



Volume 3/Issue 5 - Spring 2018

The Family Apostolate

Where Faith and Family Meet



Family and the Culture of Life

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The Family Apostolate provides pastoral care, promotes the critical need for family prayer and regular reception of the sacraments, imparts catechesis, offers opportunities for family get-togethers, and builds bridges between individual families and the larger church community. Through offering diverse spiritual and psychological resources, the Family Apostolate seeks to bring the merciful presence of Christ to families in an increasingly difficult world.

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Editorial

What do you see?



LETTERS TO THE EDITOR



**We would
love to hear
from you.**

**Send us your
questions
and
comments:**

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**Fr. Vincent Arisukwu
Editor in Chief**

Father Joseph Healey once narrated his encounter with a teenage girl carrying her little brother on a rocky path in Africa. Healey felt pity for the girl and said to her, “My child, you carry a heavy burden.” “I carry not a heavy burden,” she insisted. “I carry my brother!” The priest was left speechless.

As I sat by my mom’s bedside on August 23, 2008, helplessly watching, my ardent wish was that she would live. My entire family prayed that it wasn’t time for her death. It didn’t matter to us how sick she was. If she survived the aneurysm, it didn’t matter to us if she couldn’t talk or walk or do her usual things. What mattered was that she lived because she was an integral part of us. We loved and cherished her. We would do anything to make her live. She was our mom, our dearest friend. We didn’t see her as a burden to be carried. We didn’t feel any shame about her illness. We saw only our beloved mother.

That’s exactly how caregivers should view their loved ones especially at those last moments. It is a privilege to care for our aging, sick, suffering parents, siblings, children, and loved ones. It is a privilege to provide support and compassion. It is a joy to be able to tend to them, feed them and give them comfort. It is a privilege to be part of their lives ... and even their deaths. My family hoped and prayed for our mother to live, no matter her condition. However, our prayers worked differently, and she passed away naturally.

We live in a society that has become polarized about end-of-life care and treatment. One major area of this controversy is the medical field itself. Medicine is fundamentally entrusted with support for life. And physicians take the Hippocratic Oath whose first tenant is ... *Primum non nocere* "first, to do no harm." Through diagnosis, medicine is able to identify sickness and so administer treatment for survival. But is that the case at all times? The answer is no. The human person is often times viewed as a mere object that is fixable by medicine. Some doctors believe that all medical solutions reside in their expertise. They neglect the transcendental component of the human person.

Another concern is the crisis of partisan politics which creates disharmony in so many areas of society. There is disagreement about almost every issue, hence opinions dominate. Politics puts a price on human life, and sometimes the highest political bidders win. The social media has also contributed to the dilemma as it propagates opinions more than facts or truth. As a free market environment, individuals post their opinions notwithstanding how valid or relevant such may be. The danger is that someone viewing the social media would read those opinions, and possibly consider them as truth. Human life and morality of treatment become reduced to subjective and relative levels.

While medical and therapeutic solutions can often disappoint, Christ will never disappoint us. He came that we may have life in full. We must therefore recognize that the value of life resides in its fundamental source, that is God. What do you see when you look at the sick, the aged, and the suffering? Do you see a burden, or like the teenage girl in Africa, do you see your sibling, child, mother or father? Do you see a friend?

In this edition, we have taken up end of life issues and the sanctity of human life. Our goal is to encourage families to embrace and promote the culture of life. We’ve invited medical and theological experts to provide insights into the reasons why euthanasia remains morally wrong. The ethical challenge about stem-cell research is addressed. A cardiologist gives us tips on cardiovascular treatment. Self-care and spirituality in marriage are examined. Food, family, and friendship receive special attention. Nicole, one of our youth, exposes the harmful effects of bullying in schools. Therefore, in the words of Moses in the Scriptures, this edition reminds our readers that God has placed before everyone, “life or death, blessing or curse.” Our encouragement to all is, “Choose life, so that you and your family may live.” (Deuteronomy 30:19).

Fr. Vin



I HAVE SET BEFORE YOU LIFE AND DEATH ...

CHOOSE LIFE



“I call heaven and earth today to witness against you: I have set before you life and death, the blessing and the curse. Choose life, then, that you and your descendants may live, by loving the LORD, your God, obeying his voice, and holding fast to him.” [Deut 30:19]

By Fr. Michael DeAscanis

Who wouldn't choose life for themselves? Doesn't everyone recognize that it is a good thing to be alive? Increasingly today, many in American society aren't so sure. They are choosing death as a solution to problems they face. It is true that we face different difficulties throughout the course of our life. With each difficulty we must choose a solution. There are good solutions and bad solutions. When faced with the illness and suffering of another, the good solution is to affirm the value of their life; to serve them and love them. But some propose killing that person in order to end the problem, euthanasia. That is a bad solution. In this article we consider the question of euthanasia.

On the cover and pictured left: Ellie Kniffen. Little Ellie suffers from a rare neurological condition called Transverse Myelitis. Follow her on Facebook at: Empowering Ellie. Please pray for her and her family.

1. Is life on earth the greatest good that we should seek?

No. The greatest good is life in heaven with God. Life on earth is valuable because it is an opportunity to love God by loving others, in preparation for heaven. No religion on earth has a greater understanding of life after death and a greater desire for life after death than the Catholic religion, because Jesus explained it to us.

2. If we desire life after death, can we intentionally cause our death?

No. Catholics desire life after death, but we cannot cause it. We permit death but we do not cause it. A basic moral law is that it is always wrong to intentionally cause the death of an innocent person. Sometimes we unintentionally cause death such as in accidents. Sometimes we cause the death



of another through an act of self-defense. But it is always sinful to intentionally cause the death of an innocent person, or even of ourselves such as in suicide.

3. Is it permissible to end the life of a person who cannot make decisions for themselves either because of mental disability or illness?

No. That is euthanasia. Euthanasia is “an act or omission which, of itself or by intention, causes death in order to eliminate suffering.” The Catechism instructs us that “[euthanasia] constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. It

must always be forbidden and excluded.” (CCC 2277) We must distinguish between the ends and the means. The end does not justify the means. The good intention of ending suffering, does not justify euthanasia. Euthanasia is always a bad solution.

4. Is it permissible to remove medical treatments from a person, such as life-support, which would lead to their death?

It depends. As the Ethical and Religious Directives from the U.S. Bishops teach us, “A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.” (ERD’s 56) However, a person may forgo

Pictured above: Fr Lou Martin anoints a parishioner at Christ the King Church at Holy Trinity in Glen Burnie, Maryland.



extraordinary or disproportionate means of preserving life, accepting one's inability to impede death further.

5. Can we withdraw feeding from a person at the end of life?

It depends. Even if death is thought imminent, the ordinary care owed to a sick person should not be interrupted. Here we make a distinction between medical treatment and human care. Sometimes medical treatment may be legitimately refused, whereas human care must always be offered. The US Bishops instruct us, "In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally.

We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of.

This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be excessively burdensome for the patient or [would] cause significant physical discomfort." (ERD's 58)

6. If people are suffering from illness, can they end their own lives?

No. Suicide is always a sin against God. He alone is sovereign and we are obliged to accept life gratefully and preserve it for his honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of.

People don't want to die, they just don't want to suffer. Rather than killing them, we should help relive their emotional or physical suffering. Love them, don't kill them. There is a new field of medicine called palliative care. It offers pain medications to ease people's sufferings. Never before in human history have we been better able to ease people's pain and suffering. The Catechism teaches us that the use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. (CCC 2279) We realize that many of those who commit suicide suffer from serious psychological disturbances, anguish, fear of hardship, suffering, or torture, which diminish their responsibility before God.

7. Is it permissible to assist someone in killing themselves?

No. We are never morally permitted to intentionally kill an innocent person, even if they ask us to! Hippocrates, a physician who lived in Greece several centuries before Jesus, taught doctors to "neither prescribe nor administer a lethal dose of medicine to any patient even if asked nor counsel any such thing nor perform act or omission with direct intent deliberately to end a human life." If we cross that line as a society, if we decide that sometimes we can intentionally kill an innocent person, then there are no other agreed upon lines delineating right from wrong. If we cross over that line, then the only thing we can do from that point onward is to arbitrarily pick new lines and then vote to see if a majority agrees. Different lines will be agreed upon in different places. We have lost our moral compass. We can no longer discern between good and evil.

So, when faced with a choice between life and death, choose life!



Fr. Michael DeAscanis is a priest of the Archdiocese of Baltimore, ordained in 2004. In seminary, he specialized in bioethics and medical ethics. He serves as pastor of St. Philip Neri and St. Clement parishes. He also serves as chaplain of the Catholic Medical Association in Baltimore, giving spiritual and ethical support to physicians, nurses, and medical students.



EUCHARISTIC CARE

Overcoming Pride and Shame Issues in the Care For Life



By Fr. Vincent Arisukwu

In society, human life is sometimes threatened by medical and therapeutic practices, such as abortion, euthanasia, and assisted suicide, along with unwise end of life decisions. The poor, the needy, and the homeless are often most at risk. The Catholic Archdiocese of Owerri, my hometown in Southeast Nigeria, runs a ministry for the poor called EU-Care, which serves this population irrespective of religious affiliation and aims to replicate the love of Christ the Good Shepherd for his flock. EU-Care stands for Eucharistic Care, a term that was coined by His Grace, Most Rev. A.J.V. Obinna, the Archbishop of Owerri. The idea of ‘EU-Care’ really drew my attention and made me ponder how Christ cares Eucharistically for his people to heal them. It is pertinent to implore God’s everlasting love made visible in the ‘EU-Care’ of Christ. That love is unconditional. In this essay, I will borrow the concept of EU-Care to examine the implications of Christ’s love and care for humanity, especially in suffering.

Let’s start with the Synoptic gospels. Following the call of his disciples, Jesus reveals his passion for human life. In Matthew, the sermon on the Mount initiates Jesus’ Messianic mission; “He went around Galilee, teaching in their synagogues, proclaiming the gospel of the kingdom, and curing every disease and illness among the people..., and they brought to him all who were sick with various diseases and racked with pain, those who were possessed, lunatics, and paralytics, and he cured them.” (Matt. 4:23-25) Next, the Beatitudes. Jesus focuses on the poor in spirit, those who mourn, the meek, those who thirst for righteousness, the suffering, the merciful, the clean of heart, and the peacemakers. He declares them blessed for their commitment to the course of human life.

