

Courage & EnCourage 228 North Walnut Street Lansing, Michigan 48933-1122 517-351-3315

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ENCOURAGE SUPPORT GROUP MEETING

Roman Catholic Diocese of Lansing Chapter

When: Sunday May 16, 2010 from 2:30 to 4:00pm

Where: Holy Spirit Parish

Winans Lake Road Hamburg, Michigan

Directions: US-23 to Silver Lake Rd. Exit (exit #55) West on Silver Lake Rd. to Whitmore Lake Rd. (a short distance). South on Whitmore Lake Rd. to Winans Lake Rd. (a three way stop). West on Winans Lake Rd. approximately one mile to entrance marked with a sign for Holy Spirit Cemetery and Holy Spirit Rectory and School. Turn left. We meet in portable classroom number four. Look for Encourage signs.

Enclosed are two informational pieces that deal exclusively with youth. We have observed that more and more of the individuals who contact us are parents of teenage children who have "come out" to their parents. As you probably know or certainly should know, nearly every school district in America has a gay/lesbian club on campus. Colleges and universities, regrettably even many who identify themselves as "Catholic", promote and celebrate gay/lesbian behaviors. The letter to school superintendents is significant because the *American College of Pediatricians* is a secular, scientifically factual, objective organization that seeks the best for the health of young people.

We encourage you to challenge your local school officials to re-examine the presence of these groups at their schools and to re-look at their policies regarding same-sex behaviors. These school and college administrators need to know that the promotion of "acceptance" and "tolerance" by the schools do have, in reality, devastating effects.

The 2010 Annual Courage/Encourage Conference is July 29, 30, 31 and August 1st at St. Mary of the Lake University, Mundelein, Illinois. We guarantee that your attendance at the conference will be one of the most spiritually enriching experiences of your life. The location is isolated from the rest of the busy world, and the grounds are beautiful. Daily Mass, Morning Prayer and Eucharistic Adoration are

planned around excellent presentations and quiet interaction with Courage and Encourage members. Plan now to attend! Mark your calendars, set the money aside and commit to participate. We can say without reservation that our first conference changed our lives and every conference since has been a significant event in our lives. If nothing else, it is a wonderful spiritual retreat.

For over a year, we have been asking you to join us in prayers of reparation to the Sacred Heart of Jesus. We have asked you to pray in reparation for "sins against human sexuality such as same-sex attraction". The "attraction" is NOT sinful; the "behavior" IS sinful. We are sorry for this oversight.

Remember please that we unite to pray each Thursday to the Sacred Heart of Jesus in reparation for our sins and the sins against human sexuality such as same-sex behavior and abortion. Reparation is making amends for the wrongs committed through our sinful condition. Additionally, we pray as intercessors for all our loved ones who will, like the prodigal, someday return home. We generally follow the model given to us by St. Margaret Mary Alacoque in the booklet *Holy Hour of Reparation* published by CMJ Marian Publishers. If you would like a copy of the booklet, we have a small supply in our office or you can order one by calling the publisher at 1-888-636-6799. "That the necessity of reparation is especially urgent today must be evident to everyone who considers the present plight of the world, 'seated in wickedness'. The Sacred Heart of Jesus promised to St. Margaret Mary that He would reward abundantly with His graces all those who should render this honor to His Heart." (Pope Pius XI Encyclical *Miserentissimus*)

Please note if you cannot attend the May 16th meeting, our next regular meeting is June 13, 2010. Because of Father's Day, we are meeting a week earlier in June. We hope to see you there.

For more information regarding our meetings, or to talk about the issue of same-sex attraction in your lives, call us at 517-351-3315 or email us at caverart@comcast.net

We look forward to meeting with you. Let us remember, however, to always respect the right of each to complete confidentiality.

Trusting in Jesus,

Bob and Susan Cavera

"May the God of endurance and encouragement grant us the grace to think in harmony with one another, in keeping with Christ Jesus. Amen."

cf. Romans 15:5



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March 31, 2010

Dear School Superintendent,

The American College of Pediatricians shares with you, your staff, parents, and other professional organizations the common goal of providing a healthful environment for your students. We are increasingly concerned, however, that in many cases efforts to help students who exhibit same-sex attractions and/or gender confusion are based on incomplete or inaccurate information. To correct this and assist you in establishing the optimal school environment, a Web resource, www.**FactsAboutYouth.com** (Facts), has been created to provide important factual information about healthful approaches to students experiencing sexual orientation and gender identity confusion.

Among the important questions addressed on the Facts site are:

- What are the science-based facts about the development of non-heterosexual attractions and gender confusion in youth?
- What is a school's proper role in dealing with students who are experiencing sexual orientation and gender confusion issues?
- How can schools better assist a student and his or her family in dealing with these issues?

Adolescence is a time of upheaval and impermanence. Adolescents experience confusion about many things, including sexual orientation and gender identity, and they are particularly vulnerable to environmental influences.

Rigorous studies demonstrate that most adolescents who initially experience same-sex attraction, or are sexually confused, no longer experience such attractions by age 25. In one study, as many as 26% of 12-year-olds reported being uncertain of their sexual orientation¹, yet only 2-3% of adults actually identify themselves as homosexual.^{2,3} Therefore, the majority of sexually-questioning youth ultimately adopt a heterosexual identity.

Even children with Gender Identity Disorder (when a child desires to be the opposite sex) will typically lose this desire by puberty, if the behavior is not reinforced. Researchers, Zucker and Bradley, also maintain that when parents or others allow or encourage a child to behave and be treated as the opposite sex, the confusion is reinforced and the child is conditioned for a life of unnecessary pain and suffering. Even when motivated by noble intentions, schools can ironically play a detrimental role if they reinforce this disorder.

