

the natural news

Quarterly newsletter of the Australian Council of Natural Family Planning

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Winter 2002

A wonderful and caring priest

A pioneer of Natural Family Planning services in Australia... the magic of his life brought more love to this world than anyone could ever know.

Born at Nhill, Victoria, Fr Frank completed his secondary education at St Patrick's College, East Melbourne, in year 11. He then worked as a clerk with a manufacturing chemist, studying accountancy part-time. He enlisted in the Army on his 20th birthday, and celebrated his 21st in the trenches of Tobruk with the 2/5th Field Ambulance. After Tobruk he served with a peacekeeping force in Syria, and saw out the rest of the war with the 8/8th Anti Aircraft in New Guinea.

He returned to Australia in late 1945. In 1947 he entered Corpus Christi seminary, Werribee, and was ordained on July 26, 1953 at St Patrick's Cathedral. After his ordination he fulfilled many roles: he was an Army chaplain while serving in parishes as an assistant priest in the 1950's, until he enrolled in 1959 at Melbourne University for his Diploma of Social Studies. From 1959 to 1972 he lived at St Vincent de Paul Boys' Orphanage and was the chaplain there.

From 1960 he worked as a marriage guidance counsellor at the Catholic Family Welfare Bureau in Melbourne, and was responsible for pre-marriage and marriage education in the Archdiocese. When the Catholic Family Planning Centre was established in 1968, Fr Frank was appointed Director and he, with a team of dedicated doctors, was a pioneer of Natural Family Planning services in Australia. He was author of 3 books on marriage and Natural Family Planning, and did a series of 21 talks on TV based on his book *How to be married...and happy!*



Fr Frank Richards
14.06.1920 – 19.04.2002

Fr Frank served on the ACNFP Executive from 1975-76 and 1976-78 as treasurer, from 1978-1980 as Chair of the finance committee, and again from 1986-88 as treasurer. He was presented with a 'Citation for Outstanding Service to NFP' at the 1990 ACNFP National Conference, and awarded ACNFP life membership in 1998 for "contribution to the development of Natural Family Planning and the Australian Council of Natural Family Planning".

In 1990 he was awarded the medal of the Order of Australia for his service to the community.

He was Parish Priest of St. James', North Richmond, from 1972 to 1992.

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from the president

Susan Berg

Dear Fellow Members,

This May I was privileged to be invited to Rome with my husband Jouko to attend the Pritzker International Architect Award. For the first time in history an Australian architect, Glenn Murcutt, won this award. Being in Rome — the Catholic capital of the word — was a magnificent experience.

It was interesting to learn that the population of Rome is approximately 2.6 million. Italy itself has had a negative birth rate for the past five years. In fact, Italy's birth rate is the lowest in the world and the lowest in history. International demographers have warned that if the current levels of generation replacement remain, the Italian population will be extinct in 200 years. However, Italy has a significant number of immigrants annually to the country.

Australia also has a declining birth rate — though not quite as severe as Italy. We in Australia also have immigrants coming to start a new life. As NFP Educators it is important to promote our service to the many different nationalities. The Australian Council of Natural Family Planning Inc. is currently working towards publishing our current client material booklets in the Arabic language, which will be able to be ordered from our administration office.

The declining population in the western world is due to many factors: from some not wanting to have children to those having difficulty conceiving a child. As NFP Teachers we can play a part in promoting our service as a way of helping couples wanting to achieve a pregnancy. By teach-

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The Board Report

By Susan Berg & Tom O'Donnell

In 2002 two meetings of the Natural Family Planning (NFP) Board of Management (the Board) have been held in Canberra — 5 March and 4 June.

In April of this year, the Board was advised that the Minister for Health and Ageing, Senator Kay Patterson, had approved three-year funding for organisations funded under the Family Planning Program grant. While monies paid under this grant have not been increased (except for an indexation adjustment), the certainty of three-year funding does enable the Board to plan longer term.