Pictured left: Christ healing the Paralytic at the Pool of Bethesda by Bartolomé Esteban Murillo—1667-1670. Printed with permission from the National Gallery, Trafalgar Square, London

“The Spirit of the Lord is upon me, because he has anointed me to bring glad tidings to the poor.” (Lk. 4:16-18)

Eucharistic Care



Mark's gospel opens with the proclamation of repentance. Jesus affirms, "This is the time of fulfilment. The kingdom of God is at hand. Repent, and believe in the gospel." (Mk.1:15) This announcement reveals the priority which Jesus accords human life over legal obligations; he goes right inside the synagogue on the Sabbath where he casts out an unclean spirit in a man held in bondage for years. The people exclaim, "What is this? A new teaching with authority. He commands even the unclean spirits and they obey him." (Mk.1:21-28)

Top Image: A nursing sister administers care to an elderly Nigerian woman.
Bottom: A senior citizen waiting for medical care after collapsing.
Right: Nurses and medical personnel rally around an elderly man who collapsed on the street.

In the beginning of Luke, Jesus returns to Galilee from his desert experience. His people are not yet sure of him. They're not aware of his mission. They see him as the little son of Joseph the carpenter. Is he really the Messiah? What tools does he possess to do extraordinary things given his poor background? Jesus puts it before them, "The Spirit of the Lord is upon me, because he has anointed me to bring glad tidings to the poor. He has sent me to proclaim liberty to captives and recovery of sight to the blind, to let the oppressed go free, and to proclaim a year acceptable to the Lord." (Lk. 4:16-18) With these words, Christ defines his mission.

The product Jesus creates, a.k.a.— his brand, is LIFE; "I came that they may have life in abundance." (John 10:10) Everyone recognizes the Jesus-brand: The Centurion requests healing for his servant (Matt. 8:5-13). Peter brings him to his sick mother-in-law (Matt.8:14-15). The Canaanite woman pleads desperately for her daughter (Matt. 15:21-28). The woman with a hemorrhage for twelve years touches his cloak (Matt. 9:18-26). Those who have already written their "advanced directive" withdraw them and appeal to Jesus for a life extension. They rediscover the inviolable quality of their lives. Mary and Martha, the sisters of Lazarus orchestrate this preeminence of life in Jesus over death. They bother Jesus about their brother, Lazarus, who is already dead and buried? Martha presses thus, "Lord, if you had been here, my brother would not have died, but even now I know that God will grant whatever you ask of him." (John 11:21-22)

Sometimes, there is the tendency for people to be ashamed that they are sick. This is mostly the result of social stigma. The Jews created such a stigma, and the disciples of Jesus almost succumbed to the negative narrative. At the sight of the man born blind, their question for Jesus is, "Master, who sinned, this man or his parents, that he should have been born blind." (John 9:2) Jesus clarifies their bias, "Neither he nor his parents sinned, he was born blind so that the works of God might be revealed in him." (9:3)

Physical suffering is not necessarily punishment, and provides no reason to feel ashamed. The person who has cancer, or liver or kidney problems, is not sick because he/she is a sinner. Sickness could be God's way of revealing his saving mission in us. Usually, a spiritual healing takes place before the physical. The sick person is united with Christ in his suffering. Peter reminds Christians, "Therefore, since Christ suffered in his

body, arm yourselves also with the same attitude, because whoever suffers in the body is done with sin.” (1Pet. 4:1)

Our shame and pride issues in relation to sickness come due to the wrong notions we have about life. Either we feel proud that we can deal with our lives the way we want, or ashamed that our life is not worth living. Both have negative influences on our attitude toward suffering. We think: “I can control my life.” “I can choose to live or to die.” “I can terminate my life.” “My life has lost its quality, I feel ashamed of it.” Then, we go further, “I can resign to letting it be taken away because my life has become a source of shame.” None of these approaches is correct. The French mathematician, physicist, and religious philosopher Blaise Pascal once wrote, “It is in vain, oh men, that you seek within yourselves the cure for all your miseries. All your insight has led to the knowledge that it is not in yourselves that you discover the true and the good. The philosophers promised them to you, but they were not able to keep that promise. They do not know what your true good is or what your nature is. How should they have provided you with a cure for ills which they have not even understood? Your principal maladies are pride, which cuts you off from God, and sensuality, which binds you to the earth.” (The Mind on Fire, 1989, p.115)

How can pride and shame issues be overcome in the care for human life? It is in the EU-Care, the Eucharistic care, that Jesus gives, “I am the bread of life. No one who comes to me will ever hunger; no one who believes in me will ever thirst.” (John 6:35) God cares for us in Christ. He gives our life meaning beyond what we imagine. He looks at the human life

Our shame and pride issues in relations to sickness come due to the wrong notions we have about life.

as worthy of salvation which transcends the dirt and tragedies of suffering, to a life not tainted by sickness. Life’s ultimate value resides in spiritual union with its Creator..., “and I will raise that person up on the last day.” (John 6:44) The questions that could be asked include: Does Jesus really care for everyone? The answer is yes. If he cares for everyone, why does he let some persons suffer so much? The answer is that Jesus suffered so much, and through suffering gained us everlasting life. We are united to Christ’s suffering in order to be raised with him in glory. And why should someone not be ashamed of life if the person gets sick or becomes a burden to others? If there is any reason to be ashamed of suffering, maybe Jesus would have been the first because he too suffered. Taking care of the sick is rather a privilege; it is rewarding, and not a burden. Christ reminds us, “I was sick and in prison and you came to help me.” (Matt. 25:37)

So, why should I not be able to do with my life what I wish if I don’t enjoy it anymore? That is the most outrageous view about life. It is like using a rental car for a long time and forgetting that I am responsible for its condition at the end of the contract term. Any scratch-mark on the car is accounted for, and paid to the owner. We are in God’s rental car as long as we live. At the end of our lives, we go back to evaluate how we have used the life that he gave us. We have no right to wreck the life. We give it back to him. The best way to give account is through the Eucharistic care of Jesus. He is the life-specialist. It is his brand. That is why He invites everyone-sick, suffering, addict, oppressed..., everyone; “Come to me..., and I will give you rest.” (Matt. 11:28)



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Physician-Assisted Suicide: Wrong for Maryland, Wrong for Everyone



For the past four years, pro-euthanasia organizations active throughout the United States have been promoting legislation which would legalize the practice of physician-assisted suicide.

By Joseph E. Marine, MD

For the past four years, pro-euthanasia organizations active throughout the United States have been promoting legislation which would legalize the practice of physician-assisted suicide (also known by the euphemisms “aid-in-dying” and “death with dignity”). Physician-assisted suicide (PAS) is a form of euthanasia (from the Greek, meaning “good death”) in which a physician prescribes a lethal overdose of a drug or combination of drugs to a person believed to be suffering from a terminal illness, and provides the person with instructions on how to consume the drugs. The most commonly used drugs are barbiturates, a controlled substance used to treat insomnia and seizure disorders. Other drugs used alone or in combination include opioids such as morphine, chloral hydrate, and cardiac drugs such as digoxin and beta-blockers. PAS was first legalized in Oregon in 1997, followed by Washington in 2008, and has recently been legalized in Vermont (2013), California (2015), Colorado (2016), and the District of Columbia (2016).

Importantly, PAS legislation has been introduced collectively over 200 times in over 25 additional states with failure to pass every time. PAS legislation, known as the “End of Life Option Act”, was introduced into the Maryland General Assembly in 2015, 2016, and 2017, and failed to advance out of committee each time due to lack of support. It is likely to be reintroduced in Maryland in

Photo Right: The empty wheelchair signifies the lack of care for human life endorsed by PAS



2019. There are many moral, ethical, religious, legal, and practical reasons to oppose PAS. As a cardiologist in practice for 17 years, I would like to focus on a few of the many medical reasons why we should keep this practice out of Maryland.

PAS is unethical for doctors and nurses. It is opposed by the American Medical Association, the American College of Physicians, and the American Nurses Association, to name but a few. Physicians have largely opposed the practice of any form of euthanasia since the time of Hippocrates 2400 years ago. We have recognized that to actively participate in willing and causing the death of a patient is to cross a red line in medicine. Once this line is crossed, we find that there are no more lines; almost any form of medical killing can be rationalized.

PAS is not medical care. It has no basis in medical science, medical tradition, or evidence-based medicine. There is no training in PAS or any form of euthanasia in medical schools or residency. The practice will erode trust between patient and doctors, and trust is the most important ingredient in the therapeutic relationship. The loss of trust is especially concerning for the fields of palliative and hospice care, and we should be concerned that PAS could discourage health care professionals from entering these fields, and prevent patients from choosing these care options when they are needed.

PAS is based on false ideas about prognosis. Physicians simply cannot predict a 6-month prognosis (as required under the proposed law) with sufficient accuracy to ensure that some patients would not die needlessly. In Oregon under a similar law, there are many instances of patients living for 2-3 years after receiving a suicide prescription, with no consequences for the physicians who made the erroneous prognosis. In such a situation, the 6-month prognosis provision is practically unenforceable, and virtually anyone with a serious, potentially fatal illness could have access to assisted suicide under the law, regardless of actual prognosis.

“There is no training in PAS or any form of euthanasia in medical schools or residency. The practice will erode trust between patient and doctors, and trust is the most important ingredient in the therapeutic relationship.”



The vast majority of doctors will not practice PAS. In Oregon, almost all of the lethal prescriptions are written by less than 5% of the state's doctors. In addition, the typical duration of the relationship between the PAS-prescribing physician and patient in 2015 was only 9 weeks. This indicates that it is not a patient's personal physician or oncologist who is typically providing PAS, but a physician who might hardly know the patient and is likely sought out solely on the basis of willingness to prescribe PAS.

PAS is dangerous. The supposed "safeguards" in the proposed PAS bills are an illusion and are practically unenforceable. The requirement for two physicians to approve PAS provides no real protection, because a prospective patient seeking PAS could be rejected by all her own physicians and hundreds of others besides. He or she would only need to find 2 out of the 22,000 physicians in Maryland to sign the paperwork.

The proposed bill includes no requirement for formal psychiatric evaluation, no requirement for witnesses to the consumption of the lethal overdose or death, no medical examiner inquests, no independent safety monitoring board, and no mandatory routine audits of records and documentation.

Under this bill, physicians are immunized from negligence in the provision of assisted suicide. In addition, all medical records and documents connected to the provision of assisted suicide are protected from legal discovery or subpoena, ensuring that no investigation of any death is ever likely to take place.

PAS could lead to an increase in other forms of suicide. Suicide is already a terrible problem in our society, with over 44,000 deaths annually in the US, a number which has been increasing steadily over the past decade. Legalization of PAS begs the question: How can the state and the health professions rationally endorse suicide for some people and oppose it for others?

