



The Pill and Premenopausal Breast Cancer

Mary Davenport, MD, FACOG

A New Study Shows Indisputable Connection

A recent, important study of 46,000 women by **Chris Kahlenborn, MD** and his team, linking oral contraceptives and breast cancer in women under 50, was published in the prestigious medical journal, Mayo Clinic Proceedings.¹ Unlike many prior large studies, which focused on older women, this study demonstrated a definite increase in breast cancer in premenopausal women. The increase in premenopausal breast cancer due to oral contraceptives use was found to be 19% overall. The Kahlenborn study is a meta-analysis of 39 studies on oral contraceptives and breast cancer. A meta-analysis pools the data from a number of different studies, allowing for more accurate and powerful conclusions to be drawn from the larger numbers. The study

included only women under the age of 50 or premenopausal women who developed breast cancer, and compared them to similar women who did not develop breast cancer, focusing on the length of time women used birth control pills and how recently they used them.

Of special importance was whether the pills were used before or after the first full term pregnancy. The increase in cancer was especially pronounced (44% increased risk) in women who took the pill before the birth of their first child. The excess risk due to pill usage was highest (52% increased risk) in women who took the pill more than four years before the birth of the first child, suggesting that use at a younger age puts women at higher risk. The structure of breast tissue after a full-term pregnancy is altered, and more resistant to cancer causing influences. In women who have not had children, there is more DNA turnover in the breast tissue, which makes it more vulnerable to carcinogens. The pill acts in a similar way to other carcinogens (like radiation at Hiroshima), in which cancer did not show up immediately, but was delayed until after a latent period of fifteen or more years.

cont on page 12

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INSIDE THIS ISSUE

<i>President's Perspective</i>	2
<i>It's Only a Secret for Those with Blinders On</i>	
<i>Director's Desk</i>	3
<i>Feminine/ist</i>	
<i>Thanks!</i>	4
<i>Monthly Donors</i>	
<i>Board Meets in Monterey</i>	
<i>Website Wisdom</i>	5
www.nfpoutreach.org	
<i>Medical Matters</i>	6
<i>Ten Reasons to Avoid Birth Control Pills</i>	
<i>Ask the Expert</i>	7
<i>Coming Off Oral Contraceptives</i>	
<i>Contraception Fraud</i>	8
<i>NFP Services and Diocesan Insurance Policies</i>	9
<i>Clergy Corner</i>	10
<i>Spiritual Fatherhood</i>	
<i>Parish Resources</i>	11
<i>The Pill and... cont</i>	12-13
<i>Medicina Respecto</i>	14
<i>Diez Razones para Evitar Pastillas para el Control del Embarazo: Pildora</i>	
<i>Spanish Audiotape Resources</i>	15

GRACIAS! MONICA DEL RIO for Spanish translation p.14

President's Perspective

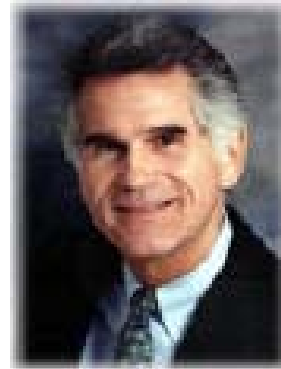
Gregory Polito, MD, KM

It's Only a Secret for Those with Blinders On

The other day I had the "opportunity" to travel in my car for a few hours to attend a meeting on behalf of my hospital. Since I live only a few minutes from both my office and my hospital I do not get to experience rush hour traffic very often. After my initial shock of not being able to motor around very expeditiously I decided to kick back and try to make the best of the experience, including being courteous to others who needed to enter into the seemingly endless swirl of vehicles. What I found interesting was the *attitude* of virtually all of my fellow drivers who were beneficiaries of my largess: They would zip into the space I opened for them with nary a wave of the hand or nod of the head. It was as if they were *entitled* to that space and I was just doing my duty by letting them in. Upon later reflection I realized this is exactly the way I treat God on too many occasions—I assume I have a *right* to something and when I receive it in spite of my self-centered and arrogant behavior I do not give thanks.

Pride. Pride seduces us into taking so many wrong turns off of God's pathway to eternal life that it is not funny. Today's culture is so steeped in "attitude"—in pride or self-conceit—that to remind folks that we are contingent beings, that our very existence depends upon the loving beneficence of Our Creator, elicits a look of incredulousness that we would say such a thing. Our culture has become so superficial that it lacks insight into even the most basic facts of life, such as we are not self-generated beings (i.e., God)!

So I want to congratulate all of you who recognize the truthfulness of our human situation...that we *are* dependent upon a loving God for our lives and all that we are and all that we have. You good people are so attuned to the human symphony that you realize how the Good Lord is using your uniqueness to play a special role in his orchestra of life. And when this earthly concert is over you know you will be with the Grand Conductor for all



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eternity in a state that cannot be imagined, although we have some clue as to what this may be like. The pinnacle of joyful marital lovemaking—when you feel like you are truly fused with the other in a state of rapturous bliss—is a prelude to the reality of what life with the Lord will be.