The Board submitted two key documents to the Department of Health & Ageing — the 'NFP Program Progress Report July to December 2001' and the 'Draft NFP Program Business Plan 2001-2003' — in accordance with the funding agreement. Once approved by the DH&A, the business plan becomes an integral part of the agreement.

Initiatives commenced in 2001 continue to be on track for completion and/or implementation in line with our business plan and include:

- funding projects targeting the special needs of people living in remote and rural communities, or people from a non-English speaking background;
- further progress in developing a comprehensive educative program to address the sexual and reproductive health needs of people with disabilities and their carers; and

- finalising our new 'Privacy Policy'. The Board has asked the Professional Teaching Associations to include a segment on the Privacy Act 1988 and our obligations under the legislation as part of the accreditation/re-accreditation process.

We are all aware of the decline in client numbers over recent years. The Board is looking at how we can better target our services in the community. As you are aware, an important part of the answer is the development of a national promotion plan. This plan has involved the collaborate efforts of the Professional Teaching Associations, the Office and the expertise of a Canberra-based communications agency. Most of you will have seen the graphics of the new concept, and the Board was delighted with the overwhelming support shown by service providers. The plan has moved into a new phase now. It has been endorsed by the Board in June and its implementation will commence when final approval is granted by DH&A. We shall be looking to circulate full details of this plan and the flow-on benefits to local centres as soon as possible.

We are increasingly experiencing that it is possible as a Board to achieve program goals and at the same time respect the integrity of the separate methods of NFP. More than ever we need to work together to ensure NFP has a strong presence in the community.

7 June 2002

The John Paul II Institute for Marriage and Family

On the 18th March 2002 history was made at the John Paul II Institute of Marriage and Family. At the invitation of the course Co-ordinator Dr. Nicholas Tonti-Filippini, representatives from OMR&RCA and ACNFP gave a three-hour joint lecture on "Teaching Couples Natural Family Planning".

The course, JP547/647 Theology & Practice of Natural Family Planning, was presented by Mrs Marian Corkill (The



Billings method) and Mrs Rebecca Hart (The Sympto-Thermal method). Mrs Rebecca Hart's availability was limited on the day so Mrs Susan Berg (President of ACNFP) assisted the lecture with question and answers on the Sympto-Thermal method.

Dr. Nicholas Tonti-Filippini, as course Co-ordinator, was also present on the day. The lecture was a great success.

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When the housekeeper died Fr Frank learnt to cook! — for himself and the priest with whom he shared the presbytery for 12 years, Fr (now Archbishop) Denis Hart. In his homily at Fr Frank's Funeral Mass at St James', Archbishop Hart recalled that they were both so different (parishioners called them 'the odd couple') and yet the presbytery "was always home: a place of friendship and laughter".

He said, "Frank's outreach to a wide range of people, the courage and support in Tobruk, the vision and hope of marriage counselling, and the appreciation of normality and compassion for suffering in the parish, his charity and humble use of his considerable gifts in retirement are a reminder that he never lost sight of the spark of immortality, deep in each human soul, which he sought to ignite humbly and unassumingly as a priest of Jesus Christ".

He was our dearest friend for 46 years, there for the family roast and cards every Tuesday night. He was in our kitchen on April 16, waiting for tea, when he collapsed in George's arms with an abdominal aortic aneurysm.

He couldn't sing a note yet his heart was so full of song that he taught souls to sing. He couldn't tell a joke, yet say his name to a thousand people and they will smile. He, who couldn't rhyme two words, admired poets who brought magic to the world, while the magic of his life brought more love to this world than anyone could ever know.

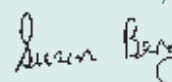
Margaret and George Hogg

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ing couples to identify their most fertile time, we can help them maximize their chances of conception. I found that by advertising in the free section of my local paper for one month my client numbers increased significantly for those clients trying to achieve a pregnancy. Some of these clients were not having intercourse at the fertile phase, thus it was only a short time after instruction before they were pregnant.