PAS legislation would also introduce large quantities of deadly pills into communities in Maryland with no provision for safe dispensing, storage, or disposal. Swallowing a handful of a parent's or grandparent's medications is one of the most common methods of suicide attempt by teenagers. If the End of Life Option Act is passed in Maryland, it is

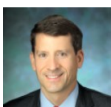
certain that sooner or later, these suicide pills will make their way into the hands of teenagers with suicide ideation.

PAS is unnecessary. It is already well-established that patients may decline any and all medical care that they do not want, including intensive care unit care and cardiac resuscitation. They may codify their wishes in advanced directives and by designating a health care proxy. Palliative care and hospice care have made enormous strides in the past decades and are now widely available. There are no restrictions on ability to prescribe medicines to control pain and anxiety in these settings. The great majority of patients requesting PAS in Oregon do not do so because of pain (only about 25%). Rather, fear of loss of function, independence, and burdening others are the leading reasons (>85%).

PAS will lead to other forms of euthanasia. Once the fallacy that ending life by assisted suicide is a "compassionate" form of "medical care" and is a "right," this false principle will inevitably be extended to others, as it has been in the Netherlands, Belgium, and now Canada. In the Netherlands and Belgium, patients with serious illnesses, whether "terminal" or not, can request euthanasia for almost any reason. Some patients in these countries are actually euthanized solely because of mental illness.

PAS will affect everyone. Proponents of PAS assert that it is a matter of personal choice, and that participation will be required of no one. This is a naïve viewpoint. If PAS is legalized, then it is likely that it will be taught to medical students and residents. Once these young doctors are taught to accept the fallacies behind the practice of PAS, it will inevitably color their view of care toward patients with advanced illness, advanced age, and disabilities. With time, the "choice" may become a societal expectation, especially under the economic pressure of rising health care costs. We will face a loss of trust and confidence in the medical profession and in health care institutions. This process will affect everyone who ever needs medical care.

The better way forward is to support access to ethically-based palliative care, hospice, and pain management programs for those who need them.



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What You Need to Know About Cardiovascular Disease



The good news is that many complications from CVD can be prevented by measures easily implementable by individuals, families, or societies.

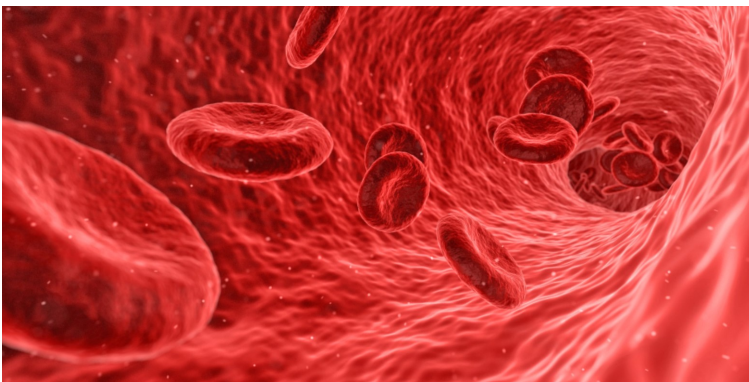
By Dr. Camellus O. Ezeugwu

Depending on where you are today or which country you reside in, the medical system that applies to you may be different. The care or values accorded to human life in your country may also vary. Globally, the World Health Organization (WHO) has been vigilant in monitoring health and death. It is generally understood that the health care systems in developing countries face more significant challenges. It is also obvious that the poor and middle class in most health care systems tend to get less care when compared to the rich. This is even more apparent when dealing with the world's number one cause of death, namely cardiovascular disease (CVD). According to WHO data as of 2017, CVD remained the number one cause of death globally. In 2015, 17.7 million people died from CVD representing 31% of all global deaths. Over 75% of the CVD deaths were recorded in low and middle-income countries.

Of course, no one is immune from CVD. The good news is that many complications from CVD can be prevented by measures easily implemented by individuals, families, or societies.

What are Cardiovascular diseases?

Cardiovascular diseases are diseases affecting the structure and/or function of the heart and blood vessels. There are blood vessels supplying blood to all parts of our body, including the brain, eyes, heart, kidneys, and extremities. Diseases such as heart attack, stroke, peripheral arterial diseases (PAD), aneurysms of the aorta or other arterial blood vessels, all fall under cardiovascular disease.



What are the causes?

There are two main causes of CVD: atherosclerosis and structural issues.

Atherosclerosis:

This typically starts with the buildup of cholesterol plaque in blood vessels. This plaque buildup starts *early* in life and if left unchecked, can lead to many problems such as poor blood flow to major organs like the heart, the brain, and the body. When plaque builds up in the blood vessels supplying the heart, it is called coronary heart disease. Plaque build-up in

the blood vessels supplying the brain is called cerebrovascular disease. When plaque accumulates in the blood vessels of the legs or arms, it is called peripheral arterial disease (PAD). Along with restricting blood flow, the plaques can rupture, which leads to the catastrophic events of heart attack, stroke, and limb loss.

Structural issues:

Other causes of CVD include conditions such as:

- Congenital heart disease (when someone is born with a structurally abnormal heart such as a hole in the heart)
- Conditions affecting the heart muscles or valves such as cardiomyopathies or rheumatic heart disease
- Irregularities of the heart rhythms, which can lead to significant weakening of the heart muscles, strokes, and sudden death.

What are the risks?

The risk factors for CVDs are numerous and can be categorized as follows:

Behavioral risk factors:

1. Smoking/Tobacco use including second hand smoking
2. Limited or no exercise regimen - physical inactivity
3. Unhealthy diet (food rich in salt, fat and high calories)
4. Above normal or harmful use of alcohol.

Metabolic risk factors – from an already existing medical condition:

1. High blood pressure (hypertension)
2. Uncontrolled blood sugar (diabetes)
3. High blood lipids - hyperlipidemia (high cholesterol)
4. Excess weight - overweight and obesity

Family and Societal risks and risks beyond an individual's control:

1. Poverty and low educational status
2. Increasing or advancing age
3. Gender and Post-menopausal status
4. Family inherited (genetic) disposition
5. Psychosocial and psychological factors (e.g. stress, depression)

How does it present?

The immediate presentation of CVD usually depends on the body part (organ) that is being affected. For the heart, CVD may present with progressive or repeated or sudden symptoms of chest pain, shortness of breath, excessive sweating, weakness, or fainting. For the brain, the presentation may be a change in speech, facial droop, arm or leg weakness etc. Basically, if you are at risk and start to have any of these symptoms, do not second guess yourself. Seek medical help.

Keep in mind:

The picture on the right shows the main symptoms of a heart attack. People who are having a heart attack often have only some of these symptoms. The pain, pressure, and discomfort caused by a heart attack mostly affect the left side of the body but can also affect the right. If you think you are having a heart attack, **call 9-1-1** for those in the U.S.A (or the health emergency line for your country) for an ambulance. Do **not** try to get yourself to the hospital.



Dr. Camellus O. Ezeugwu is an Assistant Professor of Medicine at The Johns Hopkins University School of Medicine & Medical Director for The Just Heart Cardiovascular Group Inc – A Maryland State based Medical Group practice (<https://myjustheart.com/>)
He is the Author of The Concept Book - Faith and Receiving From God.

How do we treat it?

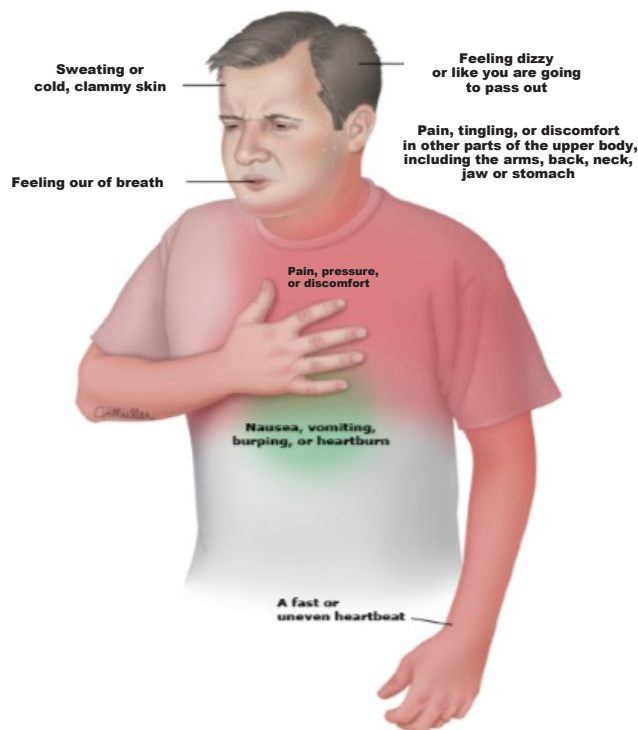
The treatment of CVD invariably involves the combination of multiple modalities including preventive measures, medications, invasive procedures, and even surgeries. While many of the treatments can be expensive and may not be readily available everywhere, individuals and families can play a significant role in **prevention and treatment compliance**.

Prevention is the Key

Work with your doctor or care provider on the following:

- ✓ Modifying your risk factors.
- ✓ Careful management of diabetes and hypertension if you have them.
- ✓ Use of medications that reduce risk of heart attack such as cholesterol lowering medication or aspirin – if you have no medical reason not to take them.
- ✓ Take any medication your provider prescribes including those to prevent your heart from being overworked
- ✓ If you can see a specialist for your heart or the brain, do so. Some tests may be needed to detect and implement early treatment and prevent worsening problems emanating from CVD.

Remember, if you are having any of the signs listed in the image below, seek medical help immediately.



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HUMAN LIFE: To Be or Not to Be

Stem Cell Research – Is it Ethical?

By Christine Sybert, PharmD



Mr. and Mrs. Smith tried for many years to have children. They were not able to conceive on their own, so they turned to a reputable fertility clinic for help. After thousands of dollars, many months of genetic tests, invasive procedures, and laboratory machinations of their eggs and sperm, they produced five viable embryos. However, the clinic doctors would not implant more than two embryos, as it would affect the success rate of the pregnancy. The Smiths were hesitant at first, but did finally agree with the doctors' recommendations. They were thrilled when, 8 ½ months later, two healthy babies, a boy and a girl, were born. The family they always dreamed of having was complete! Thirty years later, Mr. and Mrs. Smith are contacted by the storage facility about donating their extra embryos for use in a research project aimed to cure Parkinson's disease. Would they provide consent?