As those who embrace NFP it is our goal to spread the good news about this spiritual significance of God's plan for married love as well as the myriad of earthly benefits as well: How life affirming and fun sex is in the context of a chaste marital relationship; how a couple develops great appreciation for the beauty of the feminine reproductive cycle and how the understanding of it allows them to "work with God" in the creation or postponement of new life. We develop an attitude, all right...an attitude of wondrous gratitude for our loving God that spills over into every facet of our lives. Bless all of you! Your radiant smiles on knowing you are doing God's will bring His love to all around you.

Celebrating 40 Years of *Humanae Vitae*, a milestone in Church teaching on

Married Love and the Gift of Life

Statewide Conference of the
California Association of Natural Family Planning

Hosted by Pro-Life Catholic Ministries,
held at Pastoral Center, Diocese of San Bernardino

April 11-12, 2008

SAVE
THE
DATE!
Registration
materials
available
in February

Director's Desk

Sheila St. John

Becoming Feminine/ist

After reading the thought provoking articles on contraception in this edition, one might wonder why women subject themselves to the side effects, particularly of the hormonal methods. Indeed, just tonight a husband, after learning of the mechanisms of action and side effects of the pill, asked me incredulously why it is being prescribed for women, and why so many women use it? This same gentleman predicted that in our lifetime we will see women abandon the use of these hormonal methods of contraception.

CANFP members are certainly doing our part to spare women from the ill effects of contraception. And yet, oral contraceptives are the most common birth control method, with injectable contraceptives the second most common method. How did methods that did not even exist 50 years ago come to be the accepted norm?

There are many issues that precipitated the widespread acceptance of "the pill" and a wide spectrum of economic, ideological, and political forces have contributed to its "success". But surely, in years to come, sociologists will be scratching their heads as they try to understand a generation of women who accepted the health risks of a medication that has been labeled by the World Health Organization as "carcinogenic to humans", and the healing profession that prescribed it. And even as I compose this article, the news is

filled with yet more bad news about the pill, citing a new study demonstrating a 20-30% increase of arterial plaque for each decade of pill use. No doubt we are just scratching the surface of the long term ill effects. I foresee a future filled with lawsuits by families of women who suffered serious, even fatal illnesses, as a result of their exposure to this carcinogen, much as there have been with tobacco companies.

Meanwhile, we have a generation of teens who are the target of clever marketing intent on convincing them they need not be inconvenienced with the monthly reminder of their cycle. I simply go through the roof when I see the commercial which shows the pretty young woman sitting on the beach, surrounded by male admirers, texting her unenlightened friend who is stuck at home because she was too ignorant to take the pill that would have freed her to also be at the beach. And as they show the woman cavorting on the beach without a care, a voice comes on, warning of the life threatening consequences of the pill. The thing that amazes me most about that commercial, is that their research obviously tells them it is effective advertising. Yet who in their right mind would risk exposure to the life threatening side effects listed on the commercial, to gain one more day at the beach?

We need to raise up a new generation of feminists! Women who take offense at the suggestion there is something



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inherently defective about their design, and that a medication is required to correct it! We need to challenge our young women that they can be doctors, lawyers, and police officers, but they need not become men to do it! And we need to teach our daughters how their bodies work, and that they are women, body and soul, and destroying what makes them women, biologically, harms their spirit as well.

We need to value motherhood and fatherhood as models of masculinity and femininity. We need to teach our sons and daughters what healthy bodies look like, despite the anorexic and steroid pumped examples they see in the media, which in fact will hinder their efforts someday to become mothers and fathers.

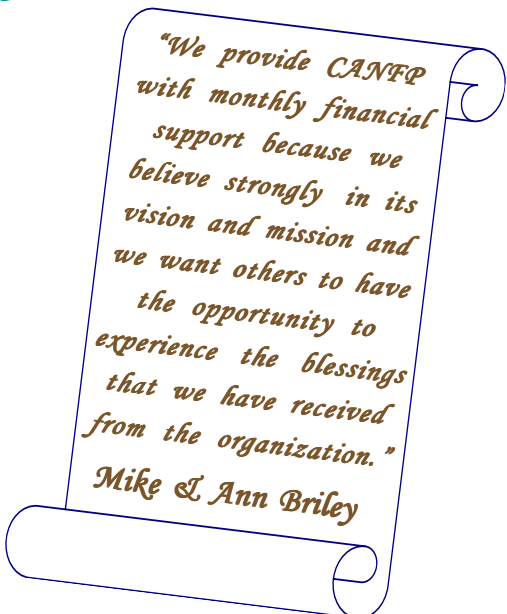
I grew up in an era when women fought to have it all, and reared my children during a time it was frowned upon to be "just a housewife". I want a different world for my granddaughters---one that allows them to develop fully as persons, without having to deny their very womanhood to do it.

Giving Thanks!



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Want to see "MD" after your name?

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Thank you to ALL CANFP supporters!

Our gratitude to all who support CANFP with time, treasure and talent—to those who support CANFP with a membership, as well as those who stick a "little something extra" in with their membership, to those who contribute monthly or annually, and to those moved to send in a donation to support a particular project, or perhaps inspired by reading of a specific need or success in our newsletter.