Promotion of our service even at the local level is essential to keep our service viable.

Yours sincerely



Susan Berg
President

True Love Waits

By Catherine Smibert

In both Family Life Education and/or Natural Family Planning one may often find that people consider sexual relations and love as synonymous and disassociated — two extremes.

Society has taught them that if they love someone they must engage sexually with them or that they don't necessarily need to love someone they have had sex with. It never ceases to amaze me just how many of my peers are dumbfounded when informed, by yours truly, that it is ok to save the act of love-making until they have entered into a more spiritually and emotionally intimate or bonding way with an individual.

In a previous issue of this newsletter, Sue Butler (*Wandering Wisdom*) captured this scenario when she commented that "...to suggest to a 16 year old female who has already been sexually active that she has a right to start again, and if she wants can remain celibate from right up now until she marries, opens up a whole new world for her".

A common complaint of those who experiment sexually is 'peer pressure' so it is obvious that a way for them to get a good start in their chastity is to have friends who share the same commitment to purity. They will need to be friends who will be there to keep the individual account-

able and encourage them in the tough times.

Thus I have been inspired to inform all educators of a movement which would be great to recommend to everyone you teach who want more support in truly living a purely fascinating lifestyle (excuse the pun) to the full!

True Love Waits is a movement with thousands of young members worldwide, which provides a support network for singles and couples wishing to remain chaste. Brought to Australia by a Tasmanian Catholic Priest, TLW (as it is fondly known) challenges people to sign a pledge card to be celibate until they marry:

"Believing that true love waits, I make a commitment to God, myself, my family, my friends, my future mate, and my future children to be sexually abstinent from this day until the day I enter a marriage relationship."

"It doesn't give you 'instant chastity'," says advocate Gabriel Gonzalez from Generation Now, "...the big deal is about symbolising your personal commitment."

Extensions of this commitment include the TLW jewellery. For example, some youth wear fidelity rings to remind themselves of their promise.

True Love Waits: (08) 8389-5070,

Generation Now: (02) 9711-8528.

Elections

At the ACNFP Annual General Meeting, which will be held during the October Conference, all Executive Positions will become vacant. Nomination forms will be sent out mid-August.

Positions on the ACNFP Executive are:

- President
- Vice-President
- Secretary
- Treasurer
- Chairperson Teacher Training
- Chairperson Promotions

Please contact the ACNFP office if interested in hearing more about these Executive positions.

Official ACBC delegates to World Meeting of Families

The Chairman of the Bishops' Committee for the Family and for Life, Bishop Eugene Hurley, has announced the selection of a couple to be the official delegates of the Australian Catholic Bishops' Conference to the Fourth World Meeting of Families. They are Anne and Peter McGowan of Sydney. Anne and Peter were selected from candidates nominated by their local bishops. The World Meeting of Families will be held in Manila, The Philippines, from 22 — 26 January 2003. "The Holy Father is highly committed to these World Meetings and always attends them. I am sure the McGowans will be worthy representatives for Australian Catholic families at this gathering," said Bishop Hurley.

Mr and Mrs McGowan are active members of St Christopher's parish, Holsworthy. They have four children. They are thrilled at their selection and consider it a great honour to have been chosen to represent the Catholic families of Australia.

Peter is employed as a pastoral care worker at St Vincent's Hospital, Darlinghurst. Anne is employed by Natural Family Planning Services, Sydney as supervisor of NFP teachers and family life educators. They have been involved in work with developmentally delayed people and have had a long-time involvement with the Catholic Society for Marriage Education. Peter and Anne were founding members of the pre-marriage program, *Together as One*.

The chosen theme for the World Meeting is *The Christian Family: Good News for the Third Millennium*. The theme of each World Meeting has been specifically chosen by the Pope to reflect his belief in families and his view, expressed in his Apostolic Letter, *Familiaris Consortio* (#86), that "the future of humanity passes by way of the family".