Why begin a discussion of stem cell research with a story of in-vitro fertilization (IVF)? The reason is that many who will argue in favor of stem cell research point to the existence of these extra embryos – over 620,000 in the United States¹ – in frozen hibernation. These leftovers from IVF procedures are a ready source of clumps of cells that should be used for research for the greater good of mankind. While it is the goal of medicine whenever possible to heal illness, cure disease, and reduce suffering, are there limits to what should be done? Is stem cell research ever ethical?

What are stem cells?

Stem cells are special cells that have two abilities: 1) they can self-renew exact copies of themselves for months or years, and 2) they can be changed into specific types of cells based on feedback they get from their environment.

Stem cells have four levels to them, based on how tissue-specific they have become. This is called “potency.” *Totipotent* cells can become an entire individual, including the placenta and umbilical cord. *Pluripotent* cells (such as embryonic stem cells) have the ability to change into almost any tissue in the body. If a cell can only change into a type in a family of related cells (for example, blood cells from bone marrow), it is called a *multipotent* cell. When a cell is at full maturity, it can only form one kind of cell and is *unipotent*. The major hope for researchers is working with pluripotent cells, as these can, with proper direction, be made into almost any kind of cell: liver, pancreas, nerve, brain, etc.

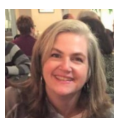
Are there different types of stem cell research?

Several sources of stem cells are available to scientists and medical researchers. Adult stem cells can come from almost any cell, even from umbilical cords or miscarried fetuses. (The term “adult” means that it has become a more specific, or “mature,” type of cell, and does not reference the age of the donor.) Embryonic stem cells are removed from the inner part of an embryo. This removal is always lethal to the embryo.²

The first adult stem cell study in humans was conducted in 1959 with a bone marrow transplant. Now, more than 75 successful studies have been conducted in humans with adult stem cells and in diseases such as multiple sclerosis, type 1 diabetes, and rheumatoid arthritis, to name a few.

To date, embryonic stem cell research has not begun studies in humans. It is still in its early stages – only 20 years ago scientists first figured out how to harvest (and, sadly, destroy) the inner part of the embryo – and the results in animals are not showing anything beneficial yet. Directing the growth of these pluripotent cells is very, very complex. One wrong move in over hundreds of chemical reactions leads to tumors or other abnormal defects, often with disastrous results. However, many researchers believe that, given enough time, embryonic stem cells may match or exceed the results of adult stem cells. This is because adult stem cells generally have less ability to change, usually being multipotent or unipotent, while embryonic stem cells, in theory, can be made into almost any other cell.

In 2007, an exciting development occurred: researchers in Wisconsin and Japan independently figured out how to make adult skin cells that had been unipotent change into pluripotent cells, very similar to embryonic stem cells. The hope is that this will eventually lead to reducing or eliminating the desire to use embryonic stem cells at all.



Dr. Sybert is a Clinical Pharmacist who practices at St. Agnes Hospital. She is a member of the Baltimore Guild of the Catholic Medical Association and has a special interest in bioethics. Some of her passions include spending time in Eucharistic Adoration, homeschooling, and visiting pilgrimage sites and national parks. She lives in the Baltimore suburbs with her husband and four teen and pre-teen children.

What makes stem cell research ethical?

Any research in human subjects should follow independently-reviewed and peer-approved protocols, provide patients with full informed consent, and report results and data from these trials honestly. While the results and new developments in adult cells (stem and induced pluripotent) are exciting, the results and benefits are not what determine whether or not it is ethical. It is the manner in which the cells are obtained that determines if the research is morally acceptable. Every human life is valuable from the moment of conception. Adult stem cells do not require the death of the donor. Embryonic stem cell harvesting, by the very process of obtaining the cells, results in the embryo’s destruction. Even if it were

Embryonic stem cell harvesting, by the very process of obtaining the cells, results in the embryo’s destruction.

determined that the harvesting of one embryo would cure every disease in the world, the death of that one potential person would still not be justified. Life must be respected at all times, especially when the goal is to save lives.^{3,4}

Back to the Smiths’ dilemma... their other three pre-born embryos are, in essence, frozen orphans. They are being asked, in the hope of finding a cure for a terrible disease, to provide consent for the intentional killing of those forgotten embryos. Regardless of the good intentions, to determine that those potential humans will not get the chance ‘to be’ is never ethical.

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Euthanasia:

An Igbo Socio-Cultural Perspective



By Fr Henry Nzerem Ibe

The Igbo people of South-eastern Nigeria constitute one of the major ethnic nationalities in West Africa. A common characteristic of Igbo people is their religious fervour; an abundance of Catholic priests and religious are sprinkled all over the world. However, the typical Igbo society is steeped in the ancient traditional beliefs – specifically communal living and a palpable sense of communion

with ancestors -- that is a dominant socio-cultural paradigm in native African culture.

This brief background is intended to enhance the reader's understanding and appreciation of the Igbo people's culture in order to relate with matters regarding life and death. In Nigeria generally, euthanasia has never been a hot button issue. It is deemed illegal since there is no extant law that permits it in any way. For instance,

in February 2018, the Nigerian Medical Association (NMA) condemned euthanasia as a form of Western cultural imperialism. According to the NMA spokesman, “We do not want Europe to determine our fate... People of African origin may change their fate in future, but the belief now is that we reject euthanasia and physician-assisted death” (Ogirima, 2018). It is safe to assume that euthanasia is tantamount to murder in the Nigerian society. Since our focus in this write-up is the Igbo culture, we shall highlight the major reasons why arguments for euthanasia will not flourish in the Igbo parlance.

Community-oriented culture: Igbo believe that human life belongs not to the individual but to the community. Usually, the women gather at the birth of the newborn to celebrate the child’s arrival with music and dancing. From that moment, through the eighth day when the child is named by one of the elders of the clan, the community plays an integral role in the child’s development. In such a setting, it becomes practically impossible to end a human life under whatever guise since that is considered an abomination with serious consequences including fines, purification rites (Christian or traditional – depending on religious affiliation), and most times outright ostracism.

Social stigma: Anyone involved in acts such as murder, euthanasia, or suicide, attracts social discomfort to his/her immediate family. This probably has a generational implication as the young ones of that family might become unattractive to potential spouses and suitors. In Igbo land, intending in-laws would conduct clandestine background checks on the other’s family to ascertain if they have a history of murder or suicide in the past. Such would have the capability of ending a marriage engagement. A sense of shame is associated with euthanasia in the Igbo society.

Respect for ancestral bonds: Most Igbo people would be scared to ask for euthanasia for fear of ancestral punishment. The traditionalists believe that ancestors in the spiritual world would seriously punish anyone who causes their own death. The living would also dread the wrath of the ancestors who could visit them with untimely deaths as a consequence of being responsible for the death of another.

End of life care: End of life care is a serious practice and a pride issue in Igbo land. The young believe that caring for the elderly is a source of blessing. Again, the typical Igbo person would want to avoid shame related to euthanasia because it presents them as incapable of providing end of life care for their loved ones. This sentiment is so strong that people will do everything possible to ensure that their aged parents or terminally sick relatives never move into nursing homes or hospices.

Inter-family ties: When a man dies in Igbo land, his family goes to inform his maternal kinsmen. The maternal relatives would send a delegation to ascertain the veracity and circumstances of his death. Similarly, the kinsmen of a married woman must be informed by her in-laws prior to the funeral arrangements.

Consider a scenario where a death is marred by suspicion. Tension and intercommunal conflicts have occurred as a result, especially when death is deemed to be caused by some careless treatment from the deceased person’s family. Customarily, the kinsmen of the deceased would give approval for burial by turning the first sod on the grave. This is one of the main reasons the Igbo rally to take their dead ones back home from any part of the world - to let their clan confirm that the person actually died, and that the body wasn’t molested.

Religious affiliation: Igbo culture is closely tied to their religious beliefs. Since the Igbo people are predominantly Christian, suffering has a connection with the future life. Igbo Christians would invoke the Ten Commandments. In that sense, euthanasia would be tantamount to breaking the 5th Commandment (thou shall not kill) which offends God. The sick and the dying would rather prefer offering up their sufferings in imitation of Christ.

One might argue that the major reason why euthanasia has not gained much popularity in the Igbo society is due to poor health care services. Most critically ill persons do not live so long to the point of becoming “tired” of it all, and the Nigerian health care system lacks the ability to provide services that would terminate life at will by the doctor or medical personnel. However, such an argument is simply fallacious.

End of life care is a serious practice and a pride issue in Igbo land. The young believe that caring for the elderly is a source of blessing.

The main reasons for the rejection of euthanasia in Igbo society are primarily the ones highlighted above. The Igbo culture values life and upholds its dignity. Life, for the Igbo, is beyond the earthly existence or material pleasure. There is



strong connection between the living and the Divine, who is communicated through their ancestors. This is reinforced by the communal nature of the Igbo society; life does not belong to the individual. Therefore, the individual cannot treat life with disrespect, not even to ask for its termination. Life is of ultimate value for the Igbo of Nigeria.



Fr. Henry was born in Imo State, Nigeria, and is a priest of the Diocese of Wagga Wagga in New South Wales, Australia. He is currently a Graduate Student at the University of St. Mary of the Lake in Mundelein, Illinois.



Special Interview

Richard and Lois Gross



“Our adherence to the truth as taught by the Church helped us to live a good married life.”

Richard and Lois have been married for 69 years, and are both 89 years of age. They have six children, twenty-eight grandchildren, and fifteen great grandchildren. Richard is from West Baltimore in Maryland while Lois is from Salisbury. They now live in Glen Burnie. As teenagers, they met at the age of 17 while working at a soda fountain in a drug store. Since then, they have lived a happy, fulfilled married life. The couple granted to our Family Apostolate magazine team an interview regarding their married life and their family in general.

*Pictured above: Richard and Lois Gross, Baltimore City, (circa) Easter 1948; at their home in Glen Burnie, MD 2018
Gross Children, Easter Sunday 1966
Jennifer Gross, Baptism 1966*

FA: How did your love story begin?

Richard - I worked in the soda-drug store and one of my colleagues was fired. She (Lois) was brought in to replace him. I didn't like her. We started working together, then I started liking her as time went on.

FA: Can you share some of your dating experiences?

Richard - We both dated more than one person. In those days, you didn't take it as serious as you do now. Lois said she dated two other boys while I dated other girls too. But we dated each other. *Richard stated that he was in a boarding school at the time and didn't see Lois that often. Lois dated all those boys while he was in school, and would date Richard on the weekends he came home. (Dating, at the time, meant mostly going to movies together).*

Lois: Or if we didn't have any money, we held hands and walked downtown. What we called it then was, "going steady". *Dating for Lois, was an opportunity to make the right choice. According to her, "I came to prefer Richard over the other boys that I had dated."*

FA: Can you tell me why you hold each other's hand all the time?