End of year, tax deductible donations, gratefully accepted!



Joint Meeting of
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 Sept 28, 2007



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NFP

Outreach is based out of Oklahoma City, and many CANFP NEWS readers have probably attended a presentation or parish mission offered by one of the three clergy who represent NFP Outreach, **Fr. Daniel McCaffrey**, **Fr. Richard Hogan**, and **Fr. Matthew Habiger, OSB**. If not, you might check out their event schedule on their website www.nfpoutreach.org to see when one might be offered near you, or better yet, arrange to bring them to your parish for a mission! (See box for a summary of NFP Outreach activities)

Very interesting reading is the question and answer section of the site, where responses are posted from a variety of sources, in addition to these three learned and holy priests, and the voice of experience in the testimonial section.

The site contains a valuable library of downloadable resources, in text, audio, and video format, including the inspiring pastoral letter *In Light of the Teaching of the Church on Marriage and the Family*, written by our own **Bishop Steinbock**, from Fresno.

Interested in reviewing NFP related websites for **CANFP NEWS** quarterly, or even occasionally? Contact **CANFP** 1-877-33-CANFP or sheila@canfp.org

This coming year is a wonderful time to plan a parish mission on NFP, particularly so since it is the 40th Anniversary of Humanae Vitae. You will find downloadable brochures at www.nfpoutreach.org to help plan such a mission, and many other helpful tools for making NFP relevant to all this anniversary year.

preaching,

missions,

and

seminars

The NFP Outreach website contains many valuable resources, for clergy and laity alike.

Of particular interest to clergy is the section *Homily Helps*. Not only does it contain sample homilies, but also lists over a dozen times throughout the year that are excellent opportunities to preach on NFP. Under the *Homily Helps* section is also a list of petitions on an NFP theme for the Prayers of the Faithful. And for anyone preparing a talk or article on NFP, looking for a quick reputable quote, there is a list of quotations from church documents.

About NFP Outreach

NFP Outreach is a comprehensive clearinghouse for accurate, practical, up-to-date information on Natural Family Planning, its practice, its effectiveness, its benefits and its underlying moral principles. To achieve this mission, Natural Family Planning Outreach:

1. Encourages each married couple to study and fully understand the vocation of marriage to which it has been called by God. It does this primarily through missions and seminars presented by **Fr. McCaffrey**, **Fr. Hogan** and **Fr. Habiger**.
2. Educates individuals in the moral principles underlying Natural Family Planning through preaching, missions and seminars.
3. Introduces individuals to the practice of Natural Family Planning utilizing the services of qualified physicians or teachers of Natural Family Planning at missions and seminars.
4. Through published articles, media appearances and targeted advertising, Natural Family Planning Outreach encourages pastors and priests everywhere to support the use of NFP by their congregants.
5. Drawing on a network of successful peer contacts, Natural Family Planning Outreach supports and assists physicians - especially OB/GYNs - who practice or desire to practice medicine without offering artificial means of contraception to their patients.

Ten Reasons to Avoid Birth Control Pills

- 1. BIRTH CONTROL PILLS ARE A RISK FACTOR FOR BREAST CANCER, ESPECIALLY PREMENOPAUSAL BREAST CANCER.** The estrogen in birth control pills has been recognized by the WHO and FDA as a carcinogen. Newer research has also implicated the progestin component in birth control pills as a carcinogen.
- 2. THE POTENT ARTIFICIAL ESTROGEN IN BIRTH CONTROL PILLS, ETHINYL ESTRADIOL, COMES ONLY IN A ONE-SIZE-FITS-ALL DOSE.** If estrogen is needed for therapeutic, non-contraceptive reasons, the bio-identical estrogens estradiol and estriol can be given in a range of doses tailored to a woman's individual needs.
- 3. BIRTH CONTROL PILLS CAN HAVE SERIOUS CARDIOVASCULAR EFFECTS.** In addition thrombosis (clot) promoting effects of estrogen, the second-generation progestins gestodyne, desogestrel, and norgestimate are associated with an increased incidence of deep-vein thrombosis (DVT). Levonorgestrel and norethindrone, the first-generation progestins derived from testosterone cause harmful alterations in cholesterol.
- 4. BIRTH CONTROL PILLS CAN HAVE LONG-LASTING EFFECTS ON FERTILITY.** Research has shown that birth control pills can cause permanent impairment of cervical mucus production, which is vital to achieving pregnancy. In vulnerable women, birth control pills may have adverse effects on ovulation even after discontinuation.
- 5. BIRTH CONTROL PILLS PROMOTE CERVICAL INTRAEPITHELIAL NEOPLASIA (CIN) AND ARE A RISK FACTOR FOR CERVICAL CANCER.** The estrogens in the pill can cause a larger transformation zone in the cervix and faster DNA turnover, increasing the effects of the HPV virus.
- 6. BIRTH CONTROL PILLS CAN CAUSE OTHER MEDICAL PROBLEMS.** Glucose intolerance, gall bladder disease, weight gain and liver tumors are all promoted by oral contraceptive use.
- 7. BIRTH CONTROL HORMONES ARE ASSOCIATED WITH BEHAVIORAL AND MENTAL PROBLEMS.** Depression, diminished sex drive, and alteration of maternal and social behavior have been associated with oral contraceptive hormones.
- 8. SAFER AND BETTER WAYS EXIST FOR WOMEN TO PREVENT PREGNANCY.** Non-hormonal methods of fertility control have long been considered the safest methods of fertility control. Modern Natural Family Planning methods are 97-99% effective for preventing pregnancy, and offer valuable information on a woman's health.
- 9. BIRTH CONTROL PILLS CAN PREVENT PREGNANCY BY ALTERING THE LINING OF THE UTERUS.** The pill usually prevents ovulation, but when breakthrough ovulation takes place in 2-15% of a woman's cycles, the pill can cause a very early abortion by preventing implantation of an embryo if conception has occurred.
- 10. BIRTH CONTROL PILLS CAN PROMOTE UNHEALTHY PATTERNS OF SEXUAL BEHAVIOR, DAMAGING BOTH MEN AND WOMEN.** Birth control pills were developed in a deliberate effort to separate sexuality from reproduction. Their widespread use is linked to an unprecedented rise in non-marital sexual activity, sexually transmitted diseases, and a decline in stable marriages and families.

