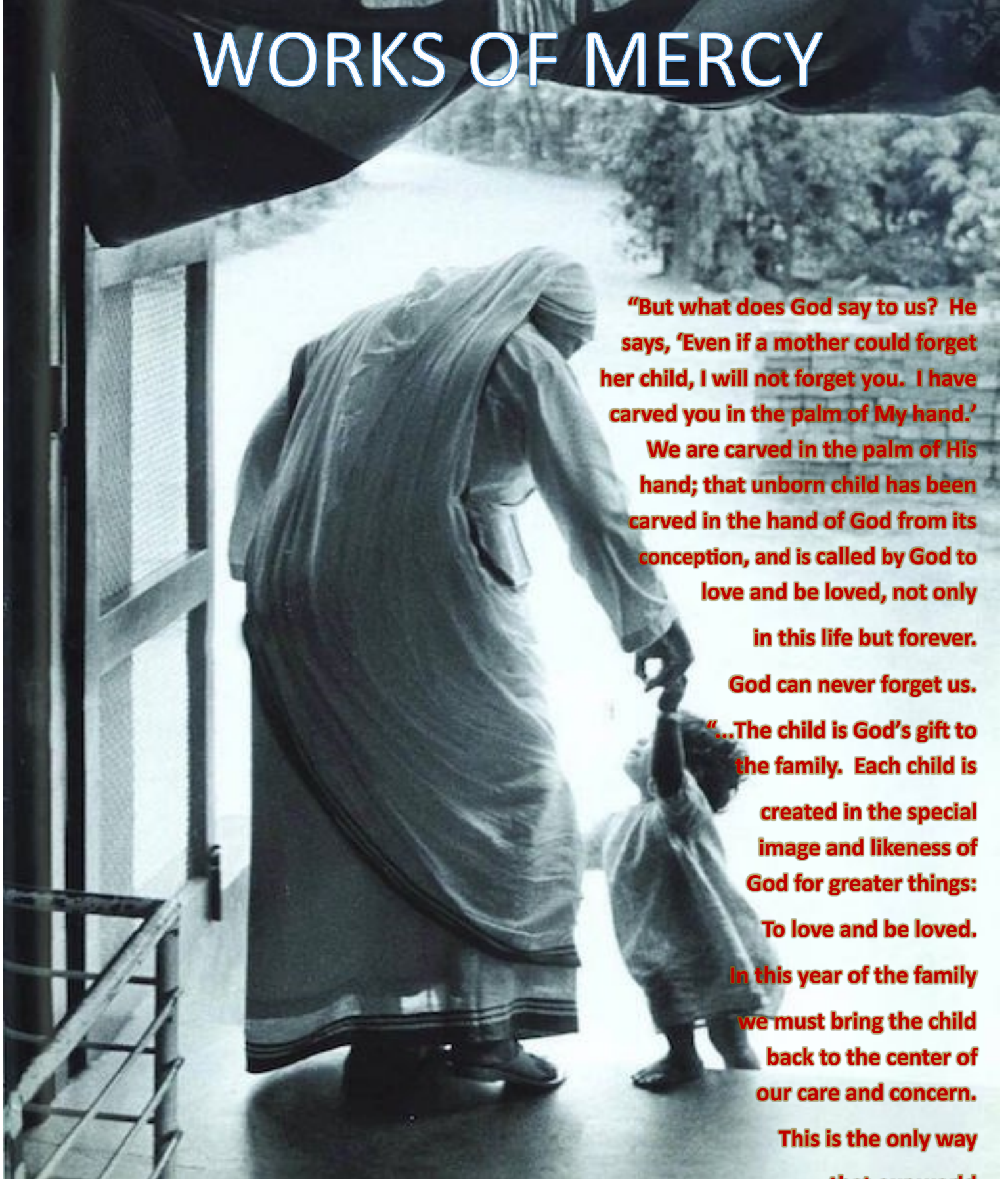
Story of a Soul – St. Therese of Lisieux

The Catechism of the Catholic Church

The Spiritual Exercises – St. Ignatius of Loyola

The Theology of the Body – St. Pope John Paul II

WORKS OF MERCY



"But what does God say to us? He says, 'Even if a mother could forget her child, I will not forget you. I have carved you in the palm of My hand.'

We are carved in the palm of His hand; that unborn child has been carved in the hand of God from its conception, and is called by God to love and be loved, not only

in this life but forever.

God can never forget us.

"...The child is God's gift to the family. Each child is

created in the special image and likeness of God for greater things:

To love and be loved.

In this year of the family we must bring the child back to the center of our care and concern.

This is the only way

that our world

can survive,

because our children are our only hope for the future." St. Teresa of Calcutta

Works of Mercy

Education Essentials

Purpose

Love of neighbor is essential to our love of Christ, and our life in Him. This is stated plainly in the Gospel of Matthew: “You shall love the Lord your God, with all your heart, and with all your soul, and with all your mind. This is the great and first commandment. And a second is like it, you shall love your neighbor as yourself. On these two commandments depend all the law and the prophets.” (Matthew 22:37-40)

Pope Emeritus Benedict XVI reflects on the greatest commandments in his encyclical *Deus Caritas Est*. “The unbreakable bond between love of God and love of neighbor is emphasized. One is so closely connected to the other that to say that we love God becomes a lie if we are closed to our neighbor or hate him altogether. Saint John’s words should rather be interpreted to mean that love of neighbor is a path that leads to the encounter with God, and that closing our eyes to our neighbor also blinds us to God.”¹

*I really only love God as much
as I love the person I love the
least.*

-Dorothy Day

Through participation in the Eucharist we are brought into communion with Christ in his Eucharistic Body as well as Christ in His Mystical Body, the Church. Then, when we look at those around us, we no longer are to see an ‘other,’ but our brother and sister in Christ. We must see them through Christ’s eyes, and love them with His love in their material and spiritual poverty. In a particular way, material poverty is “the obvious sign of the inherited condition of frailty and need for salvation in which man finds himself as a consequence of original sin.”² Even if we are not materially poor, before God each of us is equal in our spiritual poverty; each of us is a beggar. Therefore, we must love our brothers and sisters from a place of humility and by extending mercy to them because of the love and mercy first graciously extended to us by God. If God loves us and forgives us, and continues to meet us daily in our misery, who are we to think we can do otherwise when we encounter the material and spiritual misery of our brothers and sisters?

It will be by the love and mercy we extended to our suffering brothers and sisters that we will be judged on the Last Day. According to the Gospel of Matthew, what we did for the hungry, thirsty, naked, imprisoned, sick, lonely and homeless, it will be counted as having been done for Christ.

¹ Benedict. “Love of God and Love of Neighbor.” *God Is Love: Deus Caritas Est, Encyclical Letter*. Washington, DC: United States Conference of Catholic Bishops, 2006. 20. Print.

² *Instruction on Christian Freedom and Liberation*. Washington, D.C.: Pub. and Promotion Services, United States Catholic Conference, 1986. 68. Print.

Blessed Mother Teresa stated, “We will only know in Heaven how much good has come to us through all those who are in need, such as the sick, the hungry, and the homeless. This is because we cannot do anything for God in Heaven! In Heaven God is perfectly happy! He has everything he wants. So what did God do? God became man! Now we can do something for him because he said, ‘I was hungry and you fed me! I was thirsty and you gave me something to drink!’”³ In total humility, Christ allows *us* to encounter Him and show preferential love for Him in the “distressing disguise of the poor” through our works of mercy.

Works of Mercy

According to the Catechism of the Catholic Church, “The works of mercy are charitable actions by which we come to the aid of our neighbor in his spiritual and bodily necessities.”⁴

Spiritual Works of Mercy

The spiritual works of mercy are as follows:

- To instruct the ignorant
- To counsel the doubtful
- To admonish sinners
- To bear wrongs patiently
- To forgive offenses willingly
- To comfort the afflicted
- To pray for the living and the dead

It makes no difference whether one is master of the world or the ‘poorest of the poor’ on the face of the earth. Before the demands of morality - we are all absolutely equal.

-St. John Paul II

Corporal Works of Mercy

The corporal works of mercy are as follows:

- To feed the hungry
- To give drink to the thirsty
- To clothe the naked
- To shelter the homeless
- To visit the sick
- To ransom the captive
- To bury the dead

³ Apostoli, C.F.R., Andrew, Fr. "Four Reasons The Works of Mercy Are Important." *What to Do When Jesus Is Hungry: A Practical Guide to the Works of Mercy*. N.p.: Ignatius Press, n.d. N. pag. Print.

⁴ "Section 2448." *Catechism of the Catholic Church: Modifications from the Editio Typica*. Vatican: Libreria Editrice Vaticana, 1997. 588. Print.

Charity in Truth

These works of mercy must stem from charity, which is rooted in truth. “Truth needs to be sought, fought, and expressed within the ‘economy’ of charity, but charity in turn needs to be understood, confirmed and practiced in the light of truth. In this way, not only do we do a service to charity enlightened by truth, but we also help give credibility to truth, demonstrating its persuasive and authenticating power in the practical setting of social living.”⁵

Truth protects charity from falling into mere sentimentality or from becoming just another avenue of social activism. Truth is a person, Jesus Christ. Christ as the foundation, and source of all charity only strengthens charity. Through Christ, charity is provided the proper lens through which to see the reality of the human person, and truly care for his or her bodily and spiritual needs. When we struggle with the person before us, it behooves us to pause, pray, and ask our Lord to help us see that person “through His eyes.”

⁵ Benedict. "Introduction." Introduction. *Charity in Truth: Caritas in Veritate: Encyclical Letter*. Washington, DC: United States Conference of Catholic Bishops, 2009. 2. Print.