Richard: We hold hands now because of our age as a means of support. When we were young, it was the thing to do. Her father used to say, "Are you afraid that she's going to run away? Why are you holding her hands?" (Apparently, her father didn't think it was the thing to do.) Now, we both need support. We hang on to each other.

Lois: If one goes down, we both go down.



FA: What was it like for you to get married in the Church?

Richard: When we decided to get married, we were not twenty yet. We had to go to marriage prep for **sixteen weeks** because she wasn't Catholic.

Lois emphasized that she was required to be married in the Catholic Church: We felt that was the best thing that happened. That was one of the reasons why we got into the program when the Archdiocese started their marriage prep program. We felt the importance of the marriage prep in our marriage. As a result, we decided to share our experience with engaged couples. The other time I had something to do with the Catholic Church was with Bishop Fulton Sheen. We got married at Richard's church at Saint Edwards in West Baltimore. Although Bishop Fulton Sheen didn't wed us, we enjoyed his teachings on "The Seven Last Words" during Lent. It was such a good teaching. That was my other introduction to the Catholic Church.

The marriage instructions were extremely helpful to us in our marriage. When you have to sit down each week and discuss what subject you're going to present to about twenty-five other couples, that was really serious. It helped you bring out things that you didn't even realize you needed to talk about. We felt we gained much being the moderators.

FA: How did having children change the dynamics of your marriage?

Richard: Nothing changed as such because we were in sync with our decision making. When the first baby came, we both did what we needed to do in order to take care of the baby and each other. It was not an easy time because we lived on the third floor in an apartment in Baltimore City without an air conditioner, and

the weather was very hot. It wasn't an easy time, but I don't remember it as a problem time. What fascinates me is what I hear young people say now, how hard it is with raising their children. We had problems as a couple but I don't remember ever being frustrated.

Lois: The primary difference for us was that I no longer earned a salary. Situations would erupt. For instance, there was no such thing as disposable diapers. You would wash the diapers out. But we didn't have a washing machine. Richard would wash the diapers in the bathtub before going to work. I would crawl out of the window to the second-floor roof to hang the diapers on the clothes-line. It wasn't easy, but those weren't problems.

FA: Can you tell me how communication functioned in your marriage?

Richard: The communication between us as husband and wife is the most important. We decided to raise our children to do what they are supposed to do. We always agreed to face the child as one. Today, it's so easy for one parent to take sides with the child. We might have real disagreement between ourselves, but it had to be settled before we told our children.

FA: Do you recall any major conflict in your marriage?

Lois: Yes, it was sex. I used to tell him; It's your religion not mine. We never used any kind of artificial contraception. I think that each couple has to get the issue settled before they agree to marry even if they're both Catholic. I believe that it is here that most troubles begin. Even though they say money is the main source of conflict, I think that money is how it might end. There is usually something underneath. That's sex.

Richard- I agree with her 100%. Money wasn't a problem because we were frugal. That's where the communication comes in. We had sex issues periodically. Ultimately, I learned to accept reality.

FA: What was it like coordinating the children?

Lois: I'm going to talk from the mother point of view. I found out that the hardest thing was the age span of the children. In the beginning, it seemed like it was the two oldest because they were only twenty months apart. It didn't take long before number 3 became part of that group, and it didn't take long before number 4 joined.

Ultimately, it was like the little ones expected to do what the big ones wanted to do. And the big ones thought I should treat them as the little ones. As a mother, I found that very difficult. While they were in school, I found out that the children told you everything within the first fifteen minutes returning from school. Get them within that first fifteen minutes and you'll get everything that happened in school. After fifteen minutes, they'll say, "It's the same thing that we do every day." For a mother-child relationship, I took turns with each child each day to get what they had to tell me.

Does faith play a major role in your marriage?

Lois: Faith was what actually attracted me to Richard.

Richard: As a young child, I could say I was fortunate because I walked to the church every morning. In the month of May, our Blessed Mother Mary looked after me. I believe that God directs me and my family. Lois and I were on the Natural Family Planning (NFP) board of Saint Agnes Hospital for over five years. I have been a member of Holy Trinity (now Christ the King) here in Glen Burnie. Through the Holy Name Society in the parish, and with the spiritual guidance of Father Jean Nickols, I helped to begin the First Friday adoration in 1999 and still facilitate it to date.

FA: Do you feel any difference in marriage today from your own time?

Couple- Yes. People are different today and don't seem to have the convictions we had. Now, people do something because they think it's right for them, not necessarily because it is the right thing. I believe and have lived this my whole life. There is one thing; there is truth. But people don't think there is truth. We were taught then that "Your conscience is your guide." If we don't have the guidance, something is wrong. You have to develop that conscience. People now develop half-truth. They pick and choose what they believe. In relation to morality, it is important to teach the truth, especially in the Catholic Church. Our adherence to the truth as taught by the Church helped us to live a good married life. We expect the church to keep teaching the truth, and couples to follow the truth because it helps. You cannot live your whole life living wrong and think it's right. We believe that a promise is a promise. Young couples should take their marriage vows seriously.





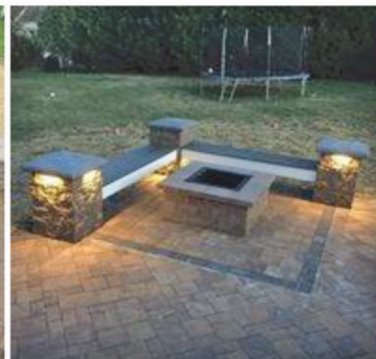
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My personal story to leave the United States for Haiti:
 “I knew that I was giving up far
 less than I would gain.”



*Each one of them is **Jesus** in disguise*

St. Teresa of Calcutta

By Gail Grady



“I have called you and you are mine.” Isaiah 43:1

That sounds simple enough, right? We all belong to Him. That verse has become more meaningful to me with each passing year, as the Lord has called me to serve Him in different ways, with different people, in different countries. Although the message seems clear and simple, it can be difficult to discern what is our own desire and what is God’s will. In 2016, I sold my home and gave away most of my personal belongings to move to Haiti. It was six years earlier, on



my first trip to Haiti, that my heart was radically affected. The first two years I visited Haiti only once a year. Soon, visiting twice a year was not enough. I wanted to stay in Haiti, to live there. I was sure God was calling me. I had fallen in love with the beauty of the country, the simplicity of life, the deep compassion of the people, the noises, the smells, the tenacity of the people, their profound faith ~ the list is endless. But I realized I needed to step back. It shouldn’t be about me or what I wanted. I needed to pray, to ask God what He desired and I needed to listen. For six years, I prayed and I asked and I listened. Little by little, God revealed His will to me.

So many passages in Scripture spoke to me, ‘Sell what you have’, ‘Come, follow me’, ‘Take care of widows’, ‘Go out from your land...to the land that I will show you’, ‘Here I am, send me’, ‘Go into the world and preach the Gospel’, ‘Whoever knows the right thing to do, yet fails to do it, is guilty of sin.’ I found myself sitting at Mass with tears in my eyes, overwhelmed by God’s love for me. I felt a tremendous outpouring of grace that He would choose me. I couldn’t ignore Him. Nor did I want to.

As I reflect back on my life I can see how God prepared me for just this purpose from an early age. I come from a large Irish Catholic family with seven kids, four of them younger than me.

Photo Recognitions

Left: Gazing with eyes of wonder, a fourth grade boy from Basen Manyan.

Top: Kindergarteners excitedly gathering to receive soap.

Right: Chatting with children from Basen during recess.

There were always opportunities to help, little things to be done around the house for my parents or for my siblings. My mother was a compassionate caregiver and a beautiful role model who cared for our family with tenderness and love. I was taught to treat others as I wanted to be treated. It was during my elementary school years that I first felt the yearning to serve those less fortunate than me. After attending Mass on Sunday mornings, my father would sometimes drive our family into New York City. There was never a discussion about why we did this. I remember being so sad seeing the homeless lying on layers of cardboard along the sidewalks or sitting by the vents where steam escaped from the subway system. We were only an hour from home yet it seemed a faraway place. I found myself dreaming about how I could help. We were

“In 2016, I sold my home and gave away most of my personal belongings to move to Haiti.”

never told why we’d been taken to witness this tragedy, but my heart had been stirred. Why were these people suffering? Why were we so fortunate?

It wasn’t until I reached adulthood that I began to act upon the yearning to help others. I began volunteering with an organization that fed and clothed people in my community who were homeless or destitute. I began visiting the tent camps where some of these people lived, spending more time with them. I worked at a local shelter each winter where many of these friends stayed. I then began working with another group, spending a week each summer rebuilding or renovating homes in the mountains of West Virginia. Always, my heart yearned for more. I knew the needs were great in my own community and in our country. I loved what I was doing but somehow it never seemed to quench my heart’s desire.



I understand now it was because I was not yet fully following God's plan for me. It was only as I neared retirement age that I understood where God was leading me. I began to plan to move to Haiti with a heart filled with peace and joy. But there were difficult times, too, like when I sat down with my two children and my family to explain my calling. While everyone knew of my love for the country of Haiti and her people, many were incredulous that I was willing to give up my life in the US for the challenges of living in a developing country with a different culture and language. I, however, knew that I was giving up far

...the most profound blessing I receive is when a stranger approaches me with a need I cannot meet. Instead I offer the very best I have as I simply say, "I will pray for you."

less than I would gain. Thankfully my two children, who above all others are the closest to me, understood and accepted my

need to do what God was asking of me. I didn't plan to start a program and didn't expect that I would make a big impact. I just wanted to spend time with people, listen to their stories, simply experience life with them. I knew that God would place people on my path who would have needs that I could meet.

I was also prepared for those with needs far greater than my means. There was no doubt in my mind that my life would be blessed by each and every encounter. There is joy in finding a doctor for a child with a life-threatening illness. There is an indescribable peace that comes from providing pain medication for someone with end stage breast cancer. But I must say that the most profound blessing I receive is when a stranger approaches me with a need I cannot meet. Instead I offer the very best I have as I simply say, "I will pray for you." It is humbling to have them stop pleading and immediately bow their head. What an honor that God has chosen me to serve Him in this way.



Gail is a mother, grandmother and parishioner from Christ the King Church in Maryland. Retired, she has devoted her life to caring for the poor in Haiti.



Catechesis

Church Teaching on Cremation

Due to the continuing interest by Catholics concerning cremation, the Vatican issued an instruction regarding burial practices for Catholics in 2016. The instruction reiterates that the church, while not opposed to the practice of cremation, continues to recommend a traditional burial.