Ask the Expert Question

and

Answer

I just went off birth control pills one month ago. My period is 5 days late. I took a pregnancy test but it was negative. My question is can I still get pregnant before I have my next period?

First, it is important to understand the relative timing of ovulation in the menstrual cycle. Ovulation precedes the woman's next menstruation by 9-17 days. This means, once a woman ovulates, she will have her next period about 2 weeks later. Secondly, there is a wide range of responses to cessation of oral contraceptives, which can depend on several factors, including; the type of pill, how long the woman took it, her age (now, and when she began the pill), and the woman's individual, unpredictable response to the medication.

There are several ways your body can respond to cessation of oral contraceptives:

- 1) Ovulation can occur without delay, and therefore there would be no delay in the return of menstruation.
- 2) Ovulation can be delayed following the cessation of oral contraceptives. Since menstruation follows ovulation by about 2 weeks, the first menstruation would also be delayed (you would think you are "late").
- 3) A woman can be temporarily anovulatory. If anovulatory, she will not menstruate, though she may bleed on a timetable similar to menstruation, or erratically, or not at all during the anovulatory period.

Questions can be submitted through our website, sent to the CANFP office, or e-mailed to experts@canfp.org

Coming Off Oral Contraceptives



This question was answered by **Sheila St. John**, Executive Director of CANFP, who has taught NFP in the Monterey Region for over 25 years
sheila@canfp.org

If you are in category 1, you would have already menstruated, unless you are pregnant. If you are in the second or third category, ovulation may not have occurred yet, and could be imminent. In that situation, yes....you still could become pregnant before your next period.

It is not unusual for a woman to feel as you do after discontinuing the pill. She does not know when to expect her period, or when her body will return to "normal", and she may feel anxious and vulnerable during this unpredictable time.

A woman can track her return to normalcy following the use of oral contraceptives by observing and charting the biomarkers of her cycle. It can be an amazing thing to observe the body recover from the suppressive effect of the pill, and reassuring to observe the return of normal function. As I mentioned, some women ovulate immediately and for some the return to normalcy is much more protracted. A woman cannot control this process, but by observing the actual biomarkers which reflect hormone function, she can identify the ovulatory event. Observing this recovery process and return to normal fertility is empowering as a

woman observes tangible evidence of her return to health and accurately identifies the fertile and infertile days in this process. This will permit her to time intercourse to avoid a pregnancy until she has recovered fully from the oral contraceptives.

If you would like to call me at our toll free number 1-877-33-CANFP I would be happy to discuss this with you further and refer you to an NFP Professional who can assist you in interpreting the changes your body is going through right now.

Visit www.canfp.org
Click on **Ask the Experts** to view a collection of 700 questions, answered by our team of CANFP Experts!

Contraception Fraud

Jennifer Roback, Morse, Ph.D.

Americans now believe that care-free sex is an entitlement. Contraception can prevent unwanted pregnancies. In the unlikely event of contraceptive failure, abortion can end a pregnancy. The belief that pregnancy is unlikely induces women to have sex in relationships that can not possibly support a pregnancy. But is contraceptive failure all that unlikely? The most recently available statistics suggest that the young, the unmarried and the poor are more apt to get pregnant than they supposed. Contraception advocates frequently offer statistics to convince young women that they can safely engage in sex. The overall failure rate is 12.9%, meaning that 13 out of a hundred sexually active, contracepting women will be pregnant within 12 months. The “reversible” methods have failure rates ranging from 8% for the pill and 27% for withdrawal.

Jennifer Roback Morse, Ph.D. taught economics for 15 years at Yale and George Mason Universities. This article is adapted from her presentation, The Scientific Basis for Sexual Ethics, at the Bio-Ethics Conference sponsored by the Diocese of Laredo in June 2007. A version of this article appeared in the October 2007 issue of the Legatus magazine.