APPENDICES



I. ADDITIONAL READING

II. COMMUNITY RESOURCES

III. HANDBOOK FOR PRIESTS

Additional Reading/Resources

Abortion

- “Women’s Health after Abortion” by Elizabeth Ring-Cassidy & Ian Gentles
- “Detrimental Effects of Abortion” edited by Thomas W. Strahan
- “Planned Bullying” by Karen Handel
- “Making Abortion Rare” by David C. Reardon
- “What if We’ve Been Wrong?” by Terry Beatley
- “Three Approaches to Abortion” by Peter Kreeft
- “Grand Illusions-The Legacy of Planned Parenthood” by George Grant
- “40 Years of the Culture of Death: A Pastoral Letter on the Occasion of the Anniversary of Roe vs. Wade” by Most Reverend Samuel J. Aquila

Artificial Reproductive Technologies & Stem Cell Research

- “An Insider’s Look at the War on Women” by Thomas W. Hilgers, M.D.
- “The Gift of Life” by the Congregation of the Doctrine of Faith
- “Imagining the Future: Science & American Democracy” by Yuval Levin
- “In Their Own Words: Women Healed” by Jean Packard
- “Making Sense of Bioethics,” (an ongoing column) by Fr. Tad Pacholczyk
- “The NaPro Technology Revolution” by Thomas W. Hilgers, M.D.
- “Preaching Points on In Vitro Fertilization” by the National Catholic Bioethics Center
(<http://www.ncbcenter.org/document.doc?id=8>)
- “Praying the Rosary for Inner Healing” by Father Dwight Longenecker
- “Infertility Companion for Catholics: Spiritual and Practical Support for Couples”
by Angelique Ruhi-Lopez & Carmen Santamaria

Chastity

- “Affirming Love, Avoiding AIDS: What Africa Can Teach the West”
by Matthew Hanley & Jokin de Irala
- “A Return to Modesty: Discovering the Lost Virtue” by Wendy Shalit
- “The Joyful Mysteries of Life” by Catherine and Bernard Scherrer
- “Love and Responsibility” by Karol Wojtyla
- “Men, Women and the Mystery of Love: Practical Insights from John Paul II’s Love
and Responsibility” by Edward Sri
- “Strong Fathers, Strong Daughters” by Dr. Meg Meeker
- “Strong Mothers, Strong Sons” by Dr. Meg Meeker
- “Theology of the Body” by John Paul II
- “Theology of the Body Explained” by Christopher West
- “Epidemic: How Teen Sex is Killing our Kids” by Dr. Meg Meeker

Chastity Resources Continued...

- “Good News about Sex and Marriage” by Christopher West
- “The Princess and the Kiss” by Jennie Bishop (for young girls)
- “Beyond the Birds and the Bees – raising sexually whole and holy kids”
by Dr. Greg & Lisa Popcak
- “Raising Pure Teens – 10 Strategies” by Jason Evert & Chris Stefanick
- “Parents’ Guide to Teen Health – raising physically & emotionally healthy teens”
by Focus on the Family, Tyndale House publications
- “Dressing With Dignity” by Colleen Hammond
- “Wait for Me – rediscovering the joy of purity in romance” by Rebecca St. James
- “A Plea for Purity” by Johann Christoph Arnold
- “Smart Sex – finding life-long love in a hook-up world” by Jennifer Roback Morse
- “Emotional Virtue – a guide to drama-free relationships” by Sarah Swafford
- “Sexual Wisdom for Catholic Adolescents – home-based, comprehensive course
for older teens” by Richard Wetzel, MD
- “Men, Women, and the Mystery of Love” by Dr. Edward Sri
- “The Thrill of the Chaste” by Dawn Eden

Corporal Works of Mercy

- “Charity in Truth” Encyclical Letter of His Holiness Pope Benedict XVI
- “What to Do When Jesus is Hungry?” by Fr. Andrew Apostoli, C.F.R.

Early Human Development

- “Signature in the Cell – DNA and the evidence for Intelligent Design” by Stephen Meyer

End of Life

- “20 Answers – End of Life Issues” from Catholic Answers Press
- “Catholic Guide to End-of-Life Decisions” by the National Catholic Bioethics Center
- “Declaration on Euthanasia”, Congregation for the Doctrine of the Faith (May 5, 1980)**
- “FAQ on Brain Death” by the National Catholic Bioethics Center (<http://www.ncbcenter.org/page.aspx?pid=1285>)
- “FAQ on the Persistent Vegetative State” by the National Catholic Bioethics Center (<http://www.ncbcenter.org/page.aspx?pid=1286>)
- “Midwife For Souls – spiritual care for the dying” by Kathy Kalina
- “Ordinary and Extraordinary Means of Conserving Life” by Daniel A. Cronin
- “Preaching Points on Nutrition and Hydration” by the National Catholic Bioethics Center
(<http://www.ncbcenter.org/document.doc?id=9>)
- “Time to Say Goodbye” by Barbara Olive
- “Deathbed Conversions – Finding Faith at the Finish Line” by Karen Edmisten

Legislative Issues

- “Render Unto Caesar: Serving the Nation by Living Our Catholic Beliefs in Political Life”
by Archbishop Charles J. Chaput
- “Living the Gospel of Life: A Challenge to American Catholics”
a statement by the Catholic Bishops of the United States
- “The Right to Privacy” by Dr. Janet Smith

Natural Fertility Awareness vs. Artificial Contraception

- “Of Human Life” Encyclical Letter of His Holiness Pope Paul VI
- “Adam and Eve After the Pill: Paradoxes of the Sexual Revolution” by Mary Eberstadt
- “An Insider’s Look at the War on Women” by Thomas W. Hilgers, M.D.
- “Why Humane Vitae was Right: A Reader” by Janet Smith
- “In Their Own Words: Women Healed” by Jean Packard
- “Fertility Care for Young Women” a newsletter by the Pope Paul VI Institute
(<http://www.popepaulvi.com/FCYoungWomen.php>).
- “Sterilization Reversal-A Generous Act of Love” 20 stories edited by John Long
- “The NaPro Technology Revolution” by Thomas W. Hilgers, MD

Pornography

- “Restored: True Stories of Love and Trust after Porn” by Matt & Cameron Fradd
- “Integrity Restored: Helping Catholic Families Win the Battle Against Pornography”
by Peter C. Kleponis, PhD
- “Delivered: True Stories of Men and Women who Turned from Porn to Purity” by Matt Fradd
- “The Man Talk” by Matt Fradd
- “Pure of Heart, Breaking Free from Porn” by Jason Evert
- “The Porn Myth – Exposing the Reality Behind the Fantasy of Pornography” by Matt Fradd
- “Fertility, Cycles and Nutrition” by Marilyn M. Shannon

Post-Abortion Healing

- “On the Dignity and Vocation of Women” Encyclical Letter
of His Holiness Pope John Paul II
- “Victims and Victors: Speaking out about their pregnancies, abortions, and children resulting
from sexual assault” Edited by David C. Reardon, J. Makimaa and A. Sobie
- “A Path to Hope – For parents of aborted children and those who minister to them”
by John J. Dillon
- “A Season to Heal – Help and hope for those working through Post-Abortion Stress”
by Luci Freed and Penny Salazar

Post-Abortion Healing Continued...

“Forgiven and Set Free” A Post-Abortion Bible Study for Women by Linda Cochrane

“Abortion and Healing, a Cry to be Whole” by Michael T. Mannion

“Psycho-Spiritual Healing After Abortion” by Douglas Crawford and Michael Mannion

“The Jericho Plan – Breaking Down the Walls Which Prevent Post-Abortion Healing”
by David C. Reardon

“Redeeming A Father’s Heart – Men share powerful stories of abortion loss and recovery”
by Kevin Burke LSW, David Wemhoff, Marvin Stockwell

“No One Told Me I Could Cry” Teen’s guide to hope and healing by Connie Nykiel

“Motherhood Interrupted – stories” by Jane Brennan (local author)

“Aborted Women – Silent No More” by David C. Reardon

Prenatal Loss: Support & Special Needs/Disabilities

“Letters to Gabriel: The True Story of Gabriel Michael Santorum” by Karen Santorum

“Life is a Blessing: A Biography of Jérôme Lejeune” by Clara Lejeune-Gaymard

“For the Love of Angela” by Nancy Mayer-Whittington

“Waiting for Eli” and “Eli’s Reach” by Chad Judice

“Hope After Prenatal Diagnosis,” Ethics and Medics: A Commentary of the National Catholic
Bioethics Center on Health Care and the Life Sciences (October 2011)

http://www.ncpd.org/sites/default/files/NCBC_October2011E&M.pdf

“My Child, My Gift: A Positive Response to Serious Prenatal Diagnosis”

<http://www.mychildmygift.com/>

ProLife Apologetics

“Persuasive Pro Life” by Trent Horn

“Making the Case for Life” by Trent Horn

“Ten Universal Principles-Brief Philosophy of the Life Issues” by Fr. Robert Spitzer Ph.D.

“Pro-Life 101- Making Your Case Persuasively” by Scott Klusendorf

“Physicians Healed – 15 stories” edited by Cleta Hartman, from OneMoreSoul

“A Pro-Life Pastoral Handbook” by Brian Clowes, Human Life International

“Healing the Culture” by Father Robert Spitzer Ph.D.

“Beginning Apologetics 5 – Tough Moral Questions” by San Juan Catholic Seminars

“The Gospel of Life” Encyclical Letter of His Holiness St. Pope John Paul II

Sexual Abuse

- “Catie the Caterpillar – A story to help break the silence” by Tracy Schamburg, LPC
- “Child Lures – What every parent and child should know about preventing sexual abuse and abduction” by Kenneth Wooden
- “The Wounded Heart Workbook – hope for adult victims of childhood sexual abuse” – a companion workbook for personal or group use. By Dr. Dan B. Allender

Spiritual Warfare

- “Architects of the Culture of Death” by Donald De Marco & Benjamin Wiker
- “Healing the Culture” by Father Robert Spitzer, SJ
- “How to Win the Culture War” by Dr. Peter Kreeft
- “The Seven Gifts of the Holy Spirit – every spiritual warrior’s guide to God’s invincible gifts” by Keven Vost, Psy.D.
- “Powers and Dominions: Angels, Demons and Spiritual Warfare” Ignatius Press
- “Demons, Deliverance and Discernment – separating fact from fiction about the spiritual world” by Fr. Mike Driscoll
- “What You Need to Know About Exorcism” Patrick Coffin interviews Fr. Gary Thomas
- “Unearthing Your Talents – a Thomastic Guide to Spiritual Growth” by Kevin Vost, Psy.D.
- “Go to Heaven: A Spiritual Road Map to Eternity” by Fulton J. Sheen
- “Surrender! The Life-Changing Power of Doing God’s Will” by Fr. Larry Richards

Community Resources

In the midst of educating, implementing events and programs, and praying, regarding the various Respect Life Office monthly themes, it is important to be knowledgeable of the various community resources that dignify life at all stages and ages and as much as possible keep these resources visible and available in the parish throughout the entire year.