The document specifies that either the body or the ashes of the deceased should be buried in sacred ground and that remains should not be kept in private homes or scattered on land or at sea, nor "preserved in mementoes, pieces of jewelry or other objects."

Burial in sacred ground, said the Vatican, prevents the deceased from being forgotten and encourages family members and the wider Christian community to remember the deceased and to pray for them.

Historically, cremation was linked to the burial practices of pagans, whose religious beliefs did not include the expectation of eventual resurrection and viewed death as the definitive obliteration of the human person. The Catholic Church began to allow cremation only in 1963, as it became more commonplace for both economic and sanitary reasons.

But the church's Code of Canon Law has continued to express the preference for burial over cremation because the burial of human remains, in the church's mind, reflects a greater esteem

for the deceased and more clearly expresses the Christian belief in an eventual resurrection, when the person's body and soul will be reunited.

As the Vatican's 2016 instruction says, "Burial is above all the most fitting way to express faith and hope in the resurrection of the body" and shows "the great dignity of the human body as an integral part of the human person, whose body forms part of their identity."

That same instruction does note, though, that "cremation of the deceased's body does not affect his or her soul, nor does it prevent God in his omnipotence from raising up the deceased body to new life."

The Catholic Church also allows burial at sea. The new Vatican guidelines do not prohibit that, so long as the body or cremated remains are buried in a dignified and well-protected container. (Catholics should consult with their diocese for further instructions, since standards can vary from diocese to diocese.)

The church's Order of Christian Funerals has a specific prayer for such a burial, asking that the Lord who calmed the sea in Galilee may grant peace and tranquility to the person deceased (No. 406).

Adapted from an article by Fr Kenneth Doyle -
Arlington Catholic Herald

Oh Happy Fault!

My fall from a tree led to the ascent of evangelization

By Dick Morsey

As I recall, it was a beautiful August 15th, 2009. Mass in the morning at Crucifixion Church and then a men's work group. We were to clean the grounds around the church then have lunch. I got the bright idea that one of the limbs on a big tree needed to be removed. I went up the ladder with a gas-powered chain saw and started working on the big limb. Cutting part way through the limb, the saw pinched and stalled, then it happened.

The limb broke right where I made the cut and the limb swung down and around lifting the ladder I was on. Down I came crashing to the ground. I recall flailing on the ground but could not get up. I was hurt. From out of nowhere appeared the priest, Fr. Michael DeAscanis. From what I can recall, he anointed me. Soon I was surrounded by a host of EMT folks. One of them cut off my favorite jeans signaling something serious. I was loaded onto a stretcher, and just before being placed in the ambulance I said to myself, "God, what do you want me to do with this?" A voice whispered inside of me, "Evangelize!" Some might think that I had a concussion or that I was in shock or delirious. But I believe that God spoke to me very clearly that day. Why would He do that? I believe it is because I am one of His kids.

I have read about, talked about, told others about listening to God speak, but never had His voice been as clear as it was that day. There was no mistaking who was talking and what He wanted. Jesus saved me by the wood of the cross and when I fell from that tree, my fall was broken by the wood of a picnic table bench. Shoulder first, I smacked into that bench and I believe that kept me from really serious injuries or worse. Amazingly, never once did I complain to Him and never once did I think that I was going to die. What I was going to do was be obedient to Him and tell others about Jesus, the Son of God and my Savior. No one was spared from my evangelization effort. Whoever came into my hospital room was treated with hearing my attempts at telling them about Jesus. Something from my visitors would always

generate a discussion about God. That week, I experienced God's love first hand on my hospital bed.

The x-ray technician was a friend and a member of my church. She and her husband stayed with my wife and me until the next morning when I was moved to Johns Hopkins Hospital in the city. Coworkers and church members visited and prayed with me. The deacon brought me Holy Communion. The x-ray technician's husband came armed with a pile of rosaries, several copies of sheets of paper telling how to pray the rosary and a note. I never got to read the note but I was told he had written something like: "This is my friend Dick. He needs your prayers; please take a rosary and pray for him." Before the end of my stay in the hospital the rosaries were gone.

So, what did I learn? First of all, I should not be climbing ladders and trimming tree limbs. I think God made that clear. He also made it clear that he cares about me as He does about every one of us. He definitely has a plan for each of us. Sometimes He has to get our attention before showing the plan. He really works in mysterious ways. He uses people to love and support us. By the way, that is what church is about – a family who prays for and supports each other. It is way more than brick, mortar, and wood.

There is yet another part of this story. It was several months after the fall from the tree that I put together the date and the fall. August 15th, the Assumption of Mary into heaven. I had been to Mass to celebrate her feast day. I have to believe that she was there to intercede for me to her son Jesus to ask for my life to be spared so that I could become the best version of myself and live the Gospel. Miracles? Yep, I believe in them.



Dick Morsey is a husband, father and grandfather from Christ the King Church in Glen Burnie, MD. Following a profound spiritual experience with Jesus in 1976, he has since taken his faith seriously and is an active member of his parish community.

Spirituality

An important ingredient for self-care in marriage



“Martha, Martha,” the Lord answered, “you are anxious and worried about many things. There is need of only one thing. Mary has chosen the better part and it will not be taken from her.” [Luke 10:41-42]

By Fr. Vincent Arisukwu

I'll kick off this write-up with two case studies. Case 1: Mrs. Eileen was an African woman, happily married to an African man. The marriage was blessed with nine children, a middle-class Christian family that lived in a village in West Africa. Both parents worked hard to train up their children and got them all through college. They never had a vacation and didn't seem to see the need for it. The relaxation Ms. Eileen knew was mostly while she worked because she had a passion for service. She had no routine health checkup except when she fell sick. At 60, Ms. Eileen suddenly had a brain aneurism resulting from high blood pressure. That same morning, she died. She didn't live to enjoy her children in whom she invested in and loved so much. That's my mom. And as Bookwala (2014) states, "...poor

health status of a spouse during the middle and late adulthood years is likely to be a significant life stressor and can pose serious challenges for individuals."

Case 2 (Adapted from Abernethy et al, 2016): "Pastor Ken and his wife are a White American couple in their early 50s. They have been married for 15 years and have a 13 year old son. They had served their Baptist church in the Ninth Ward for 10 years before Hurricane Katrina and the subsequent collapse of the levees in 2005. Prior to Katrina, they had a vibrant small congregation of about 200 members. Many people walked to the church from the neighborhood. While, amazingly, the structure of the church was able to be preserved and remodeled following the levees breaking, many of



the surrounding homes were completely destroyed, including the couple's home. They lived in temporary housing (including government-issued trailers) for several years. This was particularly challenging given their young child and the major losses of so many around them. They lost a significant number of their church members: at least 25 members of their congregation were killed and over half of the congregation moved out of the Ninth Ward to Houston and surrounding states. Their new church community included the few remaining original members with whom they maintained contact, along with new fellow survivors in the shelters, in the trailers, and in the Ninth Ward. As the couple was attempting to secure adequate shelter and food for themselves and their son, they were also providing support to others. While they struggled with their own grief, they were also committed to caring for their church members and others in need around them. Both Pastor Ken and his wife served their church members who were in dire straits as they sought to obtain food and shelter."

Consequences: 1) For several years, Pastor Ken and his wife had been so focused on survival for themselves and their church members that they were not as connected in their marriage. The weight of everyday life had left little energy for intimacy and relationship. At times now, they feel depleted. 2) Even though they are committed to ministry, they wonder whether they can continue. They are excited about building a new church and continuing to serve their "new" congregation, but they do not feel that they have the energy to begin again.

Obviously, most of our lives is about working, working, and working. Sometimes we are mentally active while in bed. Some couples rarely get the eight hour rest recommended for the night. That's an issue of self-care.

How about spirituality? It has become quite a common thought that there is a distinction between being spiritual and being religious. Religion is seen more as the organized, institutionalized system with a set of practices and a faith community, whereas spirituality is considered an overarching construct which refers generally to transcendent beliefs and practices that can be experienced within or outside formal religious structures.

Features of Religion:

- Shared moral values and beliefs about a god and a spiritual afterlife
- Scriptures, teachings, and rituals
- Community, fellowship, pastoral guidance
- Family as a central phenomenon (birth, marriage, death)

Features of Spirituality:

- Investment in internal values
- A deep sense of meaning, wholeness, harmony, intrapersonal and interpersonal connectedness
- Morality - activity of informed conscience: judging right and wrong based on principles of justice, decency, and compassion

Religion is said to rely so much on principles/rules; primarily external, and exclusive, while spirituality involves no doctrines, is fundamentally internal (integrates the divine into all aspects of life) and is inclusive. It is easy to hear someone say, "I am spiritual but not religious". However, every religious person is spiritual. In this essay, the term spirituality will be used in a generic sense to cover both spiritual and religious beliefs.

In relation to self-care, couples go through different stresses in life:

Having children: Most couples stress about when they'll have children in their marriage. Some stress about the gender of the



C = CO - come on (Invitation)

R = U - real you (Recognition)

O = P - open patience (Acceptance)

S = L - surrender life/loss (Feeling)

S = E - secure engagement (Guarantee)

child. Some stress about fertility issues. Sometimes both parents are not ready to have babies the same time. Some stress about adjusting when a new baby arrives. Some children come with special physical, medical, and mental challenges.

Finances: A major responsibility of parents is to make enough money. They want to save for their children's education, for vacations, and for other family needs.

Work-related: Some couples work relentlessly. Some work difficult jobs that take them away from home. Some have tough bosses. Some are not in control of their schedule. Some earn little to sustain their family upkeep.

Behavioral problems: Some couples get hooked up in the negative behavioral problems of their spouses. Some become alcohol and drug addicts. Some abandon their responsibilities for their partners. Some are not faithful to their marriage promises.

Aging and retirement: Some couples worry about aging. They worry about the quality of care they would get in old age. They worry that they might lose the affection of children and loved ones. Some worry about transitions that occur in a marriage relationship.

Most often, these stressors are not properly addressed. Ordinarily, couples take several steps to protect themselves. They buy insurance. They eat good food. They get physical checkups and take different medications for various health problems. Yet, most couples do not seek the ideal self-care that works. Communication, being attentive, and being present, are important ingredients in marriage, still the question is whether they are sufficient. They do not realize that self-care needs also include spiritual needs in marriage. The neurosurgeon and CNN guru Dr. Sanjay Gupta once said about meditation, "I usually spend at least 20 minutes a day- if not 20 minutes twice a day - doing it, and it's very relaxing. I find that I can lower my heart rate and my blood pressure objectively when I'm meditating as well, so it's not just relaxing, but I can measure the impact. I've adopted this phrase that I tell my patients in the hospital: 'More meditation and less medication.' Truly you can reduce your risk of heart attack or stroke by half by meditating twice a day."