Women absorb this kind of information, and conclude that pills or condoms protect them. Advocates of contraception seldom provide information that shows contraceptive failure rates, broken down by relationship type, age and broad income categories. If they did, a woman would be able to see the failure rate most applicable to her own situation. It isn't as if this information doesn't exist. A 1999 study published by the Alan Guttmacher Institute, the research arm of Planned Parenthood, breaks down contraceptive failure rates by

demographic characteristics. If a poor cohabiting teenager, for instance, looked at this data, she would find that for her, the Pill has a failure rate of 48.4%. You read that correctly: nearly half of poor cohabiting teenagers get pregnant during their first year using the Pill. If she kicked her boyfriend out of the house, or if she married him, her probability of pregnancy drops to 12.9%. At the other extreme, a middle-aged, middle-class married woman has a 3% chance of getting pregnant after a year on the Pill. The results for the condom are even more dramatic. Over 70% of poor, cohabiting teenagers using the male condom will be pregnant within a year. By contrast, the middle-aged, middle-class married woman has a 6% chance of pregnancy after a year of condom use. What is going on here? You wouldn't think that the hormones in the pill could “know” whether a woman is married or not. Several factors are driving the differences in failure rates: fertility, maturity, commitment and amount of sexual activity. Young women are more fertile than older women. Therefore, young women are more likely to get pregnant from any given act of intercourse, no matter what contraceptive method they use. The less mature, and possibly less stable individuals may not be using their contraception correctly or regularly. The commitment of married couples to each other makes it easier for married women to negotiate regular condom use. Finally, cohabiting women have sex more frequently than single women, so they have a greater chance of getting

pregnant. The government promotes contraception most heavily among the poor, the young, and the single, because their children are the most likely to become dependent on state support. Yet these targeted groups are the ones most likely to experience contraceptive failure. The commonly quoted failure rates of 8% for the Pill and 15% for the condom are inflated by the highly successful use by middle-aged, middle-class married couples. The “overall failure rates” are simply not relevant to this target population. The false sense of security created by these inflated success rates of contraception may very well be seducing women to be sexually active in situations that can't sustain the care of a child. These women would be far better off postponing sexual activity, or developing a healthy relationship, or finishing high school. Yet the federal government spends approximately \$12 on contraceptive education for every dollar it spends on abstinence education. The government should insist that their programs provide demographically relevant information. Otherwise, the rest of us should insist that the government get out of the sex ed business altogether. *“Contraceptive Failure Rates: New Estimates From the 1995 National Survey of Family Growth,” Haisabn Fu, Jacqueline E. Darroch, Taylor Haas, and Nalini Ranjit, Family Planning Perspectives, Vol 31, No. 2, March/April 1999, pp. 56-63.*

NFP Services and Diocesan Insurance Policies

Theresa Notare, MA

As of October 2007, the Federal Register published ICD-9-CM codes for Natural Family Planning (NFP) services. The publishing of ICD-9-CM codes for NFP means that health insurance companies can cover education classes in NFP. This advance is thanks to the hard work of NFP educators from the American Academy of FertilityCare Professionals over many years.

ICD-9 codes are diagnostic codes for health care insurance. They are linked to insurance procedure codes. The procedure codes pay the bill. But the ICD-9 code allows the diagnosis of the health care service. It is the “first step” that makes it possible to have NFP services covered by health care insurance. Specifically, the wording for the two codes state: “Counseling and instruction in Natural Family Planning to avoid pregnancy” and “Procreative counseling and advice using Natural Family Planning.” The approval codes will allow for billing third party payment for NFP services.

So what does all of this have to do with the Bishops' Committee for Pro-Life Activities (BCPLA)? A lot! The BCPLA has been taking a variety of approaches to promote the popular document, *Married Love and the Gift of Life*. That document promotes Catholic teachings on conjugal love and responsible parenthood. So the BCPLA has been exploring

additional ways in which to strengthen diocesan NFP ministry. As part of these efforts, the chairman of the BCPLA, **Cardinal Justin Rigali**, sent a letter to all diocesan bishops about the publication of the codes. **Cardinal Rigali** requested the bishops to consider including NFP services as part of the diocesan insurance policy. It is a way in which diocesan NFP services could receive some funding.

As noted above, the “first step” toward insurance coverage of NFP services is the publishing of the ICD-9 codes. The second step for NFP coverage, at least in the dioceses, includes the work of diocesan staff and their health care insurance agent. The health care insurance company in cooperation with the appropriate diocesan staff, make decisions about *what services will be reimbursed by what kind of provider, under what conditions*. Therefore, diocesan staff should work with their individual health insurance provider to articulate that coverage.



Theresa Notare, MA, is the Assistant Director of the Diocesan Development Program for NFP, United States Conference of Catholic Bishops

bishops explaining the need. The auxiliary bishop then contacted the insurance agent for the Archdiocese to pursue coverage. And, Diane had a few short discussions with the insurance representative. The agent added the NFP service for Archdiocesan employees under the insurance plan. Currently, there are eight dioceses that cover NFP services. They are: **Wichita, KS; Lincoln, NE; Duluth, MN; Columbus, OH; St. Louis, MO; LaCrosse, WI; St. Cloud, MN; and Crookston, MN.**

As **Cardinal Rigali** noted in his letter to the bishops, covering NFP services in a dioceses' health care insurance plan represents another way in which the local Church can support married couples. After all, the methods of NFP offer a viable way in which married couples can live out our beliefs on life and love. Let's pray that this too will strengthen the local Church's ability to reach out to couples and provide good NFP services!

