



LAY WITNESS

June 19, 2022

Corpus Christi Sunday

Vol. 40, No. 3

*to unite the faithful from all walks of life in order to
support, defend and advance the efforts of the teaching Church*

Dear Friends,

“Grace to you, and Peace from Him Who is, Who was, and Who is to come” (Rev. 1:4).

[S]eek not you what you shall eat, or what you shall drink: and be not lifted up on high. For all these things do the nations of the world seek. But your Father knoweth that you have need of these things. But seek ye first the kingdom of God and his justice, and all these things shall be added unto you. Fear not, little flock, for it hath pleased your Father to give you a kingdom.

Sell what you possess and give alms. Make to yourselves bags which grow not old, a treasure in heaven which faileth not: where no thief approacheth, nor moth corrupteth. For where your treasure is, there will your heart be also (Lk.12:29-34; DRV, added emphasis).

As a Catholic who loves my Savior and His Church, the events of the past few years can be very discouraging. The COVID crisis became an excuse for many priests and bishops to avoid providing—even refusing—the ordinary means of grace and salvation to the People of God. Contrary to the Church’s Teaching on Moral Conscience, many bishops, priests, and theologians use false rationale, and force and fear to pressure the Faithful into receiving the COVID vaccine. Communications from Rome and individual bishops bear increasing elements of confusion and seeming disparity with doctrine and tradition. In my experience, many Catholics are paying less and less attention to what is happening in the Church. The political and social unrest in our country is directly harming fundamental elements of our lives, like our family relationships, our political stability, and our pocketbooks, in real time. These distractions seem of more immediate concern to most Catholics. Nonetheless, many of these social issues also have a direct effect on our Catholic Faith—like the violence against the police who protect us, pro-life organizations that advance the Gospel of Life, and civil servants that hold and act on conservative values.

During times like these, it’s easy to compare how bad things are today with the circumstances of the past. To the degree this helps us find solutions, that’s a good thing; but I can’t help but think that even if solutions are found to the current issues of our Church and Country, that’s not enough. Solutions to moral evils are always temporary. In reality, sin and the distortions it brings will be with us until the end of time. Moral evils will keep arising: old sins with new distortions. We must pursue solutions or we commit our lives to a temporal nightmare, but we have to do more than just find solutions to the issues. We have to build a Culture of Life.

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Prayer of Catholics United for the Faith

O God our Father, who sent Your only- begotten Son to suffer and to give His life for the life of His Church, rule, protect, and nourish her continually, we beseech You. Teach us of Catholics United for the Faith to direct our zeal first of all to the renewal of our own hearts. Then, if it be Your holy will to allow us to be in any way Your instruments in the wider renewal of Your Church, give us the grace to know what services, small or great, You ask of us, and let the Holy Spirit teach us to perform them in obedience, patience, and charity, leaving entirely to You what fruits they may bear. We ask this through the same Jesus Christ your Son, our Lord, who lives and reigns with you in the unity of the Holy Spirit, one God, forever and ever. **AMEN.**

Most Sacred Heart of Jesus,
have mercy on us.

Holy Mary, Mother of the Church,
intercede for us.

St. Joseph, Head of the Holy Family
and Patron of the Universal Church,
pray for us.

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The words of Jesus quoted above should be familiar to all of us. He used similar words in Matthew 6 during his Sermon on the Mount. He made the same point during His Last Supper discourse in the Gospel of John (look it up). He has conquered the world. We should not be afraid during bad times, and we should not waver in our faith and good works. If we react to the issues our day with fear, our solutions will not build a Culture of Life and our good works will not be lights for others to see by.

Without a doubt, the situations caused by moral evils is alarming and does arouse fear and unrest within us. So, how can we conquer those negative feelings within ourselves? How can we keep from becoming a statistic of the death culture? How can we replace reactions of fear with responses of Hope? *“Sell what you possess and give alms. Make to yourselves bags which grow not old, a treasure in heaven which faileth not: where no thief approacheth, nor moth corrupteth. For where your treasure is, there will your heart be also”* (Lk. 12:33-34).

These words of Jesus are timeless. They are not meant to be a blueprint for acting when times are good, but at all times. Pope St. Paul VI, when he was a priest newly appointed to the Secretariat of State, was famously asked what he would do if the Germans invaded the Vatican itself. He replied, “I would offer my Mass and say my prayers as I do every day.” This was the response of a man who did not waiver. As Catholics committed to our Faith, we must learn not to be distracted by the new (or old) distortions of sin that surround our lives. Rather, we must arrange within ourselves a security of self that

transcends our daily encounters with temptations and sin. There are lots of ways to do this. I want to suggest three.

1. Establish within yourself a vision of Heaven. Heaven is our goal. Envision it, keep your eyes on the goal.
2. Be thankful in all things and praise God for His blessings in your life. This will help keep the troubles of life in perspective.
3. Be human as Jesus is human. That means its ok to feel afraid, to be sorrowful, or even to wish our Heavenly Father would re-deal the hand dealt to us. It also means we should not make decisions on feelings alone (“I feel that..”), but rather, we must make decisions based on sound thinking (Rom. 12:1-2). God gave us the use of reason so we could pursue knowledge and make reasonable choices based on His intentions for us. He intends us for Heaven. Let us be honest with our feelings, but let us learn to weigh all our actions against His Will for us.