NFP Week

NFP Week will
run from
11th August to
18th August.

don't forget to promote
the service at a
local level

Sexuality in the New Millennium

By Saskia Ebejer



Members of the Sexuality in the New Millennium Organising Committee

After initial difficulties in the planning and final stages of organising, the Sexuality in the New Millennium seminar was able to take place. It was held on Saturday April 13 at Our Lady of Lebanon Maronite Catholic Church Hall, Harris Park.

From the beginning of the Seminar the presenters and organisers tried to capture the heads and hearts of the young people who attended. There was a good cross-section of high school students, university students, religious, and those genuinely interested in the understanding and promotion of the 'Theology of the Body' message.

The program, which was chaired by Lyndon and Lynda Cox from Catholic Youth Services (Sydney), began with Fr Anthony Fisher, Director of the John Paul II Institute, Melbourne. His presentation 'Does Catholic Teaching on Sex Make Sense?' set the theme of the day.

The speakers who followed included: Fr Peter Quin, 'Why Value Christian Marriage?'; Fr Gerald Gleeson, 'Assisting Not Replacing - How Science Can Promote the Authentically Human'; and Mrs Anna Krohn, 'Theology of the Body'. All

talks continued the focus on the scriptural and Church teachings as the basis of the Theology of the Body.

Following lunch several workshops were held. These included: Yvette Nehme and Belinda Bell presenting 'Set Yourself Free — NFP'; Dr Tracey Rowland, 'Catholic Visions of Sexuality and Femininity'; Byron and Francis Pirola, 'Naked and Sacred — Sex in Marriage'; Fr Peter Maher and Julie Kelly, 'Hope and Healing — Breaking Taboos'; Joanne Leach and Gabriel Rodriguez, 'True Love Waits — The Virtue of Chastity'; and John Collins, 'Beyond Beer, Babes and the BBQ'.

The participants could attend any two of the workshops. Regrettably, time restricted these challenging and enlightening presentations!

On behalf of all those who attended I would like to extend sincere thanks to the organising committee of Teresa Culjak, Angela Lopic, Louise O'Brien, Yvette Nehme, Helen Ransom, Anita Smith, Brett Kelly, Matthew Young, Annette Doyle and Sharon Young.

On a more personal note, I attended the workshop presented by the Pirolas, and feel that one of the par-

ticipants at the workshop summed up the impact that this seminar had on all in attendance. She was a girl in her mid-teens, and she stated very emotionally to us that she had always been told what she should not do as a young Catholic in the areas of sexuality and morality, but she had never been told why.

She said: "Now I finally know the whys, this teaching is so beautiful, it is magic, everything I have heard today is the why". I was so touched by what this girl said, and realised the full impact this day would bring to us all. We all return to our place in life with a stronger sense of our Catholic identity and the beauty of the Church's teaching. I also think we have received the grace to continue on our sometimes difficult but more brightly illuminated path.

Special thanks to Archbishop Pell for financially supporting the seminar, and Sponsors: Nader Jewellers Parramatta, Archdiocesan Development Fund, Diocesan Development Fund, CCER, and Valore Cellars Parramatta.

Audiotapes of the four keynote speakers are available, please contact NFP Sydney for orders.

Progesterone IUD – Mirena

By Noelle Melrose

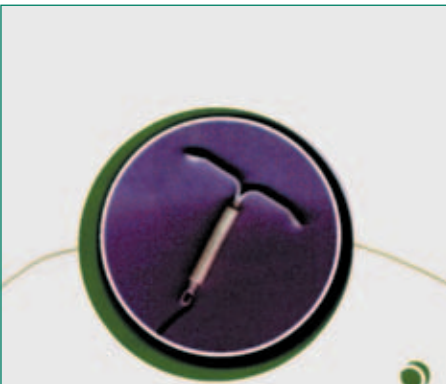
A new Intrauterine System has been introduced into the Australian market in fairly recent times, with the word ‘system’ used to distinguish it from copper-bearing intrauterine contraceptive devices (IUCDs) that do not release hormone. This system has been used in the U.K. since 1995, and has been described as “the greatest advance since the COCP”.