Meditation is a way of staying quiet and taking the mind off the worries of this world. All the stress factors mentioned above can have emotional impacts on the individual and on the marriage relationships if they keep weighing on couples. Christians meditate mostly on Christ as the savior. He is the center of the Christian life. Christ says to his followers, "Come to me, all you who labor and are overburdened, and I will give you rest" (Matt 11:28). Doesn't that sound like a self-care invite? For that reason, the Lord Jesus Christ died on the CROSS. This invitation to come to him is manifested with his outstretched arm staring constantly at us. The Cross can thus be a strong point of meditation for couples in marriage.

Let us pair the word CROSS with the word COUPLE and see what we come up with:

C=CO- come on (Invitation)

R=U- real you (Recognition)

O=P- open patience (Acceptance)

S=L- surrender life/loss (Feeling)

S=E- secure engagement (Guarantee)

The therapeutic recommendation on how to assess conflicts in marriage is to trace the four bases (situation, thought, feeling, behavior). It goes this way: WHEN you THINK, you FEEL, you DO. Every couple should be able to trace the source of their mental, emotional, and physical stress by meditating on the CROSS. When you think Jesus, you feel Jesus, then you do Jesus. That's self-care. How do you do that? Mount the Cross at every strategic corner in your house. Make that place your meditation corner. If you love your garden, take your Cross to your garden. Go to that garden together to meditate on Jesus' invitation to come to him. He is in that open space. If you find comfort at your swimming pool, place the Cross at the head of your pool and look at Jesus after you soaked yourself in water following your rough day at work. All you need do is to recognize his invitation to you. Hold your hands together and take a deep breath as you look at him. Just sit with him for a while. He tells you to come. Be real with him. Be open. Surrender and leave everything to him. Your security is guaranteed.

Pastor Ken and his wife didn't recognize that after the hurricane. They worked and worked and became almost exasperated. My mother, Eileen, didn't recognize that. She was a great Christian but didn't know she could have good meditation time with dad. She didn't know the importance of taking a break. She lost it. All couples must appreciate the need to just sit with Jesus, meditate on his love, care, compassion, support, and sustenance in their lives. Jesus' care saves you from burnout.

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How the Family Mirrors the Sacramental Image of the Church



By Stephen Driver

If you're like me, Faith is a variable experience. At times you're on fire with the Holy Spirit. You can almost feel it flowing through you like the Force (though I still can't use the Jedi mind trick). Other times, you feel like that poster with the single line of footprints in the sand and you're wondering where everybody went. I think a lot of people feel this way at different times throughout their lives. It can be quite frightening to search for God and not feel Him there.

There's good news though for the times you feel that way, because God has given us a simple way to feel His presence. We have the sacraments in the Catholic Church. We all remember them from our catechism, and if you

don't... well, Google is there to help. The sacraments are gifts from God to help remind and assure us of His presence in our lives and when you participate in them alone, or even more importantly with your family, you reassert that presence to yourself and all those around you. It's a small evangelization to those around you.

I was confirmed late—after I had children of my own. But their participation in the sacraments of Reconciliation and First Communion absolutely was a big factor in my own pursuit of Confirmation. My participation in preparing them for one sacrament was a direct influence on my own effort to come further into the Church. Likewise, my children witnessed the effort and time that I put into Confirmation. I have a friend who is a Marianist brother that I've known since I was a teenager. He pulled me aside one day and said to me, "What you're doing is such a great witness for your children to see."

The truth of that statement still resonates with me, but even then my friend only saw the half of it. Their witness in their first Reconciliation and Communion also drove me. Because I was sharing the importance of those sacraments with my children, I recognized the importance of Confirmation for me. In that way we evangelized to each other.

... "What you're doing is such a great witness for your children to see."

So recognize that while we are all a part of this one catholic, meaning universal, family within the Church, our own families are meant to mirror that on a smaller scale. While the sacraments connect us all to each other within the larger framework of our Church, they also serve to remind us of God's presence on a very personal level to each of us individually. It is, as it should be, our joyful responsibility to be an active participant so that our individual families recognize their importance.

We model our larger faith communities in homes by our faithful devotion to our marriages. We set the example of remorse for the hurts we cause by seeking reconciliation for our actions that damage our relationship with God.

We remember our own baptisms that connect us to Christ when we serve one another in fellowship. We assert His very Real Presence every time we receive the Eucharist and engage on the mission of love. We affirm to ourselves and those around us that we are ready to be fully a part of our Church in our Confirmations, we courageously bear witness to the truth of the gospel as we encounter others at different places of our lives. We are strengthened with the Oil of the Sick as a sign of our victory over sin and suffering in Christ. And when we finally near the end of our journey in this life, we are comforted with anointing which reminds us that we are part of a transcendental existence that is so much more than, as Yoda said, "this crude matter."

We do all of these things, touch all of these milestones throughout our lives to participate in the gifts that God has given us. When we stand with our parents, our wives and husbands, our brothers and sisters, and our sons and



Stephen Driver is an editor in the Washington, D.C. area. He has been a part of Holy Trinity Parish in Glen Burnie since he was old enough to walk. He's still working toward being a better Catholic.

daughters to witness and receive these sacraments, we say to each other and to ourselves "How great is God to take an active part in our lives by granting us His grace through these events." That makes celebrating the sacraments more than an individual experience. Families are connected to God's love, and share the same among themselves. The sacraments make that love real and present in a unique way. They make family life impactful since we become witnesses for each other in love. I experienced that for my family. I experienced it with my children. I experienced it as a dad and as a husband, as a brother, a friend and co-traveler on the spiritual pilgrimage. We accompanied each other, evangelized each other, and eventually confirmed our love as family through the sacraments.

When that happens, we remind ourselves and those around us that we're never really alone. What a great gift to journey together.

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Food is Love

How Little Things Define Family

By Patti Rubin

“Food is love,” she said, while looking at me through jaundiced eyes. My poor mother was laboring through her last day on earth after battling cancer. My aunt and uncle had arrived from Boston and she really wanted to make them a meal but the hour on the clock of life was way too late for any of that. Sure, my mother had said that phrase many times before but of course this moment was different. As I held her hand that day, every look, every expression, every word, each touch was being etched into my memory like stone. Even as she lay dying, she rubbed my hand reassuringly just the same as she’d done since I was a little girl. It was the last time I would experience my mother this side of paradise. I didn’t want it to end and couldn’t grasp that she was really leaving.

My mother was a fabulous cook. The woman could make stones taste good! I fondly remember so many wonderful times spent around my parents’ dining room table – the laughter, the fun, sometimes serious talks as well. After thanking God for His blessings, we’d dig in to the delicious meal mom had meticulously prepared. We took it for granted back then. After all, that’s what mom always did, right? She did so many kind things for our family. In the winter, she would get up early, warm the oven, and place our clothes on the open oven door so we could slip into warm clothes on cold mornings. Then she’d head out to start my dad’s car so it would be warm for his drive to work. My mother’s little acts of love, most of them unnoticed, were the things that eventually endured.

Growing in my spiritual journey, I’ve come to understand that the most important things in life really are the little things done with great love, as St. Therese of Lisieux teaches us. Love, not perfection, must be at the center of every family, of every relationship. Real love eventually perfects and is the only treasure we take with us into eternity.

As I married and raised my own family, I found that my adult kids remember mostly the little things, rarely the big birthday parties or expensive prom dresses. It was eating cheesecake while watching

movies on rainy days, hanging out on the porch with neighbors and going to Sunday Mass. There are no perfect families, only flawed ones, who bear each other’s weaknesses. We’re pilgrims on our journey toward the perfect family in heaven. My family growing up was far from perfect, just as the one I raised isn’t perfect either. It’s about love and appreciating the people God has put in our life. It’s about forgiving, bearing wrongs patiently, and when in doubt, praying like your life depends on it.

My youngest daughter used to come to my room every night as a teenager, snuggle into my bed and tell me about her day. We would talk about everything and nothing and laugh a lot. One night, when she was about 19 and padding her way down the hall to my room, I was struck by the realization that one day those footsteps would be a memory. I would miss our bedtime chats.

To everything there is a time and season the Scriptures inform us. The reality is that one day, the little things will end. One day, the last time will come to tuck our kids into bed, to wipe a dirty face, kiss a scraped knee, or wave goodbye on the school bus. The last dinner came at my mother’s dining room table and so did the last bedtime chat with my daughter. Raising a family is wonderful and difficult and messy but it’s worth every single effort. Cherish the little things.

As I watch my adult kids raise families of their own, my heart is filled with gratitude. We had Thanksgiving dinner this year at my oldest daughter’s house. She has six little kids but somehow managed to clean the house and beautifully decorate the table. Each of my daughters brought a delicious dish. They understand well the gift of family dinners. The house was filled with kids squealing, laughter, and joy. Sitting down at the candle-lit table, we thanked God for His blessings. He’s the secret to our success, the center of our lives. God, family, food and so it goes to the next generation.

I thought about my beautiful mother. Food is love. Amen to that!



Patti is a cradle Catholic who resides in Maryland with her family. She is the FA administrator and design director for the magazine.



C. H. E. R. I. S. H.

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Fr. Vincent Arisukwu,

Associate Pastor of Christ the King Parish

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Free Will Offering

Saints Who Were Married

St. Monica: Patron Saint of Married Women

Saint Monica was born in the 4th century in Tagaste which is modern day Algeria. A practicing Christian, her family arranged for her marriage at an early age to a pagan official named Patricius. He was well known for his violent temper and adulterous behavior. His mother, who lived with them, was as volatile as her son. Saint Monica and Patricius had three children together, one of whom became the great St. Augustine. Monica suffered greatly on behalf of the godless lifestyles of her husband and son but refusing to give up, she fasted and prayed for their conversion. Her husband was baptized a year before his death. Augustine, a drinker and partier, became embroiled in an extramarital relationship fathering a child out of wedlock. Undeterred, she followed Augustine to many places around the world refusing to give up on him. He eventually converted and went on to become one of the greatest saints in the history of the Church. Some of the last words she spoke to him was "Nothing is far from God." Almost everything that we know about Saint Monica we have learned from his autobiography *The Confessions of Saint Augustine*.

Her feast day is May 4.

She is patroness of: alcoholics, difficult marriages, married women, conversion, mothers.





