JUST FIVE QUESTIONS: ABOUT THE WORK OF LIFE WITH THE GOVERNMENT'S SEXUAL HEALTH FORUM

The pro-life charity LIFE has been given a seat in the new sexual health forum. Earlier this year, Life was invited to the government's sexual health forum. This drew ferocious criticism from pro-abortion groups including some who found themselves excluded from the working group. A few other pro-Life groups were unhappy at the possibility of cooperation with a government policy that is seen as misguided and unable to achieve its aims. We interviewed Stuart Cowie, who is the LIFE representative, and present his answers to our five questions.

Q: CAN YOU TELL US HOW YOUR APPOINTMENT CAME ABOUT?

A: The Government reported that it is "an absolute priority" to lower the rate of abortion in the UK. The Department of Health in turn saw sense to invite us onto the core forum.

Q: WHAT IS THE AIM OF THE SEX EDUCATION FORUM?

A: The Group provides a national forum for the Department of Health and key stakeholders in the sexual health and HIV field to consider policy developments.

Q: A CURSORY READING OF THE LIST OF OTHER MEMBERS (BROOK, THE FAMILY PLANNING ASSOCIATION, THE TERRENCE HIGGINS TRUST ETC) SUGGESTS THAT YOU ARE ON YOUR OWN. IS THERE NOT A HINT OF TOKENISM HERE?

A: This point has been made by a cross party group of MPs who have signed EDM 1918 which asks for more pro-life representation at this forum but I could be more persuaded by the tokenism argument if we were not core members of the group with some power to influence future policy. What I am there to say is not obscure but mainstream and will resonate with parents, doctors and other health care professionals.

Q: WHY HAVE CURRENT SEX EDUCATION PROGRAMMES FAILED TO REDUCE RATES OF TEENAGE PREGNANCY?

A: Because they are based on a misguided premise, namely that all young people are having sex. This leads to a normalising of sexual activity in younger people driven by those in authority. The 'wait until you are ready' message gives license to underage sexual behaviour. We believe that young people should be given information about delaying sexual activity and the importance of love and commitment. It is all about how the establishment demonstrates its respect for young people. Omission of the ideal context for sexual relations has been short sighted and sends confusing messages to people during an already confusing time of life.

Q: BUT IT IS CLAIMED THAT TEENAGE PREGNANCY RATES ARE LOWER IN THE NETHERLANDS DUE TO EARLIER AND MORE EXPLICIT SEX EDUCATION?

A: However, in "Deconstructing the Dutch Utopia," Joost Van Loon has shown that this statement is simplistic. The decline in teenage conception rates started before the introduction of sex education.

The introduction of sex education has not resulted in lower conception rates. Most importantly, there are large differences in the types of sex education in Dutch schools. The study further shows that where there are stable families, the children are less likely to engage in sexual activity.

MEMORANDUM ON MARRIAGE

JOHN M BARRIE

The Daily Telegraph on 17th February 2011 reported that Lynne Featherstone the Equalities minister is, later this year, to introduce legislation after a consultation period, permitting gay couples to "marry" in religious premises. Several organisations already describe civil partnerships as "gay marriages". It is suggested that this description is a non sequitor, because it is a contradiction in terms.

The purpose of this memorandum is to set out some reasons why these proposals should be resisted. The first proposal misdescribes a civil partnership as a "marriage" and the second allows such ceremonies to be held on religious premises

English law defines marriage as "the voluntary union for life of one man and one woman, to the exclusion of all others". This definition was given in the leading case Hyde v Hyde and Woodmansee [1866]. Lord Penzance, the Judge in the case, sought to give a definition recognised throughout 'Christendom'.

English law defines marriage as "the voluntary union for life of one man and one woman, to the exclusion of all others".

This memorandum will first discuss why a civil partnership is not a marriage. All evidence shows that marriage is an act or contract between a man and a woman whereby they become husband and wife. Therefore to describe a union between two persons of the same sex as "marriage" is a corruption of the word.

One of the main purposes of marriage is the procreation of children and bringing them up in a steady family background, thus perpetuating the population and maintaining a stable society.