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<https://www.denvergov.org/content/denvergov/en/denver-human-services/programs/adults-and-seniors/adult-protection-services.html>

(720) 944.2994 Toll free 1.(800) 773.1366

Services: In-home assessment for abuse, neglect, and/or exploitation, crisis intervention, monthly visits by a caseworker, assistance with housing and/or placement to alternative housing, assistance with obtaining benefits and money management

Denver Abuse Hotlines

Adult Protection Hotline

(720) 944.2994 1.(800) 773.1366

Child Abuse Hotline-City of Denver and County

(720) 944.3000 (303) 866.5932

Denver Adult Protection Hotline

(720) 944.2994 (800) 773.1366

SafeHouse Denver, Inc. <http://www.safehouse-denver.org/>

Denver, CO (Serving Denver County)

Crisis: (303) 318.9989*

Admin: (303) 318.9959

We serve victims of domestic violence and their children through both an emergency shelter and a non-residential Counseling and Advocacy Center.

Garfield County (Glenwood Springs)

Advocate Safe House Project (Shelter in Glenwood Springs for victims of domestic violence)

<http://www.advocatesafehouse.org/>

Admin: (970) 945.2632

24-Hour Help Line (970) 945.4439 & (970) 285.0209

Safe house Program, Outreach Program, Latina Outreach Program,
Community Awareness and Education Program

Adams County / Denver County (Commerce City)

Alternatives to Family Violence

Commerce City, CO (Serving Adams County)

Crisis: (303) 289.4441

(303) 637.7761 -Adams County

(303) 863.7233 -Denver County

(720)495.9760 -24 Hour Bi-Lingual-Spanish

Adams County / Jefferson County

Family Tree, Inc.

<http://www.thefamilytree.org/>

(Serving Adams and Jefferson Counties)

3805 Marshall Street

Wheat Ridge, CO 80033

Eagle County

Bright Future Foundation-Sexual Assault Crisis Line

Admin: (970) 949.7097 (Serving victims in Eagle Country)

Crisis: (970) 949.7086

Transitional and emergency housing for up to two years, case management.

Larimer County (Ft. Collins)

Cross Roads Safe House (Larimer County)

<http://www.crossroadssafehouse.org/>

(970) 482.3502

Toll free 1-888-541.SAFE (888) 541.7233*

P.O. Box 993/ Ft. Collins, CO 8522

(303)422.2133

Arapahoe County

Gateway Battered Women's Services

<http://www.gatewayshelter.org/>

(Serving Arapahoe County)

PO Box 914

Aurora, CO 80040 Crisis: (303) 343.1851 (TTY available)

Boulder County

Safehouse Progressive Alliance for Nonviolence

<http://www.safehousealliance.org/>

(Serving Boulder County)

835 North Street, Boulder CO, 80304

Boulder, CO

Crisis: (303) 444.2424*

Admin: (303) 449.8623

L.E.V.I (Longmont Ending Domestic Violence Initiative)

www.LongmontDomesticViolence.org

225 Kimbark Street

Longmont, CO 80501

(303) 774.4534

[St. Vrain \(Longmont\)](#)

Safe Shelter of St. Vrain Valley

<http://www.safeshelterofstvrain.org/> <http://safesheltertera.org/> (teen site)

Longmont, CO (Serving Boulder County)

Crisis: (303) 772.4422*

Admin: (303) 772.0432

24-hour crisis line, emergency shelter, individual and group counseling, case management (including transitional housing programs), information and referrals, legal advocacy and community and peer education.

Boulder County / Broomfield County

MESA – Moving to End Sexual Assault (Boulder and Broomfield counties)

www.movingtoendsexualassault.org

(303) 443.7300

Advanced Directives & End of Life Care

Deacon Alan Rastrelli, M.D. – Palliative Care Specialist

St Francis of Assisi Supportive Care, LLC Email: arascol@msn.com

Cell: 303-653-3376

Archdiocese of Denver- Office of Child and Youth Protection

The following on [how to report a child-abuse complaint](https://archden.org/child-protection/) is from Archdiocese of Denver website, [Child and Youth Protection](https://archden.org/child-protection/) (<https://archden.org/child-protection/>):

All incidents of sexual abuse of anyone under the age of 18 years of age should be reported immediately to the civil authorities. To report an allegation of sexual abuse involving a child to civil authorities, please use the appropriate child abuse hotline numbers, listed below.

Allegations of sexual misconduct against a priest, deacon or seminarian with another adult should be directed to the Vicar for Clergy at (303) 715. 3197.

Allegations of sexual misconduct involving adult lay staff should be directed to the Director of Human Resources at (303) 715. 3193.

Allegations of sexual misconduct or harassment that involve lay adults in a Catholic school setting should be directed to the Superintendent of Catholic Schools at (303) 715. 3132.

Archdiocesan Housing

Archdiocesan Housing Inc.

6240 Smith Rd., Denver, CO 80216

Phone: 303-830-0215

Colorado TDD Relay (TRS) 711

<http://www.archdiocesanhousing.org/>

Services Provided: An affiliate of Catholic Charities, Archdiocesan Housing provides affordable, service-enriched housing in the Denver Metro Area, Boulder, Colorado Springs, Golden, Greeley, Wyoming, and more in the mountains. Varying by location, housing is available for seniors, individuals and families who cannot access decent housing in the broader market place.

Cemeteries & Burial Assistance

Archdiocese of Denver Cemeteries

Mt. Olivet Cemetery

12801 W. 44th Avenue, Wheat Ridge, Colorado 80033

Phone: 303-424-7785

<http://www.archdenmort.org>

Services Provided: In accord with the Catholic Church, Archdiocese of Denver Cemeteries affords proper reverence to the body in death. The staff takes great care in all the burial process to respect the sacredness of the body, and the burial ground in which it is laid. At Mt. Olivet, full cemetery services include standard casket and cremated ground burials, above ground mausoleums, above ground niches for cremated remains and a full selection of grave markers.

St. Simeon Cemetery

22001 E. State Highway 30, Aurora, Colorado 80018

Phone: 720-859-9785

Email: mike.hornung@archden.org

http://archdencemeteries.org/welcome/?page_id=34

Boulder County

<https://www.bouldercounty.org>

(303) 441.1000

Assistance to help pay for funeral, burial, and/or cremation costs;
total cost cannot exceed \$2,500.

Colorado Department of Human Services

1200 Federal Blvd.

Denver, CO 80205

(720) 944.3666

Financial assistance to help pay for funeral, burial and or cremation costs to recipients of Aid to the Needy Disabled, Aid to the Blind, Old Age Pension, and Medicaid whose estates are insufficient to pay the total costs.

Denver Human Services

1200 Federal Blvd. /2855 Tremont Place (Eastside)/4685 Peoria Street

Denver, CO

(720) 944.3666

Call DHS to determine if resources are available for burial assistance.

Denver's Road Home General Assistance

<http://www.denversroadhome.org/index.php>

1200 Federal Boulevard

Denver, Colorado 80204

(720) 944.2548

A String of Pearls (Early Child Loss Assistance)

PO Box 630454, Littleton, CO 80163

Email Laura Huene laura@stringofpearlsonline.org

Perinatal hospice non-profit organization. Recommended as an outstanding help for families with this difficult end of life situation.

Counseling (Professional/Faith-Based)

Saint Raphael Counseling

750 W. Hampden Avenue, Suite 415

Englewood, CO 80112

Phone 720.377.1359 Website straphaelcounseling.com

Services: Bringing the healing of Jesus Christ through counseling and mental health services that are faithful to the principles of the Catholic Faith. Therapy for adults, children and adolescents, couples, families and groups. We offer post-abortion counseling as well. Psychological, academic, and religious vocational assessments are available, as well as consultation with priests, religious, and Catholic school personnel. Services are fee-based. Some insurance is accepted and grants are available for those who need assistance.

Denver Location

2696 S. Colorado Blvd., Suite 445, Denver, CO 80222

Littleton Location

5921 S. Middlefield Rd., Suite 203, Littleton, CO 80123

Louisville Location

400 South McCaslin Blvd., Suite 206, Louisville CO 80027

Family and Childcare Services

Families of Character

<http://www.familiesofcharacter.com/>

Educational. "Teach your children virtues and they will be successful no matter what they do."

Program developed by Steve Markel from Families of Character.

About \$8.00 a month to subscribe to online course.