The Mirena is a plain plastic T-shaped frame that is placed inside the uterus where it releases progesterone to prevent pregnancy for up to five years. The main effects of this device on the body include:

- (1) cervical mucus is thicker and scantier;
- (2) endometrial suppression creates unsuitable conditions for implantation; and
- (3) impaired sperm migration due to altered utero-tubal fluid.

It seems that 80% of women using the Mirena will continue to ovulate, however it is claimed that the contraceptive effects are reversible within 12 months.

The advantages listed include easy



Intrauterine System ~ Mirena

The intrauterine system, Mirena, is a T-shaped contraceptive device that is placed inside the uterus, where it releases progesterone to prevent pregnancy for up to 5 years. It is referred to as a ‘system’ to distinguish it from copper-bearing intrauterine contraceptive devices (IUCDs) that do not release hormone.

The device is made of plastic and works by steadily releasing progesterone, which:

- reduces the thickness of the lining of the uterus, making it unsuitable for implantation
- thickens the mucus around the cervix, preventing sperm from entering the uterus
- affects movement of sperm through the uterus, preventing fertilisation

Source: Family Planning Queensland: Contraception Choices brochure

insertion, high effectiveness (pregnancy rate of 0.1 per 100 woman years), long lasting contraceptive and less bleeding and dysmenorrhoea.

The disadvantages listed include the usual progesterone effects like headaches, acne, and functional ovarian cysts. In addition, it seems that it has a slightly wider stem than other IUD’s.

It has been used in gynaecological clinics to treat menorrhagia, with up to 80% of women awaiting hysterectomy cancelling after a six-month trial. It has been written that it has similar efficacy to endometrial ablation. It has been used as HRT and to treat endometrial hyperplasia.

In summary, since the Mirena can prevent the implantation of a newly conceived human being, it clearly contravenes a deeply held value of the Catholic tradition, namely the respect for the dignity of each person who has been fashioned in the image and likeness of our loving Creator, God. In addition, while using this method of Family Planning, a couple would not be open to new life, thus separating the love-giving and life-giving dimensions of sexual intercourse.

Stop Procedure

With approximately 13 million female sterilization procedures performed each year in the world, it’s no surprise that a new procedure, STOP, has been developed, which eliminates many women’s concerns about general anaesthesia and incisions. Simply put, it is a non-incisional approach to fallopian tube sterilisation.

The procedure involves placing a flexible micro-coil device into each Fallopian tube, using a hysteroscope and some “clever technology”. Once it has been inserted the device expands to fill the lumen and tissue grows to seal the tubes permanently. The procedure time is approximately 30 minutes, with the advertised recovery time an average 45 minutes post operative. Important considerations listed include:

- (1) it is irreversible — a permanent birth control method;
- (2) for 3 months post procedure, another form of contraception is required;
- (3) risks include not placing or misplacing the device, as well as a very low rate of tubal and uterine perforation; and
- (4) one of the newest contraceptive alternatives, so numbers of users are less and follow-up periods not as long as other methods.

Literature claims that of the more than 700 women (including more than 250 Australian women) who have had the procedure, there have been no pregnancies, although they state, “no contraceptive is expected to be 100% effective”.

In summary, the benefits being

advertised include: no general anaesthesia, fast recovery, quick and no scars. I am reminded of a very wise old saying which goes like this: with most decisions in life, there are usually two choices at least, and the only good thing about the easy one is “that it is easy”.

It is obvious that this method of family planning, unlike Natural Family Planning, does not allow a couple to space children, nor does it allow a couple to achieve a pregnancy. Therefore it is a method suitable only for those couples that have decided to make it as certain as possible to eliminate the possibility of pregnancy. It certainly doesn’t allow a couple to be open to new life, so is not in keeping with the Church teaching on family planning.