For centuries this state of affairs has been encouraged by governments. Why is it any different now?

The previous government did not acknowledge "marriage" and there is some evidence that this word is being erased from official documents. Why?

For many centuries the Church was the only authority which officiated and legitimised marriage. This was changed by the Marriage Acts of 1836, which came into force on 1st July 1837. From that date on men and women had the option to marry each other lawfully in a registry office before a civil Registrar, instead of marrying in the local parish church.

The Civil Partnership Act 2004 came into force on 5th December 2005. This Act allows same sex couples to register their partnership and allow it legal status. This relates to a variety of issues including children matters, inheritance tax, property and financial arrangements, immigration, occupancy, tenancy and so on. The Act expressly forbids such partnership arrangements being entered into on religious premises.

In 1998, the Government Green Paper on the Family, Supporting Families, said, "...marriage is the surest foundation for raising children and remains the choice of the majority of people in Britain." The Government restated this in March 2004. It is still true that most people marry and most marriages (59 per cent) last for life.

The evidence strongly shows that marriage is good for adults and children. As Professor A H Halsey, (Professor of Social Policy at Nuffield College, Oxford) and co-author of English Ethical Socialism stated; "No one can deny that divorce, separation, birth outside marriage and one-parent families as well as cohabitation and extra-marital sexual intercourse have increased rapidly. Many applaud these freedoms. But what should be universally acknowledged is that the children of parents who do not follow the traditional norm (i.e. taking on personal, active and long-term responsibility for the social upbringing of the children they generate) are thereby disadvantaged in many major aspects of their chances of living a successful life. On the evidence available such children tend to die earlier, to have more illness, to do less well at school, to exist at a lower level of nutrition, comfort and conviviality, to suffer more unemployment, to be more prone to deviance and crime, and finally to repeat the cycle of unstable parenting from which they themselves have suffered... The evidence all points in the same direction, is formidable, and tallies with common sense."

As Professor Hadley Arkes of Amherst College, USA argues: "Is it better for children to be spawned in random relations, or is it better for them to be begotten in arrangements in which their parents are bound to their offspring by the ties of law as well [as] nature? Would anyone seriously deny that it is altogether more wholesome, more preferable in principle, that parents would be as committed to the nurturance of their children as they are committed to each other as husband and wife?"

Other evidence shows that children do better living in two-parent rather than single parent households. However, although cohabiting parent families are likely to lead to improved outcomes for children compared with their single parent counterparts, co-habitation does not lead to the same degree of improvement as marriage. Married couple relationships are significantly more stable than cohabiting relationships: regardless of socio-economic status and education, cohabiting couples are between two and 2.5 times more likely to break-up than equivalent married couples. Indeed, just one in 11 married couples split up before their child's fifth birthday compared to one in three unmarried couples. The difference in stability between marriage and co-habitation is of fundamental importance, yet Government policy has failed to recognise this. Marriage is also directly linked to better mental and physical health amongst adults, including lower mortality risk, significant reductions in depression, lower risk of suicide and lower incidence of acute and chronic conditions. Crucially, research has found that unmarried individuals living alone are no more distressed than co-habiting (unmarried) couples – it is, specifically, a 'Marriage Effect'. (Source: The Centre for Social Justice Green Paper on the Family January 2010)

Strengthening families is vital, both to the health of Britain and in ensuring a more socially just society. The wealth of evidence showing that the family environment in which a child grows up is key in determining their future life outcomes cannot be ignored. A child growing up in a fractured, dysfunctional or chaotic family is far less likely to develop the pro-social systems essential for success later in life. They are less likely to do well at school and more likely to become involved in negative behaviour such as offending and substance abuse. Right from their earliest years they are

at a disadvantage to their peers. Family structure and process matters. (Source: The Centre for Social Justice Green Paper on the Family January 2010)

Universal Declaration of Human Rights adopted by the General Assembly of the United Nation in 1948 – Article 16 provides "that men and women of full age ... have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

Marriage shall be entered into only with the free and full consent of the intending spouses. The family is the natural and fundamental group unit of society and is entitled to protection by society and the State."