Early Childhood Education Programs Head Start and Early Head Start Locations

Child Development Center

(Full Day Child Care, Head Start, 6 ½ hr Head Start, Early Head Start, Colorado Preschool Program & Denver Preschool Program)

1155 Decatur Street
Denver, CO 80204
Phone: 720-799-9440
Ages Served: 6 weeks – 5 years
Days Served: Monday – Friday

Margery Reed Mayo Day Nursery

(Full Day Child Care, Head Start, 6 ½ hr Head Start, Early Head Start, Colorado Preschool Program & Denver Preschool Program)

1128 28th Street
Denver, CO 80205
Phone: 720-799-9423
Ages Served: 6 weeks – 5 years
Days Served: Monday – Friday

Mariposa

(Full Day Child Care, Head Start, Early Head Start, Colorado Preschool Program & Denver Preschool Program)

1240 W.10th Avenue
Denver, CO 80204
Phone: 720-799-9456
Ages Served: 6 weeks – 5 years
Days Served: Monday – Friday

Garfield Head Start

(6 ½ hr, Part-year)

872 S. Knox Court
Denver, CO 80219
Phone: 303-922-9885
Ages Served: 3 – 5 years
Days Served: Monday – Friday

Kentucky Head Start

(Half-day/Part-year)

852 S. Knox Court
Denver, CO 80219
Phone: 303-935-9453
Ages Served: 3 – 5 years
Days Served: Monday – Friday

Annunciation Head Start

(6 ½ hr /Part-year)

3536 Lafayette Street
Denver, CO 80205
Phone: 720-799-9486
Ages Served: 3 – 5 years
Days Served: Monday – Friday

Head Start Home Based Option

(Weekly Home Visits/ Year-around -Office located at Pecos location)

4045 Pecos St,
Denver, CO 80211
Ages Served: families with children 3 – 5 years old

Early Head Start Home Based Option

(Weekly Home Visits/Year- around – Office located at Kentucky Head Start)

852 S. Knox Court
Denver, CO 80219
Phone: 303-935-9453
Ages Served: families with children birth – 3 years

EHS Prenatal Program

(Office located at Pecos location)

4045 Pecos St
Denver, Co 80211
Ages Served: Schedule individually tailored based upon client needs/desires

Relatives Raising Children - Kinship Services

Catholic Charities

4045 Pecos Street, Denver CO 80211

Phone: 720-799-9253 English & Spanish

Email: kinship@ccdenvver.org

Web: <http://ccdenvver.org/services/support-for-relatives-raising-children>

Handicapped/Disabled Services

Carron Coffee House

Community Center, Light of the World Parish

10316 West Bowles Avenue, Littleton, CO 80127

Services Provided: Carron Coffee House nights are held on Friday evenings starting at 7pm. The nights are celebrations of the dignity of the lives of all of those with special needs. These nights are sponsored by the Knights of Columbus, and include Mass, dinner and special activities/games for those with special needs as well as their family and friends in the community. To keep track of Carron Coffee House dates, you can go to the Knights of Columbus website at www.kofc12567.org and click on the event calendar on the left hand side of the screen.

Colorado Catholic Deaf Community

St. Bernadette Parish

7240 W. 12th Avenue, Lakewood, CO

Phone: 303-884-3236 (V/Text)

<http://www.coloradocatholicdeaf.com/>

Services Provided: Advocates for the life of the deaf community in the Church, and helps in providing interpreters for church services (Mass, weddings, funerals). The website provides weekly American Sign Language (ASL) sermons based off of the Sunday readings, and a listing of all Sunday Masses, which provide ongoing signing & interpretation services.

Jérôme Lejeune Foundation USA

6397 Drexel Road Philadelphia, PA 19151

Phone: (267) 403-2910

Email: Contact@LejeuneUSA.org

<http://lejeuneusa.org/>

Services Provided: World's largest private funder of research into genetic intellectual disabilities. The foundation provides information and support to those considering pre-natal screening as well as wealth of information in regards to research, the best medical care for persons with genetic intellectual disabilities and advocacy for the defense of the full integration of persons with genetic intellectual disabilities into society.

National Catholic Partnership on Disability

415 Michigan Avenue, N.E., Suite 95, Washington, DC 20017-4501

Phone: 202-529-2933

TTY: 202-529-2934

Email: ncpd@ncpd.org

<http://www.ncpd.org/>

Services Provided: Working in collaboration with parishes and dioceses, the National Catholic Partnership on Disability aims to ensure the meaningful participation of all persons with disabilities in the life of the Church and society at large.

Human Trafficking

National Human Trafficking Resource Center

Call: 1.888.373.7888 | Text: HELP to BeFree (233733)

nhtrc@polarisproject.org | www.traffickingresourcecenter.org

The National Human Trafficking Resource Center (NHTRC) is a national, toll-free hotline, available to answer calls from anywhere in the country, 24 hours a day, 7 days a week, every day of the year in more than 200 languages. The NHTRC is operated by Polaris, a non-profit, non-governmental organization working exclusively on the issue of human trafficking. We are not a government entity, law enforcement or an immigration authority.

[Report a tip](#)

[Connect with anti-trafficking services in your area](#)

[Request training and technical assistance, general information](#) or [specific anti-trafficking resources](#).

Questions to Ask

Assuming you have the opportunity to speak with a potential victim privately and without jeopardizing the victim's safety because the trafficker is watching, here are some sample questions to ask to follow up on the red flags you became alert to:

Can you leave your job if you want to?

Can you come and go as you please?

Have you been hurt or threatened if you tried to leave?

Has your family been threatened?

Do you live with your employer?

Where do you sleep and eat?

Are you in debt to your employer?

Do you have your passport/identification? If NOT - Who has it?

Local Resources:

COVA-Colorado Organization for Victims Assistance, Human Trafficking Program

Angelika Carnes, LCSW Human Trafficking Program Manager, Bi-lingual – German & English

Office: (303) 996.8087 Email: angelika@coloradocrimevictims.org

Our services can include but are not limited to:

Housing referrals, food, clothing, transportation, phone, referrals for medical and mental health services, legal assistance, education, ESL classes, job training, technical assistance and training for communities, law enforcement and concerned citizens on how to identify and respond to incidences of human trafficking.

Colorado Human Trafficking Hotline

(866) 455.5075 Will provide referrals to other local community resources.

Mandated Reporting of Child Abuse or Neglect: Please call **1-844-CO-4-Kids**

Colorado legislation: HOUSE BILL 14-1273 states:

Child sex trafficking is now a sex offense against a child

A minor can never consent to being prostituted

Suspects cannot argue they didn't know the age of a victim

A new human-trafficking council has been created

Those convicted are now ordered to pay restitution to their victims

Immigration Services

Catholic Charities

Denver Metro Area

6240 Smith Road, Denver, Colorado 80216

Phone: 303- 742- 4971

Walk in Hours: Tues. & Thurs. – 9am or 1pm only

Consultation Fee: \$35

<http://www.ccdenvr.org/index.php/services/immigration-services>

Services Provided: Legal advice, assistance and representation, which includes the following: Family Visa Processing, Naturalization/Citizenship, U Visas/VAWA, Deportation Defense & Deferred Action for Youth/DACA. Other services include Legal Aid Clinic Nights, free community trainings on immigration law and the unauthorized practice of law and outreach services and educational materials. Bilingual staff with 25+ years of experience in immigration law. Board of Immigration Appeals Accredited.

Catholic Charities

Northern Colorado

1442 N. 11th Ave, Greeley, CO 80631

Phone: 303-742-4971

Hours: Consultation by appointment only. Please call to schedule.

Consultation Fee: \$50

<http://www.ccdenvr.org/index.php/services/immigration-services>

Services Provided: Legal advice, assistance and representation, which includes the following: Family Visa Processing, Naturalization/Citizenship, U Visas/VAWA, Deportation defense & Deferred Action for Youth/DACA. Other services include Legal Aid Clinic Nights, free community trainings on immigration law and the unauthorized practice of law and outreach services and educational materials.

Catholic Charities

Western Slope

1004 Grand Ave, Glenwood Springs, CO 81601

Phone: 970- 945-9562

Hours: Consultation by appointment only. Please call to schedule.

Consultation Fee: \$50

<http://www.ccdenvr.org/index.php/services/immigration-services>

Services Provided: Legal advice, assistance and representation, which includes the following: Family Visa Processing, Naturalization/Citizenship, U Visas/VAWA, Deportation defense & Deferred Action for Youth/DACA. Other services include Legal Aid Clinic Nights, free community trainings on immigration law and the unauthorized practice of law and outreach services and educational materials.

Centro San Juan Diego

2830 Lawrence St., Denver, CO 80205

Phone: 303- 295-9470

Email: centro@archden.org

http://www.centrosanjuandiego.org/index.php?option=com_content&view=frontpage&Itemid=1

Services Provided: Archdiocesan Institute for Hispanic Family & Pastoral Care, providing all the necessary tools via empowerment, education and leadership training for Hispanic immigrants to holistically integrate into American society. Bienestar Family Services is the family services arm of Centro San Juan Diego and offers adult education and other family services regardless of racial, religious or economic status.

Jail & Prison Ministry

Archdiocese of Denver

303-715-3220

Services Provided: The Archdiocesan Jail & Prison ministry provides spiritual support to inmates in over 40 facilities including county jails, youth detention facilities, State and Federal prisons, and private prisons that operate within the territory of the Archdiocese of Denver. The ministry seeks additional volunteers who are 21 years of age, a practicing Catholic, and able to pass a background check.

Loss of Child/Pregnancy Loss

Archdiocese of Denver Cemeteries

Mt. Olivet Cemetery

12801 West 44th Avenue, Wheat Ridge, CO 80033-2460

Phone: (303) 425-9511

<http://archdencemeteries.org/welcome/> Services Provided: Burial arrangements following the loss of a child and pregnancy loss are available at Mt. Olivet Cemetery

*** As a note, the resources listed below are not considered officially endorsed Catholic resources, but rather, general resources for Loss of Child/Pregnancy Loss ***

1 Heart 2 Souls

407 Vine Street, Suite 172, Cincinnati, OH 45202-1806

Phone: 859-496-4149

Email: info@1heart2souls.org

www.1heart2souls.org

Services Provided: Mentorship by parents who have personally experienced a diagnosis of their child's limited lifetime prognosis or the loss of an infant. This mentorship is intended to provide moral and material support to other parents in similar situations, affirm they are not alone, and be a testament to the potential inherent in all life.