In dealing with adolescents experiencing same-sex attraction, it is essential to understand there is no scientific evidence that an individual is born "gay" or "transgender." Instead, the best available research points to multiple factors - primarily social and familial – that predispose children and adolescents to homosexual attraction and/or gender confusion. It is also critical to understand that these conditions can respond well to therapy.⁵

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Dr. Francis Collins, former Director of the Genome Project, has stated that while homosexuality may be genetically influenced, it is "... not hardwired by DNA, and that whatever genes are involved represent predispositions, not predeterminations." He also states [that] "...the prominent role[s] of individual free will choices [has] a profound effect on us." ⁶

The National Association for Research and Therapy of Homosexuality (NARTH) recently released a landmark survey and analysis of 125 years of scientific studies and clinical experience dealing with homosexuality. This report, *What Research Shows*, draws three major conclusions: (1) individuals with unwanted same sex attraction often can be successfully treated; (2) there is no undue risk to patients from embarking on such therapy and (3), as a group, homosexuals experience significantly higher levels of mental and physical health problems compared to heterosexuals. Among adolescents who claim a "gay" identity, the health risks include higher rates of sexually transmitted infections, alcoholism, substance abuse, anxiety, depression and suicide. Encouragingly, the longer students delay self-labeling as "gay," the less likely they are to experience these health risks. In fact, for each year an adolescent delays, the risk of suicide alone decreases by 20%.⁷

In light of these facts, it is clear that when well-intentioned but misinformed school personnel encourage students to "come out as gay" and be "affirmed," ⁸ there is a serious risk of erroneously labeling students (who may merely be experiencing transient sexual confusion and/or engaging in sexual experimentation). Premature labeling may then lead some adolescents into harmful homosexual behaviors that they otherwise would not pursue.

Optimal health and respect for all students will only be achieved by first respecting the rights of students and parents to accurate information and to self-determination. It is the school's legitimate role to provide a safe environment for respectful self-expression for all students. It is not the school's role to diagnose and attempt to treat any student's medical condition, and certainly not a school's role to "affirm" a student's perceived personal sexual orientation.

It is critical to the health of your students that you and your staff rely on accurate information regarding sexual orientation and gender confusion issues. We urge you to review the enclosed information card, **What You Should Know**, and distribute it and this letter to your staff and to all interested parents and students. For more information, please visit www.FactsAboutYouth.com or we invite you to inquire by email at info@FactsAboutYouth.com.

Sincerely,

Tom Benton, MD, FCP

President

American College of Pediatricians

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¹Remafedi G, Resnick M, Blum R, Harris L. Demography of sexual orientation in adolescents. *Pediatrics*. 1992.89:714-721.

²Billy J, Tanfer K, *Grady* W, Klepinger D. "The sexual behavior of men in the United States." Family Planning Perspectives. 25(1993),52-61.

³Centers for Disease Control. *CDC Analysis Provides New Look at Disproportionate Impact of HIV and Syphilis among U.S. Gay and Bisexual Men.* Press Release. Wednesday, March 10, 2010.

⁴Zucker K, Bradley S. *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents,* The Guilford Press, New York, NY 10012, 1995 (p. 283).

⁵National Association for Research and Therapy of Homosexuality. Report: *What Research Shows: NARTH's* Response to the APA Claims on Homosexuality. For the summary see http://narth.com/docs/journalsummary.html (accessed 3/3/10).

⁶ Collins, F. *The Language of God: A Scientist Presents Evidence for Belief.* New York. Free Press. 2007.p.260 and p.263.

⁷Remafedi G, Farrow JA, Deisher RW, (1991) Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 87:869-875.
⁸Just the Facts Coalition. *Just the Facts about Sexual Orientation and Youth.* American Psychological Association. 2008. Retrieved from http://apa.org/pi/lgbt/resources/just-the-facts.aspx (accessed 3/3/10).



What You Should Know About Sexual Orientation of Youth

- Homosexuality is not a genetically-determined, unchangeable trait.
- Homosexual attraction is determined by a combination of familial, environmental, social and biological influences. Inheritance of predisposing personality traits may play a role for some. Consequently, homosexual attraction is changeable.
- Most students (over 85%) with same-sex attractions will ultimately adopt a heterosexual orientation if not otherwise encouraged.
 Most questioning students are experiencing temporary sexual confusion or are involved in experimentation.
- The homosexual lifestyle, especially for males, carries grave health risks.
- Declaring and validating a student's same-sex attraction during the adolescent years is premature and may be personally harmful.
- Sexual reorientation therapy has proven effective for those with unwanted homosexual attractions.

- For many youth, homosexual attraction develops due to negative or traumatic experiences, such as sexual abuse. These students need therapy for the trauma, not affirmation of a "gay identity."
- There is no evidence that pro-homosexual programs, such as on-campus student clubs, ease the health risks or emotional disorders suffered by homosexuals.
- Regardless of an individual's sexual *orientation*, sexual *activity* is a conscious choice.
- It is in the best interest of all students to refrain from any sexual activity until adulthood; most optimally until they enter a life-long faithful marriage.
- The school's responsibility is to provide a safe environment for respectful self-expression for all students. It is <u>not</u> the school's role to diagnose and attempt to treat any student's medical condition, and certainly not the school's role to "affirm" a student's perceived personal sexual orientation.



For further explanation of these important points and for the supporting references visit **www.FactsAboutYouth.com**, a Web resource created by the American College of Pediatricians[®] in coalition with other organizations who share a concern for the well-being of all youth.