The 2008 edition of UDHR goes further in amplifying Article 16 (on page 23) by stating

"It is obvious that only man and woman have right to marry and to found a family (man and woman with children). According to UDHR two men or two women have no right to marry and to found a family."

Turning next to why civil partnership ceremonies should not be held on religious premises. The Office for National Statistics (ONS) reports that in 2008 there were 232,990 marriages, 156,290 being civil ceremonies and 76,700 being religious ones. As for civil partnerships in 2008 there were 7,169, ie 3% of marriages. ONS statistics also show a decline in interest in couples celebrating their marriage on religious ceremonies from 179,459 in 1981 to 76,700 in 2008, a fall of 57%. In contrast the decline in civil ceremonies is less marked from 172,514 in 1981 to 156,290 in 2008, a fall of 9%

These statistics demonstrate that the current trend is for couples to marry off religious premises. Thus it is going against the current trend to propose that some civil partnerships should be held on religious premises. But assuming the proposal is proceeded with, then using the same percentage as found with marriages on religious premises the number of civil partnerships that might be expected to be held on religious premises is 2,360 (7,169 divided by 232,990 multiplied by 76,700). Thus the government is going to all this expense for the sake of an estimated 2,360 partnerships, a figure which is less than one per cent of the aggregate of marriages and partnerships combined.

Neil Addison in his article published in the Catholic Herald on 4th March 2011 argues thus:

"The problem with both the suggested changes is that, in the present era of human rights and antidiscrimination laws, once something is allowed it can become illegal to refuse it. If churches, synagogues, mosques and so on are allowed to perform same-sex "marriages" or civil partnerships they could easily find themselves being sued for discrimination if they refuse to perform them. Any legislation would, no doubt, say that no religious group would be obliged to perform such ceremonies but any such guarantees could be legally challenged.

In a recent case in Sasketchewan the Canadian courts struck down provisions in their marriage legislation that protected marriage commissioners who for reasons of conscience did not want to perform same-sex "marriages". This recognition of freedom of conscience was declared to be contrary to the Canadian Charter of Rights and Fundamental Freedoms. The charter is very similar to the UK Human Rights Act and therefore it is quite possible that British courts would use the same

logic to strike down conscience protections given to religious organisations that did not want to
perform same-sex ceremonies."

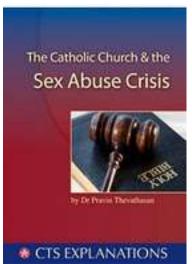
Memorandum prepared by John M Barrie

Member of the Catholic Union of Great Britain

BOOK REVIEWS

NEW CTS PAMPHLETS ON THE CATHOLIC CHURCH AND THE SEX ABUSE CRISIS AND THE CATHOLIC CHURCH AND THE GLOBAL AIDS CRISIS

Fr Timothy Finigan



Continuing with the latest pamphlets added to the CTS's list, two in the CTS Explanations series deal with controversial topics concerning which the Church continues to be attacked both from within and without.

Dr Pravin Thevathasan's "The Catholic Church & the Sex Abuse Crisis" has attracted attention already. It is notoriously difficult to write anything on this highly-charged subject without being attacked in one way or another, so it is not surprising that he should be misquoted and misrepresented. In fact, the pamphlet is a fair and balanced presentation of various aspects of this gross evil and the Church's response to it.

As a psychiatrist, Dr Thevathasan competently assesses research on the harm caused, the profile of the offender and what actually happened in the USA, Ireland and

Europe. He looks at the causes, and in one chapter singles out, rightly in my view, the "therapeutic culture" which led to a climate of permissiveness in some seminaries, and an inadequate response on the part of the Church. He quotes one of the most glaring examples of this: when the serial molester Fr John Geoghan was told by his Archbishop, "Yours has been an effective ministry impaired by illness." The more recent measures taken by the Church are set out, and the conclusion looks soberly at some of the statements of Pope Benedict, and the Irish Bishops commitment to prayer, fasting and reparation.

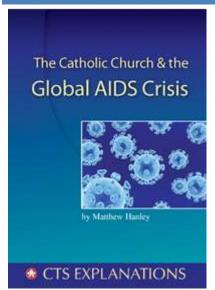
For anyone confused by media reports and wondering how to get information that would help them to answer some of the now routine slanders and sneers against the Church and all her priests, this pamphlet summarises an unpleasant subject with competence and fairness.