Colorado Pregnancy & Newborn Loss Service

Consultation & Support Program

7355 S. Peoria Street, Hanger 10, Suite 202, Englewood, Colorado 80112

Phone: 720-946-2828

Email: cpnlorg@yahoo.com

<http://www.coloradopregnancyloss.org/>

Services Provided: Private counseling, grief support groups, professional training and community education for all those affected by miscarriage, stillbirth or early infant death

Elizabeth Ministry International – Online Gift & Resource Center

Phone: 920-766-9380

<http://shopelizabethministry.mybigcommerce.com/>

Services Provided: Order miscarriage delivery aids, burial vessels, burial gowns and blankets, booklets and brochures

Mommies Enduring Neonatal Death

P.O. Box 631566, Irving, TX 75063

Phone: 972-506-9000

rebekah@mend.org

<http://www.mend.org/support/home-news-and-announcements.jsp>

Services Provided: Supports families who have lost a child through miscarriage, stillbirth or early death, and publishes a bi-monthly newsletter

Now I Lay Me Down to Sleep (NILMDTS)

7500 E. Arapahoe Road Suite #101, Centennial, CO 80112

Phone: 720-283-3339

Toll Free: 1-877-834-5667

Email: headquarters@nilmdts.org

<https://www.nowilaymedowntosleep.org/>

Services Provided: Remembrance photography to parents suffering the loss of a baby. Professional portraiture services are provided as a free gift. NILMDTS services are available in all of the United States as well as 40 countries around the world.

Perinatal Hospice: The Gift of Time

Email: waitingwithgabriel@mac.com

http://www.perinatalhospice.org/Home_Page.html

Services Provided: Online resource that provides a listing of the 245 hospitals, hospices and clinics (domestic and international) that provide perinatal hospice/palliative care to families who have received a fatal, adverse diagnosis. The perinatal approach accompanies the family with dignity through pregnancy, birth and death. In addition, the site provides resources for parents, caregivers and answers to many frequently asked questions surrounding perinatal hospice/palliative care.

String of Pearls

PO Box 630454, Littleton, CO 80163-0454

Email: laura@stringofpearlsonline.org

<http://stringofpearlsonline.org/>

Services Provided: Provides a nurturing and safe place for families as they navigate the journey following a fatal adverse diagnosis. String of Pearls offers coordinating care services with the medical community, suggestions for birth plan, access to a support team member, keepsake kit for baby's birth, and follow-up support for a minimum of two years.

Natural Fertility Awareness

Archdiocese of Denver - Office of Evangelization & Family Life Ministries

Natural Family Planning

<http://archden.org/eflm/nfp/>

Services Provided: Read about the Natural Fertility Awareness courses that are promoted and sponsored by the Archdiocese of Denver, and submit any questions you may have about methods of Natural Fertility Awareness to the office. These classes are available to fulfill marriage preparation requirements as well as to educate all women of reproductive age regarding their fertility and reproductive health. Classes are also available for those who wish to be trained in fertility education.

Billings Ovulation Method

<http://www.boma-usa.org/index.php>

Services Provided: The site provides information and resources on the Billings Ovulation Method, and allows for one to search by state for Billings Ovulation Method teachers.

Couple to Couple League

Phone: John & Kristen Hamill at 303-960-9745

www.denver.ccli.org

Services Provided: In a series of three meetings at monthly intervals, couples are taught courses in the Sympto-Thermal Method by a trained married couple in the Couple to Couple League (CCL).

Creighton Model FertilityCare System

www.fertilitycaredenver.com

Services Provided: Over the course of a year, in a private and personalized setting, learn the Creighton Model with the instruction of a FertilityCare Practitioner. If the Creighton Model is being learned prior to marriage, the Archdiocese of Denver's marriage standards require that only three months of the program are completed prior to marriage. The remaining months of the program can be completed after marriage.

Organizations (local)

Christ in the City

Phone: 303-952-9743

Email: info@christinthecity.org

<http://www.christinthecity.co/>

Services Provided: As listed on their website, "Christ in the City is a holistic Catholic service program based in Denver Colorado that integrates charitable works, Catholic spirituality and educational advancement that aims to form college-age Catholics as missionaries in keeping with the teachings of Jesus Christ and the Magisterium of the Catholic Church." While missionaries commit a semester or year of service to Christ in the City, all are invited to partner in the mission of loving Christ in the faces of our brothers and sisters on the streets. Special opportunities for service are available at 'Lunch in the Park,' which is held every Second Saturday of the month, and 'Wednesday Lunch in the Park' which is held weekly. Both ongoing opportunities for service are located at Lincoln Park. Food and material donations are always needed for these events and throughout the year.

Colorado Catholic Conference

1535 Logan Street

Denver, CO 80203

Phone: 303-894-8808

Email: ccc@cocatholicconference.org

<http://www.cocatholicconference.org/>

Services Provided: Our legislative guide/lobbyist/educator on public policy issues for the three Catholic dioceses in Colorado through interaction with the state legislature, US Congress and elected officials at all levels. Colorado Catholic Conference strives to educate the public to advocate for legislation that is consistent Catholic Social Teaching and upholds the dignity of life at all stages and ages.

Director: Ms. Jenny Kraska

Denver Catholic Medical Association

1300 S. Steele St.

Denver, CO 80210

Email: denvercathmed@gmail.com

<http://www.denvercma.org/>

Services Provided: Working in congruent purpose with the Catholic Medical Association (<http://cathmed.org/>), the Denver CMA upholds the principles of Catholic faith and morality as related to science and the practice of medicine. The Denver CMA leads the fellowship of Catholic physicians and health care workers in applying these principles in their daily professional lives, while also educating the medical profession and community-at-large. In addition, the website provides a listing of authentic, pro-life Catholic physicians in our area.

Protect Life Coalition

PO Box 4751

Englewood, CO 80155-4751

Email: director@protectlifecoalition.org

Website: www.protectlifecoalition.org

Services Provided: The Protect Life Coalition advocates for the most vulnerable in our country – the unborn, the disabled, the incarcerated and the elderly with the firmly held belief that state sanctioned killing undermines our shared dignity. The Protect Life Coalition is a non-partisan, non-denominational, organization devoted to creating a constituency for life values and using the power of that constituency to transform the laws of our society.

Savers of Souls

Email: info@saversofsouls.org

<http://saversofsouls.org/>

Services Provided: Savers of Souls is a peaceful, community-based, pro-life apostolate dedicated to combating the evil of abortion through sacrificial prayer and fasting. Working in tandem with, and building on the success of the 40 Days for Life campaign, Savers of Souls is devoted to perpetually continue the efficacious prayer and visible presence of faithful witnesses outside Denver's Planned Parenthood. Saver of Souls Missionaries pledge to peacefully pray/fast outside Planned Parenthood 1 hr. every month.

Contact: Mr. Brad Maddock

Post-Abortion Healing

Project Rachel

St. Raphael Counseling Services Main office

750 W. Hampden Ave., Suite 415

Englewood, CO 80112

Schedule Confidential Counseling: 720-377-1351

<http://www.straphaelcounseling.com> Additional offices in Denver, Littleton and Louisville CO.

Services Provided: Confidential counseling from Project Rachel therapists provided to women, men & families that have been affected by abortion. The first five sessions are free of charge. The Project Rachel ministry also incorporates a network of priests, deacons, sisters, therapists, chaplains, and others, such as medical personnel.

Prenatal Support for an Adverse Diagnosis

As a note, the resources listed below are not considered officially endorsed Catholic resources, but rather, general resources for Prenatal Support for an Adverse Diagnosis

1 Heart 2 Souls

407 Vine Street, Suite 172, Cincinnati, OH 45202-1806

Phone: 859-496-4149

Email: info@1heart2souls.org

www.1heart2souls.org

Services Provided: Mentorship by parents who have personally experienced receiving a diagnosis of their child's disability or limited lifetime prognosis, and continued the pregnancy. This mentorship is intended to provide moral and material support to parents who have received an adverse prenatal diagnosis, affirm they are not alone, and be a testament to the potential inherent in all life.

Be Not Afraid

<http://www.benotafraid.net/>

Services Provided: Comprehensive and practical peer based support to parents experiencing a prenatal diagnosis, and continuing the pregnancy from other couples who have journeyed a similar path.

International Down Syndrome Coalition

PO Box 121, New Plymouth, ID 83655

<http://theidsc.org/home.html>

Services Provided: Support to parents who are new to receiving a Down syndrome diagnosis, and continuing the pregnancy - support includes connecting these families to peer based support, local Down Syndrome Associations, providing up-to-date educational materials and resources for adoption.

Jérôme Lejeune Foundation USA

6397 Drexel Road Philadelphia, PA 19151

Phone: (267) 403-2910

Email: Contact@LejeuneUSA.org

<http://lejeuneusa.org/>

Services Provided: World's largest private funder of research into genetic intellectual disabilities. The foundation provides information and support to those considering pre-natal screening as well as wealth of information regarding research, the best medical care for persons with genetic intellectual disabilities, and advocacy for the defense of the full integration of persons with genetic intellectual disabilities into society.

Little Hearts

P.O. Box 171, Cromwell, CT 06416

Phone: 860-635-0006

Toll Free: 866-435-Hope

<https://www.littlehearts.org/>

Serviced Provided: Support, resources and education for families with children that have been diagnosed with congenital heart defects.

National Down Syndrome Adoption Network

Phone - Birth Parent Line: 513-213-9615

Phone - Adoptive Parent Line: 513-709-1751

<http://www.ndsan.org/>

Services Provided: The mission of the organization is to ensure that every child born with Down Syndrome is able to grow up in a loving family. The National Down Syndrome Adoption Network is a resource for birth parents who are interested in seeking alternatives to parenting as they prepare for the arrival of their child or do not feel they are be able to meet the needs of their Down Syndrome child. The organization also supports families who want to adopt a child with Down Syndrome. All services provided by the organization are without cost.

Perinatal Hospice: The Gift of Time

Email: waitingwithgabriel@mac.com

http://www.perinatalhospice.org/Home_Page.html

Services Provided: Online resource that provides a listing of the 245 hospitals, hospices and clinics (domestic and international) that provide perinatal hospice/palliative care to families who have received a fatal, adverse diagnosis. The perinatal approach accompanies the family with dignity through pregnancy, birth and death. In addition, the site provides resources for parents, caregivers and answers to many frequently asked questions surrounding perinatal hospice/palliative care.