My name is Nicole Wurstner. I am 15 years old and a sophomore in high school. With my personal experiences and proven facts from researchers, I want to bring awareness of the negative effects of bullying. Personally, I was a victim of bullying--from elementary school until 7th grade. I was picked on and bullied by the same person. As much as the school tried to help, nothing happened, nothing changed. I still remained the victim. Their solutions made it worse, and I felt alone. My parents tried to help me get through it, but nothing seemed to help --at the end of the day, I still felt alone. At one point, I came close to ending it all. Depression and self-hate took its effects on me. I felt that there was more the school could have done but chose not to. It was a very tough time for me, unable to cope with my studies, not able to concentrate. I lived in fear. I was anxious going to school. It was real. I couldn't wish it away, no matter how hard I tried. The effects from those days are still present after four years: from depression to anxiety.

From my point of view as a victim, I feel that the best thing a parent could do is put their child in therapy. It has benefited me in the best way and I am grateful for that. I hope that no kid has to deal and struggle with what I had to. But for each one who does, I hope they find the strength from God to behold the star shining through darkness.

Bullying has many effects on the victims which in many ways do not get enough awareness because many parts of bullying are never spoken about. The top five of those effects are surprising.

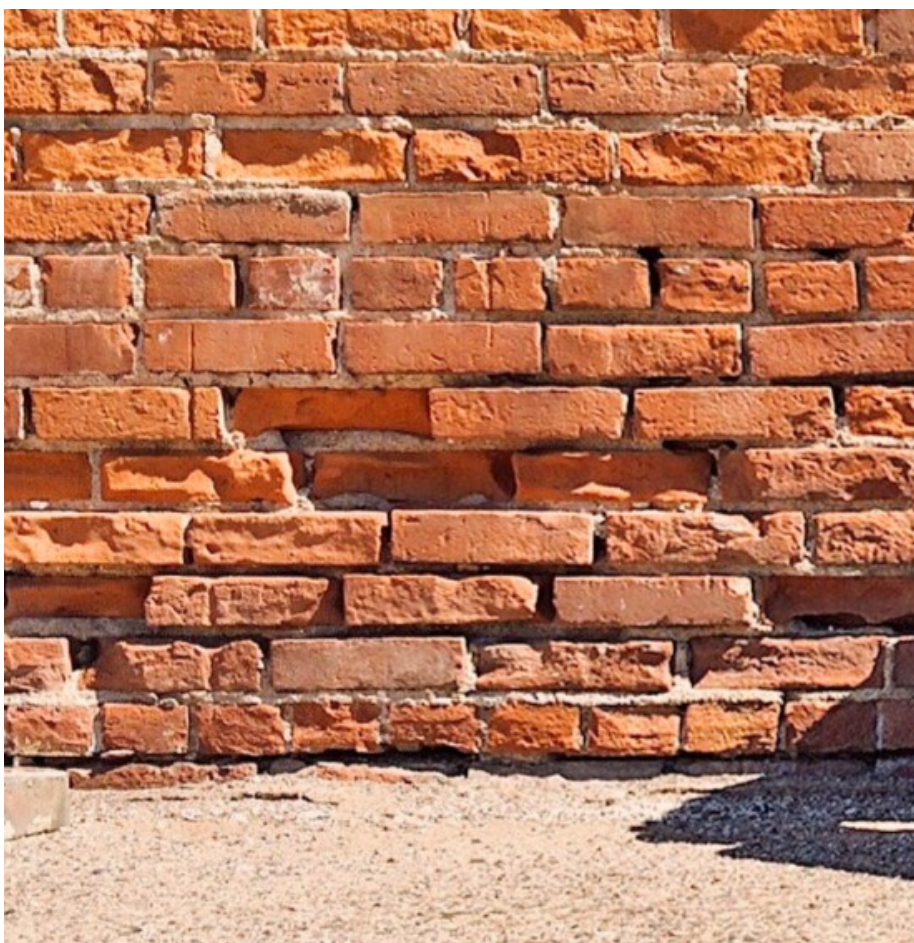
School dropouts rank number 5, as 1 out of 10 students drop out of school due to bullying. Studies show that 75% of crimes in the United States are committed by high school dropouts.

Bullying also affects students' ability to learn which ranks at number 4. Nearly 24% of children suffer chronic levels of bullying, and these kids have lower academic achievement rates.

Bullying is equivalent to killing



By Nicole Wurstner



At number 3 is trust issues since students who have bullying problems or past bullying experiences have problems with trust. They may not be present as a child, but as they get older it may become evident and noticeable through unsuccessful friendships and relationships.

At number 2 is school shootings. Students who have been bullied or harassed have been tied to almost 75% of school shootings in the USA.

And the number 1 effect of bullying is that it can lead to depression and suicide. Depression is a serious illness that over 350 million people worldwide suffer from. Bullying is the 3rd leading cause of death among our youth. Bullying victims are nine times more likely to consider suicide. Bullying has been linked to many teen deaths, yet awareness is not raised enough. No one shines light on the subject until bullying has taken another life. But how many lives must be taken until we try to make a change? I would like to change that.

Bullying is using superior strength or influence to intimidate someone or put them down, or emotionally hurt them. Bullying takes place in many settings and places and is many times overlooked. It is very important for adults and children to be educated on bullying, its effects, and how to recognize it. There are several forms of bullying including physical, verbal, social, emotional, and now more commonly, cyber bullying. Research reveals a representative sample of 7,182 students

who were surveyed on types of bullying indicates: 56% was verbal, 51.4% was social, and 20.8% was physical, cyber following with 13.6%. In 2007, another group of researchers reported 22% of a sample of 3,767 middle-school students experienced cyberbullying.

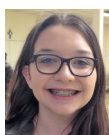
However, understanding the difference between two kids joking around and a one-sided offence can make a difference. Bullying is one-sided. No kid should have to go to school terrified, no kid should have to go through their day with the weight of the world on their shoulders. They shouldn't be scared to walk down the hallway or worry about how their day will be. That's how bad bullying is.

All students should have to worry about is school, learning, and just simply being a kid. Bullying is just nasty, and must be resisted.

"I can do all things through Christ who strengthens me." (Philippians 4:13)

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Nicole is a sophomore at Glen Burnie High School and recently earned her 2nd degree black belt at Lion Choi Taekwondo. Nicole received the Sacrament of Confirmation in 2017 and volunteers regularly at the various youth programs at the parish.





Family Bible Quiz

How much do you know about ...

Acts of the Apostles

(answers in the next issue)

1) In Acts 1:1, who was this book addressed to?

- ☐ Theophilus ☐ Pilate
☐ Peter ☐ Caesar

2) At the end of the 1st chapter of Acts, who was chosen to replace Judas?

- ☐ Stephen ☐ Mathias
☐ Nathaniel ☐ Philip

3) In the 3rd chapter of Acts, Peter and John were involved in the healing of a man by what was called the Beautiful Gate to the temple. What was the man's problem?

- ☐ leprosy ☐ lameness
☐ blindness ☐ deafness

4) What controversy at the beginning of the 6th chapter caused men to be specially chosen to care for the widows?

- ☐ the Hebrews' widows were neglected
☐ money was missing from the fund
☐ the Hellenests' widows were neglected
☐ the disciples were neglecting their preaching duties

5) How did Stephen die at the end of the 7th chapter of Acts?

- ☐ by the sword ☐ stoning
☐ drowning ☐ crucifixion

6) In the 8th chapter, who explained a passage from Isaiah to an Ethiopian eunuch?

- ☐ John ☐ Peter
☐ James ☐ Philip

7) On the road to Damascus, Saul suddenly saw a light and was confronted by a voice. Finish the quote from Acts 9:4. "Saul, Saul, why are you persecuting _____?"

- ☐ my people ☐ Me
☐ my church ☐ the truth

8) What vision did God give Peter before he met Cornelius in the 10th chapter?

- ☐ stars in the sky ☐ unclean animals
☐ a man calling ☐ the city of Rome

9) How did Peter get out of jail when Herod imprisoned him in chapter 12 of Acts?

- ☐ he was found innocent ☐ an angel let him out
☐ the jailer forgot to lock the door ☐ there was an earthquake

10) What practice was discussed at the Jerusalem council in chapter 15?

- ☐ charity ☐ communion
☐ baptism ☐ circumcision

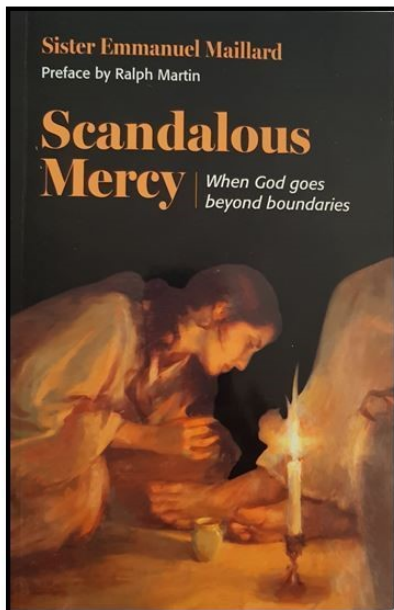


Carravaggio — Conversion of St. Paul on the Road to Damascus



Book Review

Patti Rubin



Title: Scandalous Mercy—When God goes beyond boundaries

Author: Sister Emmanuel Maillard

Book Overview:

In this book, Sr. Maillard masterfully illustrates the reality of God's boundless mercy for every single soul. Using a narrative of real life events, gospel reflections, and interactions with ordinary people, she reveals persuasively the tender heart of God. She reveals the image of Divine Mercy shown to a girl who murdered her father, a priest living in mortal sin, a notorious abortionist, a Nazi criminal, an angry mother-in-law, etc., in a captivating manner. *Scandalous Mercy* simply portrays the innocence of children, interactions with the saints and the indispensable role of the Blessed Mother. After reading this book, the reader is left with a deep sense of God's immeasurable goodness, His relentless pursuit of every soul, and his ever-flowing mercy for humanity.

Recommended Audience:

Christians: This book is clearly a Christian work but those of different religious backgrounds will gain much from its content as well.

Ministers and teachers: Those in the teaching and evangelization ministries will gain deeper insights into God's mercy in a real-life way. It could enhance the impact of catechesis.

Pastors: Pastors seeking to help their flock understand God's love for them no matter what sins they may have committed. This book is an excellent tool to lift the spirits of people in a difficult and hurting world.

About the Author:

Sister Emmanuel Maillard was born in France in 1947. She entered the Beatitudes community in 1976 and has been living in Medjugorje since 1989. Sister's ministry is deeply embedded in the New Evangelization, feeding souls with the Gospel message of hope through her speaking engagements, books, and various other media productions.




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