V25.04 COUNSELING AND INSTRUCTION IN NATURAL FAMILY PLANNING TO AVOID PREGNANCY

V26.41 PROCREATIVE COUNSELING AND ADVICE USING NATURAL FAMILY PLANNING

The process is not difficult. The NFP coordinator for the Archdiocese of St. Louis, **Diane Daly**, reports that she simply wrote to one of the auxiliary

Clergy Corner

Fr. Blaise R. Berg, STD

Spiritual Fatherhood

The spiritual fatherhood of the husband and father is more fundamental to him than his biological fatherhood

To live his state of life faithfully and fruitfully, the priest and the father of a family must be profoundly aware of his spiritual fatherhood. In his 1999 pastoral letter, *The Priesthood: As Christ Loved the Church*, **Archbishop Charles Chaput** of Denver explained this reality as follows: As a child of the God of abundant life, every human person desires to procreate new life. For a priest, celibacy is neither a rejection nor a repression of his sexuality, but a positive choice to be spiritually life-giving for the larger family of faith. A celibate priest is 'unmarried' only in that he is not married to a particular, individual woman in that wonderful union created in the Sacrament of Matrimony. But he is—through the indelible mark conferred through the Sacrament of Orders, which leaves him forever configured to the celibate Christ—married to His Bride, the Church. As such, he becomes a sign to those in the married state of the radical love God asks of them. It is recognition of his vocation as husband to the believing community he serves that we traditionally call priests 'father.' In this way, we who are born into the Church through Baptism express our love for those who are wedded to our Mother the Church. (no. 10)

One of the ways that the priest grows in his awareness of his spiritual fatherhood is by fostering a close relationship with his spiritual father, Jesus Christ. The priest fosters this closeness by spending time with

Jesus through his daily offering of Mass, daily prayer before the Blessed Sacrament, frequent recourse to the sacrament of Confession, hearing Confessions and in many other ways. In this way, the priest develops a filial relationship with Jesus. In other words, to realize his fatherhood, the priest has to understand the fatherhood of Jesus; he learns to be a son of the Son.

Begotten by the Father, the Son has a "filial awareness." Thus, as the Son is aware of being begotten by the Father, gifted by the Father in the Holy Spirit, so too the priest has to be profoundly cognizant of his being a son of the Son. The Son is his father and he finds the model for his priestly fatherhood in the Son. The priest experiences his spiritual fatherhood everyday when he has the amazing privilege of saying "This is my Body" and "This is my Blood." It is in the celebration of the Eucharist that the priest exercises his spiritual fatherhood to the utmost.

Not only is the priest called to foster a deep understanding of his spiritual fatherhood, but also the father of a family has to be aware of his spiritual fatherhood. The spiritual fatherhood of the husband and father is more fundamental to him than his biological fatherhood. (What the "biological" father and the "adoptive" father share is their spiritual relationship to their children.) No doubt, one of the main reasons we are experiencing a breakdown in

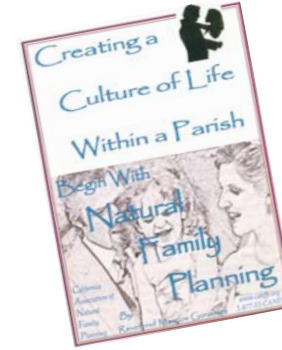


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families is because fathers do not have a deeper understanding of their spiritual relationship to their children. For parents, bringing a child into the world, feeding it, clothing it and giving it shelter can sometimes seem like the most difficult and stressful task. Yet, to foster a child's spiritual life takes just as much care, responsibility and attentiveness as providing for the physical needs of the child. Unfortunately, many fathers and husbands abdicate their spiritual responsibility to their children. Their wives desire them to be the spiritual leaders of the family, but they shrug off the responsibility for whatever reason.

St. Joseph, husband of Mary and spiritual, adoptive father to Jesus, is an important model for both priests and fathers of families. Just as St. Joseph was attentive to his Bride and took his responsibility as spiritual leader of the Holy Family most seriously, so too priests and fathers of families have the amazing privilege of being spiritual fathers to their families. Through the intercession of St. Joseph, we pray that we might be ever more faithful to our God-given task of being spiritual fathers.

Parish Resources



12 page booklet containing ideas and suggestions for clergy, and parish staff/volunteers, on how to integrate Natural Family Planning services into a parish setting, by Rev. Marcos Gonzalez, a parish priest for the Archdiocese of Los Angeles, and member of the Executive Board of the California Association of Natural Family Planning.

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"This very attractive pamphlet is quite readable, yet clearly and lucidly states God's plan for marital intimacy. It includes a discussion of how contraception is both morally objectionable and harmful to a couple, and it unabashedly promotes natural family planning as the only way to truly mature and be happy in this most special and blessed of human relationships." **Dr. Gregory Polito** President, CANFP

"It is my earnest hope that the bishops' statement will be widely read and serve as a catalyst in the Church for a renewed understanding of the beauty of God's plan for marriage."