Prenatal Partners for Life

PO Box 2225, Maple Grove, MN 55311-6745

Phone: 763-772-3868

email: mary@prenatalpartnersforlife.org

<http://www.prenatalpartnersforlife.org/index.htm>

Services Provided: Prenatal support and encouragement for carrying a prenatal diagnosis pregnancy to term as well as support for parents raising a child with special needs

Reece's Rainbow

PO Box 277, Monrovia, MD 21770

Message Line: (240) 780-2120

<http://reecesrainbow.org/>

Services Provided: As listed on the website, 'The mission of Reece's Rainbow is to advocate and find families for orphans with Down syndrome and other special needs by raising funds for adoption grants and promoting awareness through an online community, media communications, and other events.'

String of Pearls

PO Box 630454, Littleton, CO 80163-0454

Email: laura@stringofpearlsonline.org

<http://stringofpearlsonline.org/>

Services Provided: Provides a nurturing and safe place for families as they navigate the journey following a fatal adverse diagnosis.

String of Pearls offers coordinating care services with the medical community, suggestions for birth plan, access to a support team member, keepsake kit for baby's birth, and follow-up support for a minimum of two years

Pro-Life Catholic Physicians - Denver Area

Chiropractic

Mario Chavez, D.C.

Vita Nova Spinal Care, P.C.

5437 S. Prince St., Littleton, CO 80120

303-798-8672

vitanovaspinalcare.com

Family Medicine and Geriatrics

John Volk, M.D.

Edwin T. Anselmi, M.D.

7920 S. University Blvd. Suite 100, Centennial, CO 80122-5103

720-344-2680

dr@dr.anselmi.us

This e-mail address is being protected from spambots. You need JavaScript enabled to view it

Carlos Vera, M.D.

2761 W. 120th Ave., Westminster, CO 80234

carlos.vera@afteroursinc.com

General Surgery

Michael T. Napierkowski, M.D., F.A.C.S.

Rocky Mountain Surgical Associates, P.C.

4545 East 9th Avenue Suite #460

Denver, CO 80220

303-388-2922

Internal Medicine

Arthur A. Burroughs, M.D.

Aurora and Parker Offices phone: 303-805-1800

1444 S. Potomac St. Suite 300, Aurora, CO 80012

9397 Crown Crest Blvd. Suite 230, Parker, CO 80138

Robert Domaleski, M.D.

4045 Wadsworth Blvd., Suite 100, Wheatridge, CO 80033

303-421-3331

Obstetrics and Gynecology

Bella Natural Women's Care & Family Wellness

Obstetrics, Gynecology, Hormone Support, Abortion-Pill Reversal, Infertility, Post-Partum Support, Weight Loss & Nutrition

180 E. Hampden Ave #100, Englewood, CO 80113

Phone: 303-789-4968

Email: info@BellanWC.org

<http://www.bellanwc.org/>

The mission of Bella Natural Women's Care is to embrace the dignity of women by promoting healing and wellness through a natural and scientific approach with sincere compassion for life. Bella staff are medical providers for Marisol Health Services.

Megan Woodman, M.D.

Parker Adventist Hospital

9397 Crown Crest Blvd. Suite 220, Parker, CO 80138

Pediatrics

Michelle Stanford, M.D.

15464 E Orchard Rd., Centennial, CO 80016

303-680-5437

www.centennialpeds.com

Palliative and Hospice Medicine

Deacon Alan Rastrelli, M.D.

303-815-0837

Senior Services

Catholic Charities

Denver Metro Area

<http://www.ccdenvver.org/index.php/denver-senior-services>

Services Provided: Adults 55+ and their families in the surrounding Denver metro area can receive a variety of services, which include chronic disease management services (i.e. information and treatment options, referrals, assistance accessing financial support etc.), help with benefits (i.e. Food Stamps, Medicare/Medicaid, SSI/SSDI etc.), supportive services (i.e. mental health counseling, prescription assistance, transportation etc.) and free case management clinics (i.e. help with insurance forms, financial and medical consultations). Services are available in Spanish as needed.

Catholic Charities

Larimer County

Phone: 970-484-5010

<http://www.ccdenvver.org/index.php/larimer-county-senior-services>

Services Provided: Seniors (60+) in Fort Collins, Loveland and the surrounding area can receive a variety of services, which include information and referral to health and community resources, assessment of client's physical, emotional, environmental situations, case management (the only no-fee case management and support in Larimer County), advocacy and representation of clients to help them access resources, assistance with benefits and resource applications, translation and interpretation for Spanish-speaking seniors, friendly visitor companionship and assistance with household duties and transportation.

Catholic Charities

Greeley Office

1442 N. 11th Avenue, Greeley, CO 80631

Phone: 970-353-6433

<http://www.ccdenvver.org/index.php/weld-county-senior-services>

Services Provided: Isolated seniors (60+) in Weld County can receive a variety of services, which include advocacy, assistance with filling out & explaining benefit forms, case management (the only no-fee case management and support in Weld County), home visits, information and referrals, group and educational materials, translation/interpretation services, commodities & emergency food boxes to the homebound, *limited* transportation to appointments, and health and safety assessments.

Catholic Charities

Fort Lupton Office

240 South Denver Avenue, Ft. Lupton, CO 80621

Phone: 303-857-2844 or 303-857-0521

<http://www.ccdenvver.org/index.php/weld-county-senior-services>

Services Provided: Isolated seniors (60+) in Weld County can receive a variety of services, which include advocacy, assistance with filling out & explaining benefit forms, case management (the only no-fee case management and support in Weld County), home visits, information and referrals, group and educational materials, translation/interpretation services, commodities & emergency food boxes to the homebound, *limited* transportation to appointments, and health and safety assessments.

Shelter Services

Marisol Homes (formerly Fr. Ed Judy home)

Denver, CO

Phone: 720-799-9400

Email: marisolhomes@marisolservices.com

<http://ccdenvver.org/marisolservices/marisol-homes/>

Services Provided: Single expectant mothers, single women, single women with children who are experiencing homelessness. Services and support to rebuild their lives and help them integrate back into the community.

Guadalupe Community Center & Shelter

1442 N. 11th Ave. , Greeley, CO 80631

Phone: 970-353-6433

<http://ccdenvver.org/weld-county-services/guadalupe-community-center/>

Fort Lupton Main Office:

240 S. Denver Ave.

Ft. Lupton, CO 80621

Phone: 303-857-2844 or 303-857-0521

Email: guadalupe@ccdenvver.org

Services Provided: Each resident is matched with a case manager who helps navigate the 120-day Levels Program. Once enrolled, the resident commits to goals that will help obtain stable income and housing. Spiritual and material needs are also met. This is the only shelter in Weld County that provides services to single individuals as well as families. Specialized case management for the elderly.

The Mission

460 Linden Center Drive

Fort Collins, CO 80524

Phone: 970-484-5010 By appointment only

<http://ccdenvver.org/larimer-county-services/the-mission/in-fort-collins/>

Services Provided: Shelter service for single women, single men, families and veterans, which includes a warm bed, clean linens and toiletries, a hot meal and community atmosphere, case management and life skills classes, and community resources and referrals.

Samaritan House Homeless Shelter

2301 Lawrence Street

Denver, CO 80205

Phone: 303-294-0241

Email Address: samaritanhouse@ccdenvver.org

<http://ccdenvver.org/samaritanhouse>

Services Provided: Shelter services for single women, single men and families, which includes a warm bed, clean linens and toiletries, a hot meal and community atmosphere, case management and life skills classes, and community resources and referrals. In 2017, 91% of single residents left the shelter with an income source, 64% of single residents left with housing, 67% of families left with housing.

Teen Moms (educational needs)

Florence Crittenton High School

<http://florencecrittenton.dpsk12.org/>

55 South Zuni Street

Denver, CO 80223

Phone: 720 423 7900

Services: Educating, preparing and empowering teen mothers and their children.
(this is a public school environment, not in adherence with Catholic teachings)

Footprints Ministry

Website: www.endowgroups.org/footprints

Contact: footprintsSTM@gmail.com or info@endowgroups.org 844 836 7467 or 720-382-5242

Founder: Valerie Haas

Services: A confidential parish-based ministry that carries women through the journey of an unexpected pregnancy.

Women's Services

Marisol Health Denver East

3894 Olive St., Denver, CO 80207

Phone: 303-320-8352

Marisol Health Lafayette

1285 Centaur Village Drive, Lafayette, CO 80026

Phone: 303-665-2341

Marisol @ CU Student Organization Office

1669 Euclid Avenue

Boulder, CO 80309 Info desk only: 303-492-8778

Marisolhealth.com

Services Provided: Free pregnancy testing & ultrasound imaging, counseling, education on how to avoid sexually transmitted diseases, promotes natural fertility awareness, offers extensive referrals to other agencies and community referrals (medical care, material assistance, housing, employment, post-abortion counseling, and other counseling)

Bella Natural Women's Care

180 E. Hampden Ave #100,

Englewood, CO 80113

Phone: 303-789-4968

<http://www.bellanwc.org/>

Services Provided: The mission of Bella Natural Women's Care is to 'embrace the dignity of women by promoting healing and wellness through a natural and scientific approach with sincere compassion for life...'

The services provided include obstetrics, gynecology, comprehensive infertility services and minimally invasive surgery. All of these services are provided with respect for the complex issues involved, and with a personal approach that honors the unique needs of each woman's health.

Gabriel Houses

<http://www.gabrielhousedenver.org/>

Services Provided: Serves pregnant women and new moms and families in times of distress by providing emotional and spiritual support as well as free baby items such as diapers (from size newborn to size 6), baby wipes, baby clothes (newborn to size 5 toddler), blankets, formula, food, and toiletries.