First published on the "Hermeneutic of Continuity" blog

http://the-hermeneutic-of-continuity.blogspot.com/.

THE CATHOLIC CHURCH &THE GLOBAL AIDS CRISIS BY MATTHEW HANLEY

REVIEWED BY DR PETER DOHERTY



This booklet recounts that although the global Aids pandemic has been with us for over three decades there has been a failure of most international attempts to contain it. Millions of lives have been lost. Millions of orphans have been created. And despite the recent progress in prolonging life in the affected, millions still go on without the necessary treatment particularly in Africa.

Medical and public health authorities have created the conventional wisdom, which is what most of us have to go by and that is epitomised by 'safe-sex' which we are repeatedly reassured holds most promise. 'Safe-sex' is a procedure for for using the current technical risk reduction measures of which condoms have been given the greatest priority. The Catholic Church has been broadly criticised for being opposed to their use

and has been accused in many circles of thereby accentuating the Global Crisis.

In an editorial in the CMQ (August 2002) it was noted that according to a UN report released on June 23rd of that year, the UN's massive effort to supply the world with condoms in a bid to stem the the spread of HIV/AIDS is failing. Following an exhaustive analysis of survey data from developing countries around the world, the Population Division of its Department of Economic and Social Affairs concluded that the ready availability of of condoms has not significantly altered individual sexual behaviour. The report claimed that despite widespread knowledge of Aids and the easy access to condoms ' only a small percentage of respondents began using them to prevent HIV transmission, Fewer than 8% of women in all countries surveyed reported they had changed t\heir behaviour by using condoms. Among married women the percentages were particularly low "The report claims that most women desire children and thus are unwilling to use prophylactics that also act as contraceptives. It stated that in a number of Western and Central African countries the difficulty of promoting condoms is compounded by the fact that the majority of women who are sexually active are not likely to resort to the condom"

Matthew Hanley is insistent that the global Aids pandemic is probably better described as a series of epidemics with distinct transmission patterns. In Eastern Europe and parts of Asia the virus is transmitted primarily through intravenous drug use which is also a prominent feature of HIV epidemics in several major urban centres, including London. In other epidemics, a large portion of HIV transmission comes primarily through homosexual contacts. Whereas in sub-Saharan Africa where the disease is most severe the transmission occurs heterosexually.

Two prominent risk factors are involved. Multiple sexual partnerships, particularly when they overlap, and the large percentage of men who are not circumcised. Observers have noted a correlation between the lack of male circumcision and the severity of HIV epidemics in Southern and Eastern Africa. In other parts where the majority of males are circumcised, HIV prevalence tends to

be lower. Poverty, is often quoted as one of the main reasons for AIDS in Africa, but some of the poorest countries have the lowest rates, whereas the wealthiest have the highest.

In 1993 the University of Texas analysed the results of 11 different studies that had tracked the effectiveness of condoms to prevent the transmission of the AIDS virus. The average condom failure rate was 31%. One reason condoms fail is that the latex has tiny intrinsic holes called "voids". Sperm is larger than the holes, but the Aid virus is 50 times smaller than these tiny holes.

It is sometimes forgotten nowadays that the condom has been in use for decades and was never regarded as highly efficient but as a reasonable safe guard. Its use under highly controlled conditions revealed good results but they are seldom realised in random use. The advent of the birth pill relegated it to the second division.

Beyond the fundamental moral judgements about condom use the booklet discusses important prudential considerations. Might they encourage people to indulge in behaviour in which otherwise they might not have engaged? Might they encourage people to take greater empirical risks when they feel they are at least partially protected by an artificial device? It has been observed, for example, that those who made greater use of sunscreens suffered an increase in skin cancer. Providing access to adolescents of the morning after pill did not reduce the incidence of teen age pregnancy and has contributed to increased rates of sexually transmitted infections. Apparently this phenomenon is known in public health circles as ' risk compensation ' or 'disinhibition '. A landmark Lancet article in 2000 by John Richens argued that risk compensation was responsible for the initial failure of seatbelt laws to prevent deaths. Many drivers assumed that the seat belt would protect them even if they drove more recklessly or under the influence of alcohol. In a parallel to condoms he noted that a "vigorous condom promoting policy could increase rather than decrease unprotected sexual exposure if it has the unintended effect of encouraging greater sexual activity ".