Bishop Salvatore Cordileone
Auxiliary Bishop of San Diego

The Pill and Premenopausal Breast Cancer cont.

The rise in the incidence of breast cancer corresponds with widespread usage of oral contraceptives

Breast cancer has been indisputably rising over the past 40 years, especially in younger women. It is the leading cause of women's cancer deaths in the world, and the most common cause of cancer deaths in the U.S. of women under 60. The rise in the incidence of breast cancer corresponds with widespread usage of oral contraceptives, which were developed in the late 1950's and became commonly prescribed after 1960. The well known Women's Health Initiative study confirmed the increase in breast cancer in postmenopausal women who received hormone replacement with the female steroid hormones, estrogen and progestins.² It would seem highly logical that oral contraceptives, which contain estrogens and progestins at even higher doses and potencies, would increase breast cancer rates also.

Yet, perplexingly, many of the earlier studies on oral contraceptives and breast cancer did not show such a clear cut relationship. Women, and even young teen agers, have been told for years that birth control pills were safe and did not cause cancer. The most recent Planned Parenthood web site states that "the most recent literature suggests that the pill has little, if any, effect on the risk of



developing breast cancer."³ Many experts, however, who carefully looked at the medical literature, have been aware of this harmful complication of the pill for decades. The Ministry of Health and Welfare of Japan prohibited the pill for 35 years because of concerns that the pill would increase breast cancer, as well as HIV and promiscuity. European women were less eager to adopt the pill than American women, who were influenced by heavy promotion of the pill by reproductive rights and medical organizations.

Remarkably, an important study that appeared about twenty years after the pill came into common use found that both birth control pills and abortion were risk factors for breast cancer. The study was done by Malcolm Pike and his colleagues at the University of Southern California in 1981, barely 10 years after abortion had been legalized in the United States. The study was restricted to young women with breast cancer under the age of 33, who had the opportunity to experience legalized abortion. The researchers found that oral contraceptive use before first full term pregnancy, as well as a first trimester abortion, was

associated with more than a doubled risk of breast cancer. The study was small and included only 163 women, but was the first inkling that the pill and abortion might precipitate breast cancer in premenopausal women, even very young women. Breast cancer is much more frequently a disease of older women, so the appearance of the cancer in women in the thirties was remarkable.⁴

The Pike study created a firestorm and led to criticism by the FDA, the Centers for Disease Control, and Boston University's Drug Epidemiology Study, who disputed its findings. "The tragedy of this study is that it was so widely publicized before the scientific community had an opportunity to dissect it thoroughly and reveal its flaws," said Dr. William Filler Jr., a member of the F.D.A. committee that rejected the study. Notably, the study linked pills with higher doses of progestins to the highest risk of breast cancer.

Following the Pike study, researchers worked overtime and published numerous papers which disproved a significant link between the pill and breast cancer. But these studies included women who used the pill in the 1960's and 1970's. They included a large number of women who already had children and who developed breast cancer before 1980. The best known of these and largest was the Oxford pooled analysis, which was published in 1996.⁵

We can only hope that the truth will eventually prevail

This study demonstrated a small (7%) overall increase in breast cancer, but stated that the excess risk disappeared ten years after discontinuing use of oral contraceptives. After the late 1970's, there was greatly increased use of the pill by young women before the first full term pregnancy. The fact that the Kahlenborn meta-analysis included only studies after 1980, and was able to discriminate between use before and after the first full term pregnancy, goes a long way toward explaining the findings of increased cancer risk in comparison to the Oxford study.

Another important factor distinguishing the earlier from later studies is the change in composition of birth control pills. Typically birth control pills contain an estrogen and a progestin. The estrogen has been constant, ethinyl estradiol, and since the 1970's in doses varying narrowly between 20 and 35 micrograms. In contrast, the progestins have varied widely. Early pills were monophasic or biphasic, containing pills of one or two different dose formulations. The progestins in the earlier pills were norethindrone or its derivatives. The later pills were frequently triphasic, and contained the more potent gonane derivatives such as desogestrel, norgestrel, and norgestimate as the progestin. As Pike found in his 1981 study, and as the Women's Health Initiative on postmenopausal hormones discovered, the synthetic progestins played a significant

role in the development of breast cancer. The progestin risk supplements the better known role of estrogen in the development of breast cancer. Estrogen has been officially named as a carcinogen by the World Health Organization. A number of the well-known risk factors for breast cancer – early age at first menstruation, late menopause, lack of breast feeding – relate to increased exposure to estrogen.

The portion of the Women's Health Initiative studying progestins was terminated early because it became obvious even in the early phases that the progestins were unquestionably responsible for an increase in breast cancer. Rather than let the full study be completed as planned, it was ethically mandatory to inform the women in the study so that they could discontinue taking the hormones. When the WHI study was widely publicized in 2002, millions of postmenopausal women stopped taking hormone supplements, leading to a marked decrease in breast cancer in the U.S. in 2002 and 2003. The increasingly obvious link between birth control pills and breast cancer has not been as widely publicized or appreciated, nor has there been a significant decline in the use of hormonal contraception. We can only hope that the truth will eventually prevail and dwarf the power of the advocates of artificial contraception so that the health of younger women can be benefited, and further declines in breast cancer occur.