Cloning and Respect for Life

By Fr Kevin McGovern

This is an edited version of a lecture Fr McGovern gave on stem cell research as part of an occasional series entitled 'Culture of Life Talks'. The talks are inspired by Pope John Paul II's Encyclical 'Evangelium Vitae' (The Gospel of Life).

In that encyclical, the Pope recognises that there is currently a great conflict in this world — a conflict between what he calls the culture of life and the culture of death. The culture of life respects the dignity of each and every human life — without exception — no matter how disabled or infirm or needy we might be. By contrast, the culture of death holds that only some human lives have value, that only some human lives matter. And what of those human lives which do not satisfy its standards? The culture of death says that we can *kill* them, even that we *should* kill them. This is the world-view that supports abortion and euthanasia and other attacks on the dignity of human life.

Human cloning and research on the stem cells of human embryos is an important issue. It's also a complicated and confusing issue.

Where We All Began...

Let's begin with some cell biology. Each of us is made up of millions and millions of cells — in fact, the average person has 50 thousand billion cells. Think of cells as tiny chemical factories within the body. For example, the cells of our stomachs are the chemical factories, which produce the stomach acid that digests our food. There are brain cells, muscle cells, kidney cells, and so on: tiny chemical factories with various specialised functions within our bodies.

All cells have a cell membrane, which separates the cell from the rest of the world. Most cells also contain the nucleus. Think of this as the room within the factory where they store all the recipes that the factory uses — in other words, the recipes to make all the chemicals that this cell produces. These recipes are stored in the nucleus on chromosomes. Human beings have 46 chromosomes, so think of chromosomes as 46 filing cabinets with all the recipes within them. And all up, our 46 chromosomes contain about 40,000 different recipes — that is, recipes for about 40,000 different chemicals. These individual recipes stored in our chromosomes are called genes: each gene is the recipe for one chemical, which a cell can make.

In Vitro Fertilisation

The proposed source of embryos for stem cell research comes from *in vitro* fertilisation, or IVF. "*In vitro*" literally means

"in glass", so *in vitro* fertilisation is fertilisation or conception outside the woman's body, in a glass dish. Thus, the sperm and ova are brought together outside the woman's body: the resulting embryo grows for several days, and is then inserted into the woman's womb where it hopefully implants and grows normally.

Worldwide, more than 50,000 test-tube babies are born every year. In Australia, there are now every year over 4,000 IVF babies born. Of every thousand live births in Australia nowadays, about 17 result from IVF.

The reason it is so common is that many couples that have struggled to conceive can be helped by IVF. Secondly, a small but significant number of women who have used the contraceptive pill find that they have problems conceiving, even after they come off the pill. Some of these too can be helped by IVF. Thirdly, too many couples nowadays put off starting a family till the woman is well into her thirties. By that time, fertility has declined significantly, and many women need help in conceiving.

IVF begins by giving a woman drugs that cause her to hyper-ovulate — to produce more than one egg in her monthly cycle. So she might produce five, seven or nine eggs. All those eggs are collected, and usually all are fertilised outside her body. The doctors then select the most viable embryos to implant in her womb. They offer the option of freezing the others: the idea is that at a future date these embryos could be unfrozen and also implanted into her womb.

Excess Embryos

There are more than 60,000 frozen embryos in Australia, and most will never be implanted into their mother's womb. Researchers would like to use these frozen embryos as a source of human embryonic stem cells.

Why are they interested in these stem cells? When you think about it, we begin as a small number of cells that are basically all the same. As we grow, these cells differentiate or develop into the many different specialised cells of the human body. They become muscle cells, skin cells, blood cells, and so on. A stem cell is a cell that has the potential to develop into various sorts of specialised cells. Researchers are interested in these stem cells because they hope to use them to treat disease.