An exhaustive review of the impact of condom promotion at the University of California which had been commissioned by UNAIDS concluded that condoms have not been responsible for turning round any of the severe African epidemics. Norman Gearst who led the study was himself surprised by the results and commented "they were not what UNAIDS wanted to hear at all." Subsequently, instead of welcoming the findings and adopting future HIV prevention strategies accordingly, the Agency tried to alter the conclusions and finally refused to publish them. The researchers retaliated by publishing their findings in another prestigious journal, Studies In Family Planning. Subsequently UNAIDS released their own conclusions about how wonderful and effective condoms are but without the names of the authors. Such an episode involving the leading AIDS agency of the United Nations illustrates a lack of interest in scientific methodology, but rather a determination to present their own ideological preferences above the welfare of those they are protecting. They prefer the priority of sexual freedom to that of protecting public health.

The booklet is essentially focussed on the failure of condoms to reduce the levels of HIV transmission and it stresses that only a behaviour change can accomplish a radical reduction. Kenya and Uganda are the main countries to demonstrate this. It is a booklet which has appeared at an

important time. Commentators and World assemblies must be urged to admit that their policies have been mistaken. It should be widely promoted

A criticism is that references are not provided for the articles quoted in favour of the motion, which may cause trouble for those wishing to see the originals.

References

Matthew Hanley. The Catholic Church and the global AIDS crisis. CTA Publications, London 2011.

Down with Condoms. Catholic Medical Quarterly **55: (3)** http://www.cmq.org.uk/CMQ/2002/down with condoms.htm

DR DOHERTY IS A RETIRED GP, AND FORMER MASTER OF THE GUILD OF CATHOLIC DOCTORS AND ALSO FORMER EDITOR OF THE CATHOLIC MEDICAL QUARTERLY.



EVENTS

CATHOLIC MEDICAL ASSOCIATION, MANCHESTER BRANCH, PROGRAMME 2011/2012

November 23rd 7 .30 Students Meeting Dr Mark Coley .Ethics, the Gospel and the Foundation Programme

December 17th 7.30 Branch Meeting Speaker Prof Imelda Bates" New Insights into "Anaemia in Africa

February 21st 7.30 Branch Meeting Speaker Mrs Hilary Murray "Student Medical Ethic Groups What use are they?"

March 18th 2.00pmto 5pm Half Day of Recollection led by Mgr Michael Quinlan

April `17th 7.30 Branch Meeting Speaker Prof Eric Bolton Title to be arranged

May 15th 7.30 Branch meeting Speaker Sister Atkins title to be arranged

June 8th 7.30 Annual Dinner Chancellors

Apart from the Annual Mass and Annual Dinner, all Meetings are held at Avilla House, The University of Manchester Chaplaincy, Oxford Rd Manchester .Next to the Holy Name and opposite the Students Union

The Annual General Meeting and all Branch meetings start with Mass and there is a buffet super after the talk.

FOR Further Information

Sue Brown rhlbrown@hotmail.com or 0161 980 8697

FOR DETAILS OF OTHER BRANCH EVENTS PLEASE CONTACT YOUR LOCAL BRANCH OFFICEER OR CMA CENTRAL OFFICE.



THINKING BIOETHICS

A very special series of talks on the ethics of human biology.

INTRODUCTION

14th September: An informal introduction offering an opportunity to find out more about the talks. All are most welcome but attendance not essential to the course. Hosted by the talks convenor, Pauline Gately.

TALK 1 21ST SEPTEMBER: ETHICAL THEORIES

A whirlwind tour of the main schools of Western ethical thinking today. Can 'The Master of them that know', "The Dumb Ox', the philosopher in a box or the philosopher's philosopher help us decide which patient to save on a busy night in casualty?