Denver Gabriel House

St. James Parish
1341 Oneida St., Denver, CO 80022
Phone: 303-377-1577
Confidential Help Line: 1-800-713-3021
Email: gabrielhousedenver@gmail.com

Boulder Gabriel House

Sacred Heart of Mary Parish
6739 S. Boulder Rd., Boulder, CO 80303
Phone: 303-449-0122
Email: gabrielhouseboulder@gmail.com

Aurora Gabriel House

Queen of Peace Parish
13101 E. Mississippi Ave.
Bldg C1020, Aurora, CO 80012
Phone: 303-364-9929
Email: auroragabrielhouse@gmail.com

Jefferson County Gabriel House

Our Lady of Fatima Parish
1980 Nelson St., Lakewood, CO 80215
Phone: 720-459-8783
Email: house@jeffcogabriel.com This is spambot protected. You need JavaScript enabled to view it.

Centro San Juan Diego Gabriel House

2830 Lawrence Street, Denver CO 80205
Phone: 720-450-0788

St. Francis de Sales Gabriel House

301 S. Grant St., Denver, CO 80209
Phone: 720-325-3071
Email: gabrielhousesaintfrancis@gmail.com

Ft. Collins Gabriel House

St. Joseph Parish
101 North Howes Street, Ft. Collins, CO 80521
Phone: 970-581-8803
Email: gabrielhousefortcollins@gmail.com

Annunciation Gabriel House

3621 Humboldt Street, Denver, CO 80205
Phone: 720-810-3282

Holy Family Gabriel House

4380 Utica Street, Denver, CO 80212
Phone: 720-788-1082
Holyfamilygabrielhouse@gmail.com

All Saints Gabriel House

2559 S. Federal Blvd, Denver CO 80219
Phone: 720-325-4338

Summit/Frisco Gabriel House

18 School Road, Suite 100, Frisco, CO 80443
Phone: 720-584-0299
casagabrielfriscoco@gmail.com

Eagle Gabriel House

127 E. 3rd Street, Eagle, CO 81631
Phone: 970-445-7198
ealegabrielhouse@gmail.com



PRIEST HANDBOOK

FOR EARLY CHILD LOSS



Pastoral Guide and Resources for Those Who Have Experienced a Miscarriage

- ◆ Acknowledging a need to offer comfort to parents who have suffered a miscarriage.
- ◆ Prayer and Catholic rituals give solace and concrete remembrance for the child.
- ◆ Society has minimized losses from miscarriages.
- ◆ The stats for these losses are very high – so this issue needs to be addressed.
- ◆ Little known fact: parents are entitled to the remains of the child.
- ◆ Response from clergy helps raise awareness of the humanity of the child.
- ◆ Pass on this information to your deaconate community.
- ◆ Goal: Help families place infant's death in the context of faith and remind them of God's merciful love.
- ◆ Promote an annual blessing of the preborn child in the womb in your parish.
- ◆ Many parishes find an annual Mass scheduled for families who have lost children during the past year is a powerful and consoling experience of worship. The Mass may be scheduled at any time. Strive to make the Mass open to as wide a variety of needs as possible. Include families of miscarried or stillborn children and even families searching for spiritual healing after an abortion.
- ◆ Parish bulletins could regularly carry an invitation to parents of stillborn children or miscarried babies to contact the pastor, deacon, or pastoral minister and arrange for appropriate blessings.
- ◆ In the months following the loss of an infant or child, it is important to provide pastoral care. One can simply stay in touch by making a quick phone call, or sending a note of care, or providing resources to support parents in their grief. There may be times when parents do not wish to be reminded of their loss, and in this case, pastoral care ministers follow the lead of the parents.
- ◆ Consider a Book of Life Memorial – a place for families to pray and remember babies lost to abortion, miscarriage, stillbirth, illness or injury.

Order for the Naming and Commendation of an Infant

Who Died before Birth

Introduction

It often happens among the people of God that a child dies prior to their birth due to miscarriage, an accident, or other reason. If the infant is alive, they should be baptized if this is possible (CIC, Can. 871). However, when the baby has died, baptism is not administered, since the Sacraments of the Church are for the living.

In times of death and grief, the Christian turns to the Lord for consolation and strength. In the *Order of Christian Funerals* the Church provides liturgical resources to assist the parents and other family members with their grief and helps them deepen their faith and trust in the Lord. Accordingly, the *Order of Christian Funerals* contains adapted forms of the Vigil, the Funeral Liturgy and the Rite of Committal, which can be used for both baptized and unbaptized children and infants. In addition, a brief Rite of Final Commendation for an Infant is provided for use in the hospital, funeral home, or at the cemetery when the body is present.

The *Book of Blessings* contains an *Order for the Blessing of Parents After a Miscarriage* which is also found in a simplified form in *Catholic Household Blessings and Prayers*. This rite is intended to assist the parents in their grief and console them with the blessing of God. It may be used by a priest or a deacon, and also by a layperson who follows the rite and prayers designated for a lay minister.

These rites are the primary liturgical sources which the minister will use in the pastoral care of the parents and family of an infant who has died before birth.

However, these rites and prayers do not always respond to the need of many parents to name their child and commend it in faith to the loving mercy of God, when it is not possible to celebrate the funeral liturgy or the rite of committal. The following rite is provided for use as a means of responding to these parental needs.

The *Order for the Naming and Commendation of an Infant Who Died Before Birth* seeks to set the death of an infant within the context of faith, and to unite the grieving parents and family members to the merciful God, whose love was revealed to us in the death and resurrection of Jesus Christ. The rite is not intended to offer certainty to the parents, but to provide them with a celebration based on Christian faith and hope.

This rite is primarily used when the baptism of an infant is neither possible or permitted (paragraph 1), and when it is not possible or desirable to celebrate the funeral liturgy or rite of committal. It may be used in addition to or in place of the rites mentioned in paragraph 2.

Numbers **6, 12, and 13** may be used by a minister who is called to baptize an infant, but finds the infant has already died and no members of the family are present.

If the body of the infant is not present during the service, some other reminder of the child may be present during the celebration.

The term “minister” is used in this rite to refer to priests, deacons, or lay ministers.

When a particular prayer is reserved to a priest or deacon, the words “priest” or “deacon” are used.

The rites and prayers proper to a lay person are so indicated in the rite.

Introductory Rites

1. When all have gathered, a suitable song may be sung

The minister says:

In the name of the Father, and of the Son, and of the Holy Spirit.

All make the sign of the cross and reply:

Amen.

2. A minister who is a priest or deacon greets those present in the following or other suitable words, taken mainly from Sacred Scripture.

May the peace and consolation of the Lord be with you.

And all reply:

And with your Spirit.

3. A lay minister greets those present in the following words:

Let us praise the God of peace and consolation. Blessed be God Forever.

R. Blessed be God forever.

- 4. In the following or similar words, which should always be adapted to suit the particular situation, the minister prepares the parents and others present for the celebration.**

**For those who trust in God,
In the pain of sorrow there is consolation
In the face of despair there is hope,
In the midst of death there is life.**

**N. and N., as we mourn the death of your child we place ourselves
in the hand of God and ask for strength, for healing and for love.**

Naming of the Child

- 5. The minister then asks the parents to name their child.**

What name do you give your child?

**The parents respond:
N.**

- 6. If the body of the infant is present, the minister may then trace the sign of the cross on or over the body of the infant, and if appropriate, may also invite the parents and others present to do the same. The minister first says:**

In the name of the Christian community I sign N. (or this child) with the sign of the cross [and I invite his/her parents (and those who are present) to do the same]

Reading of the Word of God

- 7. A reader, another person present, or the minister reads a text of Sacred Scripture.**

Brothers and sisters, listen to the words of the Gospel of Mark: *Mark 10: 13-16*

People were bringing children to Jesus that He might touch them, but the disciples rebuked the people. When Jesus saw this he became indignant and said to the disciples, “Let the children come to me; do not prevent them, for the kingdom of God belongs to such as these. Amen, I say to you, who ever does not accept the kingdom of God like a child will not enter it.” Then He embraced the children and blessed them, placing His hands on them.

Or:

Isaiah 49: 8-13

In a time of favor I answer you, on the day of salvation I help you.

Romans 8: 18-27

In hope we were saved.

Romans 8: 26-31

If God be for us, who can be against us?

Colossians 1: 9-12

We have been praying for you unceasingly.

- 8. As circumstances suggest, the minister may give those present a brief explanation of the biblical text, so that they may understand through faith the meaning of the celebration.**

- 9. If desired, the minister may bless the parents of the infant using the following blessing taken from the *Book of Blessing: Order for the Blessing of Parents After a Miscarriage*.**

The minister invites all to pray using these or similar words:

Let us pray to God who throughout the ages has heard the cries of parents.

After a brief pause for silent prayer, a minister who is a priest or deacon says the prayer of blessing with hands outstretched over the parents; a lay minister says the prayer with hands joined.

Compassionate God,
Soothe the hearts of N. and N.,
and grant that through the prayers of Mary,
who grieved by the cross of her Son,
you may enlighten their faith,
give hope to their hearts,
and peace to their lives.

Lord,
Grant mercy to all the members of this family
and comfort them with the hope
that one day we will all live with you,
with your Son Jesus Christ,
and the Holy Spirit,
For ever and ever.

R. Amen.

Or:

Lord,
God of all creation
we bless and thank you for your tender care
Receive this life you created in love
and comfort your people
in their time of loss
with the assurance of your unfailing mercy

We ask this through Christ our Lord.

R. Amen.

Blessing of the Body

10. Using the following words, the minister blesses the body of the deceased child.

Trusting in Jesus, the loving Savior,
Who gathered children into his arms
and blessed the little ones,
we now commend this infant [N.]
to that same embrace of love,
in the hope that he/she will rejoice
and be happy in the presence of Christ.

Then all join the minister saying:

May the angels and saints lead him/her
to the place of light and peace
where one day
we will be brought together again.

The minister continues:

Lord Jesus,
Lovingly receive this little child;
Bless him/her
And take him/her to your Father
We ask this in hope, and we pray:

Lord, have mercy.

R. Lord, have mercy.

Christ, have mercy.

R. Christ, have mercy.

Lord, have mercy.