Michael J Fox has Parkinson's Disease, a

degenerative condition that affects the brain. Could stem cells be used to manufacture new brain cells for him? Or could they cure diabetes or some genetic diseases? Researchers want human embryonic stem cells to explore all these options.

Next Step: Cloning

At the moment, when people receive a blood transfusion or an organ transplant, doctors must take certain steps to prevent rejection. Thus, people can only receive blood transfusions from compatible blood groups. And those who receive organ transplants must take powerful drugs to prevent rejection. The problem is that in some ways the donated material is genetically different from its recipient. The recipient's body recognises this, and tries to reject the donated material. All those problems could be overcome by cloning.

But what would researchers like to do? Imagine someone with end stage renal disease who needs a kidney transplant. Scientists would harvest the stem cells from a frozen embryo. This destroys the embryo, but it gives them the stem cells they need. They would then take one of these stem cells and remove the nucleus from it.

So scientists would remove this original genetic material from the stem cell. They would then take a cell from the person who needs the kidney transplant. They would take the nucleus from this cell, and implant that nucleus into the denucleated stem cell. That would give them a stem cell that is a genetic match for the person needing the transplant. They would then activate this stem cell so it began to develop as an embryo. But then they would do something else to this developing embryo so it never became a full human being but instead only developed into a kidney, which the person with the end stage renal disease needs. They would then transplant this kidney into the person, and because it's a genetic match, they would have no problems with rejection.

All this is in the realms of science fiction, and a long, long way from becoming scientific fact. But that is what researchers would like to do. And this form of cloning is called therapeutic cloning: that is, cloning to provide someone else with therapy.

The other form of cloning is called reproductive cloning. This is the use of

cloning to form a full human being who is genetically identical to another person.

Adult Stem Cells

Adult stem cells are stem cells that exist even in grown adult bodies. For example, scientists here in Australia have isolated adult nerve stem cells: cells that can develop into new brain cells or even muscle cells. These adult stem cells hold much the same promise as embryonic stem cells. But they do so without the ethical problems that are raised by the use of human embryos.

Ethics

The product of reproductive cloning would be a cloned person; the products of therapeutic cloning are organs for transplant. Most people agree that reproductive cloning is morally wrong. Thus, for example, on 11 November 1997, UNESCO — the United National Educational, Scientific and Cultural Organisation — adopted a *Universal Declaration on the Human Genome and Human Rights*. Article 11 of the Declaration states: “*Practices which are contrary to human dignity, such as reproductive cloning of human beings, shall never be permitted*”.

The Pontifical Academy for Life has reiterated this: “*Human cloning must...be judged negative with regard to the dignity of the person cloned...Since the ‘clone’ was produced because he resembles someone...he will be the object of...expectations and attention, which will constitute a true and proper attack on his personal subjectivity.*”

“*...In the cloning process the basic relationships of the human person are perverted: filiation, consanguinity, kinship, parenthood.*” Cloning messes up the normal relationships that exist between parents and their children, and among brothers and sisters.

“*...(It) represents a radical manipulation of the...relationality and complementarity which is at the origin of human procreation.*” Human beings should be born into a family where a husband and wife love one another. Their conception should be an expression of their love. Reproductive cloning perverts this.

“*Women are radically exploited and reduced to a few of their purely biological functions (providing ova and womb).*”

There is very strong consensus on this issue worldwide — just about everyone is opposed to reproductive cloning.

The Catholic Church holds that a human person exists from the first moment of conception, and has repeated this over and over again in its official teaching.

“Human life must be respected and pro-

tected absolutely from the moment of conception. From the first moment of his existence, a human being must be recognised as having the rights of a person — among which is the inviolable right of every innocent human being to life. (Catechism #2270).

As regards therapeutic cloning, the Pontifical Academy for Life concluded that it is morally illicit to produce and/or use living human embryos for the preparation of embryonic stem cells, for the following reasons:

- 1) The living human embryo is — from the moment of the union of the gametes (sperm and ovum) — a human subject...such that at no later stage can it be considered as a simple mass of cells.
- 2) From this it follows that as a ‘human individual’ it has the right to its own life.