Speaker: Dr Trevor Stammers, Programme Director in Bioethics and Medical Law at St Mary's University College, Twickenham and Fellow of the Royal College of General Practitioners.

TALK 2 19TH OCTOBER: THE HUMAN PERSON

Persons have rights but who is a person? Is this philosophical or a scientific question? We look at the key concepts of the human person in western philosophical and theological tradition: how do we reconcile the animal, the transcendent and the essential unity of these and how does this inform our bioethics?

Speaker Dr David Albert Jones, Director of the Anscombe Bioethics Centre, Research Fellow at Blackfriars Hall, Oxford and visiting Professor at St Mary's and author of "The Soul of the Embryo".

TALK 3 16TH NOVEMBER: AT THE BEGINNING OF LIFE

We consider the deeper significance of the means by which new life is created and the implications for how this life should be regarded: When does this new life begin? When does it become a person? And how is that relevant?

Speaker Anthony McCarthy, bioethics writer and researcher and former Research Fellow at the Anscombe Bioethics Centre. He has taught at St Mary's University College, Blackfriars Hall and Ushaw College amongst others.

TALK 4 18TH JANUARY: TOWARDS THE END OF LIFE

We all want a 'good death' but what do we understand by this and how can we best facilitate it? What is palliative care and when is it appropriate? In what circumstances, if ever, is deprivation of consciousness acceptable and is it ever right to discontinue hydration?

Speaker Dr Adrian Treloar, Consultant in Old Age Psychiatry. He has pioneered advanced care of dementia at home and worked with the National Council for Palliative Care and other bodies on the care and nutrition of people with advanced dementia.

TALK 5 15TH FEBRUARY: MEDICAL LAW

An examination of recent developments in medical law and their implications: does medical law make sense, or have judges and legislators, in their anxiety to respect personal autonomy and respond pragmatically to perceived need, rendered the law "morally and intellectually misshapen"?

Speaker James Bogle, barrister of the Middle Temple and Deputy Head of Chambers, specialising in medical law and medico-legal issues.

TALK 6 21ST MARCH: THEOLOGY OF THE BODY

Here we step back from the central themes of the talks to learn of love, truth and the human person through the teachings of Blessed Pope John Paul brought together as the Theology of the Body - and discover their profound relevance to 'thinking bioethics'.

Speaker Edmund Adamus, Director of Pastoral Affairs for Westminster Diocese and regular speaker on the Theology of the Body.

TALK 7 18TH APRIL: ISSUES AND AGENDAS

We consider topical bioethical issues in the light of what we have learned. We will also ask whether the apparently piecemeal evolution of our bioethics is underpinned by more coherent agendas: Are humans special, and does it matter? And just what is the population problem?

Speaker Pauline Gately, who has an MA in Bioethics from St Mary's where she has also guest lectured. She both observes and engages in the public debate on bioethical issues and this talk is the fruit of that experience.

FEEDBACK 25TH APRIL:

Feedback session

WHERE?

Parish Hall, Christ the Prince of Peace, Portmore Way, Portmore Park Road, Weybridge KT13 8JD

What time? 8pm, light refreshments from 7.30. Contact Pauline Gately at <u>p.gately@btinternet.com</u> for more details



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(Please complete all relevant sections)

To: The Hon Registrar, The Catholic Medical Association (UK) 39 Eccleston Square, London, SW1V 1BX I apply to become a member of The Catholic Medical Association (UK) and send herewith a completed Banker's Order (below) or cheque for the appropriate annual subscription (Standard Membership £50, Concessionary rate* £30, Joint Members £60, Student Member £10) (*Concessionary Rate must be individually requested, see below) OR I wish to become a subscriber to the Catholic Medical Quarterly (£25 p.a.) Name Qualifications Students – expected date of qualification Telephone No email 1. Permanent Address (as on Medical Register) or home address for Students 2. Professional Address (or college address for students) Preferred address for mailing (1 or 2) Preferred Branch for Membership Signature *My current income is less than £30,000 per year and I wish to claim the concessionary subscription rate of £30 per annum. I will notify you if my income comes to exceed this sum Signed The Catholic Medical Association (UK) Banker's Standing Order Date:.....

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