R. Lord, have mercy.

The Lord's Prayer

11. Using the following or similar words, the minister invites those present to pray the Lord's prayer.

When Jesus gathered his disciples around him, he taught them to pray:

All say:

Our Father....

Prayer of Commendation

12. The minister then says the following prayer.

**Tender Shepherd of the flock,
N. now lies cradled in your love.
Soothe the hearts of his/her parents
And bring peace to their lives
Enlighten their faith
and give hope to their hearts.**

**Loving God,
Grant mercy to your entire family
In this time of suffering
Comfort us with the hope that this child [N]
lives with you and your Son, Jesus Christ,
and the Holy Spirit,
For ever and ever.**

R. Amen.

Blessing

13. Using one of the following blessings, the minister blesses those present.

[A] A minister who is a priest or deacon says:

**May the God of all consolation
Bring you comfort and peace
in the name of the Father, + and of the Son and of the Holy Spirit.**

R. Amen.

**[B] A lay minister invokes God's blessing and signs himself or herself with
the sign of the cross, saying**

**May the God of all consolation
bring us comfort and peace
in the name of the Father, and of the Son,
and of the Holy Spirit.**

R. Amen

14. The celebration may end with a suitable song.

Resources for Parents

Miscarriage

Elizabeth Ministry International www.elizabethministry.com Miscarriage delivery aids, burial vessels, booklets

Mommies Enduring Neonatal Death www.mend.org Support group for women who have lost a child through miscarriage, stillborn, or infant death. Bi-monthly newsletters.

Now I Lay Me Down to Sleep www.nowilaymedowntosleep.org Remembrance photography to parents suffering the loss of a baby with the free gift of professional portraiture.

Prenatal Support

Be Not Afraid www.benotafraid.net Offers support for couples who have received the news that their inutero child has a congenital defect from couples who have been there and chose to continue the pregnancy.

My Child, My Gift: A Positive Response to Serious Prenatal Diagnosis www.mychildmygift.com Website is for a book filled with testimonies of parents that have received a serious prenatal diagnosis and decided to continue to pregnancy. Links to more resources.

Prenatal Partners for Life www.prenatalpartnersforlife.org Support information and encouragement for carrying to term a pregnancy with adverse prenatal diagnosis. Also includes support for raising your child with special needs after birth.

Little Hearts www.littlehearts.org Offers support, resources, and education for families with children with congenital heart defects.

Living with Trisomy 13 www.livingwithtrisomy13.org/content.php Information and support for women facing pressure to abort their child with trisomy 13 and help for those who have aborted.

Anencephaly www.asfhelp.com Information on anencephaly and support groups.

American Journal of Medical Genetics <http://www.cmaj.ca/content/180/7/705.full> Article touching upon the dangers of prenatal diagnostics leading to eugenics.

Suggested Reading List for Those Who Have Lost a Child

“After Miscarriage: A Catholic Woman’s Companion to Healing and Hope” Karen Edmisten

“An Empty Cradle, A Full Heart,” Christine O’Keefe Lafser 100+ short meditations

“Arise From Darkness – What To Do When Life Doesn’t Make Sense,” Fr. Benedict Groeschel – Ignatius Press. Thoughts and prayers for many of life’s trials, including death.

“Fertility Challenges From a Catholic Perspective,” Bernadette Zambri

“Footprints on our Hearts: How to Cope After a Miscarriage, Stillbirth or Newborn Death,” Paraclete Video Productions – 60 minute DVD

“Letters to Gabriel: The True Story of Gabriel M. Santorum,” Karen G. Santorum. Story of a child’s brief life set against the backdrop of the fight for pro-life legislation.

“Life-Giving Love – Embracing God’s Beautiful Design for Marriage,” Kimberly Hahn. Contains an excellent chapter on miscarriage and stillbirth.

“Mourning a Miscarriage”, “Suffering a Stillbirth or Newborn Death” from Elizabeth Ministries – booklets of prayers

Mulieris Dignitatum – Apostolic Letter on the Dignity and Vocation of Women, St. Pope John Paul II. Beautiful insights on the gifts of femininity, fertility, love, marriage, and more.

Our Babies are Safe With God: An Examination of the Limbo Question, Bernadette Zambri.

Stumbling Blocks or Stepping Stones, Fr. Benedict Groeschel-Paulist Press. Words of wisdom on keeping life’s trials in proper perspective.

Thy Will be Done- Letters to Persons in the World, St. Francis de Sales – Sophia Institute Press. Contains several letters to friends facing the death of a child.

Prayer Resources for Children

“Sometimes Life is Just Not Fair” Fr. Joe Kempf – young children dealing with grief

“A Bunch of Balloons” Dorothy Ferguson – ages 5-9 focusing on what’s left, not just loss

“A Child Remembers” Enid Traisman – ages 8-12 grieving death of a loved one, area for writing about the person, favorite stories, art pages, etc.

“Children Grieve Too” Joy & Dr. Marvin Johnson – info for those working with grieving children from infancy to teen

Be Not Afraid

Pastoral Care for Parents

Experiencing A Poor Prenatal Diagnosis

In your effort to provide pastoral care and guidance to parents who have been given a poor prenatal diagnosis (PPD), remember the circumstances they have just encountered. Very likely in the course of an hour long office visit, a normal pregnancy has been turned upside down. All their hopes and dreams for the future have been cast aside in the immediacy of the news that this child is not healthy. Though still pregnant, they are grieving the loss of their dream pregnancy, and though their baby is yet alive, they are bereaved parents who are very much being encouraged to move quickly beyond the reality of the delicate life entrusted to them.

Direct Service

Be Not Afraid

(service development resources, information and referral, and peer support for carrying to term)

For information or support visit

www.benotafraid.net

National Catholic Bioethics Center (NCBC)

Phone - 215.877.2660

(clergy & parent resource/provides phone consults)

www.ncbcenter.org



Printed Resources

“Hope After Prenatal Diagnosis,” Ethics and Medics: A Commentary of The National Catholic Bioethics Center on Health Care and the Life Sciences (October 2011)

[www.ncpd.org/sites/default/files/](http://www.ncpd.org/sites/default/files/NCBC_October2011E&M.pdf)

[NCBC_October2011E&M.pdf](#)

My Child, My Gift: A Positive Response to Serious Prenatal Diagnosis

www.mychildmygift.com

For the Love of Angela

www.thebooks.org/product/for-the-love-of-angela-by-nancy-mayerwhittington-1039.cfm

Waiting for Eli

www.waitingforeli.com

Written by Tracy Winsor, Outreach Coordinator for Be Not Afraid, and Monica Rafie, Founder and Director of BeNotAfraid.net.

Be Not Afraid is a network of concerned parents and professionals who have experienced or worked closely with issues surrounding poor prenatal diagnosis. See following page as well

When a pregnancy is complicated with news of a PPD, the medical focus shifts away from the baby for whom there is no treatment or cure to a clinical perspective which views the pregnancy as a condition requiring intervention. The parents come to you in a confused circumstance of grief, shock and ambiguity because suddenly their second trimester pregnancy has been deemed disposable, and their precious child is nothing more than a prognosis to be avoided.

When parents contact you for information and/or support, meet face to face and encourage both to attend. The following practices are recommended as a guide to direct this first, very important conversation.

Take Time

- Listen. Parents need to feel that they have been heard and understood.
- Understand the diagnosis. (Have they had a diagnostic test or just a screening test? Is the diagnosis lethal or non-lethal? Are there multiple diagnoses? Is more testing planned and for what purpose?)

Reframe the Details

- Offer your consolation.
- Affirm their shock and grief.
- Provide information regarding the differences in male and female grief.
- Encourage them to slow down. They should not be rushed to make decisions that do not allow them first and foremost to be bereaved.
- Remove abortion euphemisms gently.
- Have they been advised regarding the option of carrying to term? If the diagnosis is lethal, were they provided with information regarding perinatal hospice? Offer this information as needed.
- Explain Catholic teaching on this issue.

Connect with their Baby

- Keep the baby in the present tense. Use the baby's name if one has been given or refer to the baby's gender as in "your sweet boy."
- Offer blessings and prayers that claim the baby.
- Remind them that their baby hasn't changed as a result of this diagnosis. They just know more about their baby.
- Distinguish between their relationship and the doctor's relationship with their baby.
- Remind them that they have a responsibility to parent their baby to the best of their ability even now.

Offer Resources

- Offer local support where available
- Refer by asking them if you can share their contact information with appropriate service providers
- Offer BeNotAfraid.net as a resource to connect online with other parents and learn more about diagnoses.
- Assure them of your availability moving forward and make sure they have an emergency number where you can be reached.

Follow up (within 12-24 hours)

- The parents are in crisis and the situation may be changing as additional test results become available
- Remain engaged until the decision to carry to term has been made



Sample Letter

Verbiage for Families who have Experienced Miscarriage

Dear Friends,

The loss of a child is a pain beyond measure, a sorrow unlike any other. However, we don't have to bear this burden alone. We have Jesus, the "man of sorrows" who lived and died in order that our "sorrow may be turned into joy," (John 16:20). We also have our Blessed Mother Mary who knows firsthand the agony of losing a child. Together, they bring us the Father's love that we need at this trying time.

God cares about your loss, and so do I. That's why I want you to have the information and care that you need. We can offer prayers, a memorial service for your child(ren), suggested readings and answers to common questions. When you feel ready, call me if I can be of help to you now or in the future.

In sympathy,

Father/Deacon _____

_____ Parish

Fathers/Deacons

For additional information, please refer to the section in this manual entitled "Handbook for Parents - Early Childhood and Pregnancy Loss" to access: *Challenging Questions - Faithful Answers*

*"Lord, from you every family in Heaven
and on earth takes its name. Father, you are
Life and Love. Grant that love . . . may prove
mightier than all weaknesses and trials
through which our families sometimes pass."*

- St. Pope John Paul II

*Lord, God of all creation
We bless and thank you for your tender care.
Receive this life you created in love
And comfort your faithful people in their time of loss
With the assurance of your unfailing mercy*

(Catholic Household Blessings and Prayers, USCCB 2007)