Some ethicists have called the proposed use of human embryonic stem cells ‘neo-cannibalism’ — that is, a new form of cannibalism. They point out that it involves taking the stem cells, which are the substance of one human being, and then putting that substance into another human being. This is indeed like cannibalism, and so it can be said that the use of human embryonic stem cells would be very like ‘eating’ our young.

Sadly, our own Prime Minister, and state and territory leaders have decided to permit in this country the harvesting of stem cells from frozen embryos. Embryos in Australia will be destroyed for their stem cells. Our researchers will work for a future that involves neo-cannibalism. I see it as another victory for the culture of death — that world-view that holds that some people — like frozen embryos — simply don’t matter.

Building a ‘Culture of Life’

As well as lobbying our leaders so they understand the real issues involved with stem cell research, there are other ways to build a culture of life.

- 1) If you’re planning to have a family, don’t postpone it beyond the time when the woman turns 30. This is the standard advice of fertility experts.
- 2) The use of the contraceptive pill sometimes results in difficulties conceiving. If your circumstances require you to postpone having a family, consider using Natural Family Planning.
- 3) Women who are involved with IVF treatment should try to be as pro-life as possible, requesting their doctor not fertilise any more embryos than they intend to implant.

4) We must all be pro-life in our living, treating all with respect. We must be concerned about justice, especially for society’s most vulnerable. I urge you to take a lively interest in pro-life issues such as abortion, genetic testing and engineering, stem cell research and cloning.

5) Let us strive to be pro-life in our dying. Our poor world, which is so afraid of suffering, needs the witness of people who face dying and their own approaching death with courage and dignity.

“*(W)e are facing an enormous and dramatic clash between good and evil, death and life, the ‘culture of death’ and the ‘culture of life’... (W)e are all involved and we all share in it, with the inescapable responsibility of choosing to be unconditionally pro-life.*” (Pope John Paul II, *Evangelium Vitae*)

Profile

Diane Copeland
NFP Lismore



Diane Copeland was appointed co-ordinator for NFP in the diocese of Lismore in October 1998 by (the then) bishop, the Most Rev John Satterthwaite.

There are three ACNFP sub centres in the diocese: at Tweed Heads, Lismore and Port Macquarie. Also included are the two Billings Ovulation sub centres at Casino and Grafton.

Jan Crombie and Willa Whitewolf are at Port Macquarie. The NFP teachers come together for meetings at Coffs Harbour — which is about mid way in a diocese which stretches from the Queensland border at Tweed Heads to Laurieton in the south.

Because of the long distances, Lismore’s NFP teachers depend heavily on telephone contact.

The type of clients Diane sees are very diverse, for example alternate lifestyle to Gold Coast couples to pre-marriage.

ACNFP SERVICE



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Client Quotes

"We're pregnant! And it only took two months with NFP."
K and G had been trying to achieve for over a year

Post Pill "It's hard to believe that all the information I needed was inside me all the time!"

From TT

"I would not hesitate to recommend [Natural] Family Planning [Calvary Hospital] to another school. Their professionalism was exceptional."

Joanne Townsend, Acting Principal, Cooktown State School

Renewal of Membership Reminder

A reminder that renewal of ACNFP membership was due 1/7/02. If you have not yet renewed your membership it is not too late. Please return membership forms as soon as possible. If wanting a renewal of membership form, please contact the ACNFP Administration Officer: (02) 9452-5244.

ACNFP Bi-annual National Conference

The ACNFP 18th Conference is to be held from Friday evening 25 October – Sunday afternoon 27 October 2002.

Conference to be held at:

Rydges Hotel
54 McLaren St
NORTH SYDNEY NSW

If you would like to submit a suggestion for a particular topic to be included in the Conference agenda, please write to:

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