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¹ Kahlenborn, C et al, "Oral Contraceptive Use as a Risk Factor for Premenopausal Breast Cancer: A Meta-analysis," *Mayo Clinic Proceedings*, October, 2006.

² WHI Investigators, "Risks and Benefits of Estrogen plus Progestin in Healthy Postmenopausal Women," *JAMA*, July, 2002.

³ www.plannedparenthood.org/birth-control-pregnancy/

⁴ Pike, MC et al, "Oral contraceptive use and early abortion as risk factors for breast cancer in young women," *British Journal of Cancer*, January, 1981.

⁵ Collaborative Group on Hormonal Factors in Breast Cancer. "Breast cancer and hormonal contraceptives," *Lancet*, June, 1996.

Medicina al Respeto

Dr. Mary Davenport

Diez Razones para Evitar Pastillas para el Control del Embarazo: Píldora

- 1. LA PILDORA ES UN FACTOR EN EL RIESGO PARA COTRER CANCER DE MAMA, ESPECIALMENTE EL CANCER DE MAMA PRE MENOPAUSIA.** El estrógeno en la píldora ha sido reconocido por WHO y FDA como un carcinógeno. Nueva investigación también ha implicado que el componente progestin en la píldora como un carcinógeno.
- 2. EL POTENTE ESTROGENO ARTIFICIAL EN LA PILDORA, ETHINYL ESTRADIOL, SE DISTRIBULLE COMO UNA DOSIS PARA TODAS LAS SITUACIONES.** Si el estrógeno se necesita para terapeutica, no como contraceptivo, el estrógeno bio-idéntico estradiol y estriol se pueden administrar en una gama de dosis confeccionadas para las necesidades individuales de una mujer.
- 3. LA PILDORA PUENDE TENER UNOS EFECTOS CARDIOVASCULARES SERIOS.** Además de los efectos promotores de trombosis en estrógeno, la segunda generación de progestins gestodyne, desogestrel y norgestimate son asociados con in incidente incremental de trombosis en la profundidad venal (DVT). Levonorgestrel y norethindrone, la primera generacion de progestins derivados de la testosterona causa alteraciones de colesterol dañinos.
- 4. LA PILDORA TIENE EFECTOS DE LARGO PLAZO EN LA FERTILIDAD.** La investigación nos ha enseñado que la píldora puede causar empeoramiento permanente de la producción de la producción mucosa cervical, la cual es vital para quedarse embarazada. En mujeres vulnerables, la píldora puede tener efectos adversos en la ovulación incluso después de su discontinuación.
- 5. LA PILDORA PROMUEVE LA NEOPLASIA INTRAEPITELIAL CERVICAL (CIN) Y ES UN FACTOR PARA EL RIESGO DE CANCER CERVICAL.** El estrógeno en la píldora puede causar una larga zona de transformación en el cerviz y un rápido vuelco de DNA, incrementando los efectos del virus HPV.
- 6. LA PILDORA PUEDE CAUSAR OTROS PROBLEMAS DE SALUD.** Intolerancia a la glucosa, enfermedad de la vejiga, incremento de peso y tumores de hígado son todos fomentados por el uso orla de contraceptivos.
- 7. LAS HORMONAS DE LOS CONTRACEPTIVOS SON ASOCIADAS CON PROBLEMAS DE COMPORTAMIENTO.** Depresión, actividad sexual, y alteración de la maternidad y comportamientos sociales han sido asociados con las hormonas en contraceptivos de uso oral.
- 8. HAY MANERAS MEJORES Y MAS SEGURAS DE PREVENIR EL EMBARAZO.** Métodos de control de fertilidad que no son hormonales por mucho tiempo se han considerado como los mas seguros. Los métodos modernos de Planificación Familiar Natural son del 97% al 99% efectivos para prevenir un embarazo, y ofrece información valiosa para la salud de la mujer.
- 9. LA PILDORA PUEDE PREVENIR EL EMBARAZO ALTERANDO EL FORRO DEL UTERO.** La píldora normalmente impide la ovulación, pero cuando la rotura de la ovulación se desarrolla en el 2-15% de el periodo de la mujer, la píldora puede causar un aborto prematuro al prevenir la implantación de un embrión en el momento de la concepción.
- 10. LA PILDORA FOMENTA PATRONES INSALUBLES DE COMPORTAMIENTO SEXUAL, DAÑANDO A LOS DOS, EL HOMBRE Y LA MUJER.** La oidora fue desarrollada in un esfuerzo deliberado de separar la sexualidad de la reproducción. Su uso extensivo esta ligado a un alza sin precedentes en la actividad sexual fuera del matrimonio, enfermedades transmitidas por el sexo, y el declive del matrimonio y la familia estable.

Spanish Audiotape Resources complete listing available at www.canfp.org

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*CANFP NEWS is edited and published quarterly by the California Association of Natural Family Planning.
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