Or, as Jesus puts it, *“seek ye first the kingdom of God and his justice, and all these things shall be added unto you. Fear not, little flock, for it hath pleased your Father to give you a kingdom”* (Lk. 12:32).

God bless you all.

Peace,
Philip C. L. Gray

“Walking the Line: A Conversation with Catholics in Healthcare.”

By Brian W. Donnelly, M.D.

“Well, that was an interesting exchange,” Emily said as she sat down.

Emily is the medical student assigned to shadow me for the next few weeks. We had just finished seeing an 18 year old patient. She was the last patient of the morning.

“Yes, it certainly was,” I replied. “What did you think?”

Emily: “I feel for her. She’s in a predicament.”

“Indeed. An unexpected pregnancy is a very challenging situation.”

Emily: “Do you think she was telling the truth about always using condoms?”

“Maybe. They aren’t 100% effective, you know.”

Emily: “Right. 98% is what I’ve read.”

“Sure, but that translates to a true failure rate of 15% in common usage when you include human failure.”

Emily: “So, what do you think she will decide?”

“It is hard to say. She seemed to listen to what I had to say. She wasn’t dead set on getting an abortion, as some teens can be.”

Emily: “Oh yeah. She was surprised to hear about Angels’ Place. To be honest, so was I. I had never heard about it. An organization dedicated to taking care of young mothers who want to continue their education and their pregnancy. What a great idea!”

“Yes, they do fine work there.”

Emily: “And I must say, I’m surprised how you told her, that regardless of the decision, you would pray for both of them. I suppose that’s true ... biologically, we were dealing with two patients in that room. Just curious, do you routinely give information about getting an abortion?”

“Let me ask you this: Would doing so make me complicit in the demise of that second patient?”

Emily nodded.

“The reality is that abortion is readily available in this part of the world. She brought it up and talked about it. She didn’t need my help getting such information.”

Emily: “But isn’t abortion a much healthier option than continuing a pregnancy at that age?”

“I don’t think so. Biologically, eighteen is an excellent age to carry a child. The medical literature shows that the fewest pregnancy complications arise during young adulthood. There is nothing like being young and strong.”

Emily: “In our ob/gyn rotation, they referred to an article which made the claim that abortion was much safer ... fourteen times safer, I think ... than pregnancy.”

“I remember that. Frankly, I was surprised that obstetricians didn’t rise up in protest when that was published. There are certainly medical downsides of abortion. Hemorrhage and infection are the immediate ones. But there are delayed effects too. Some women have trouble with future pregnancies either miscarriages or premature births. Some women are haunted by their decision. Some of these women suffer through alcoholism, the abuse of other drugs, and even suicide attempts. The psychological side effects can exact a big toll.”

Emily thought a bit while I worked on the computer notes.

“What if you were forced to send her to an abortion clinic? Isn’t abortion a constitutional right?”

“Forced? By the government, you mean?”

Emily: “Or your employer. My husband is an ob/gyn resident. He works in a hospital where they expect him to provide abortions.”

“First of all, that ‘constitutional right’ thing is certainly disputable. In fact, the Supreme Court may weigh in on that pretty soon. Second, my informing her of the other options out there doesn’t deprive her of any rights. I think the opposite – providing such information leads to a more informed decision, which she SHOULD have a right to. Further, isn’t forcing a health care provider to perform abortions impinging on the provider’s rights?”

Emily: “That’s just what my husband said.”

“Oh good. As Alexander Solzhenitsyn said, ‘The simple step of a courageous individual is not to take part in

the lie. One word of truth outweighs the world.’ So ... is he quitting medicine?”

Emily: WHAT?!?

“Just kidding. He needs to fight on. And even get some return on the investment that was medical school, yes?”

Emily: “Ha!”

“That reminds me of my experience with the American Academy of Pediatrics (AAP) some years ago...

“When I got out of residency, I was excited to be named a Fellow of the American Academy of Pediatrics. I considered it an honor and looked forward to the beneficial things that a group of pediatric doctors could do together for American kids. A few years later, events would change my perspective.

“In the late 1990’s, legislation was proposed to outlaw a procedure called ‘partial – birth abortion.’ Partial birth abortion is performed during the later stage of pregnancy. The abortionist positions the baby so that the feet are delivered first, but stops before the head is delivered. Then the back of the skull is punctured, and the contents are suctioned out. The skull then collapses, and the delivery of the dead baby is completed.”

Emily: “Oh my! Why is it done that way?”

“That is what a lot of people questioned. It seemed barbaric. And it was even more dangerous for the mother. The best answer I could find was that the suctioning of the baby’s brain was the key. That suctioning yielded fetal neural stem cells, which were a hot commodity for researchers back then. There was hope that those cells could lead to a treatment, or even a cure, for Parkinson’s disease. The researchers tried injecting the stem cells into the area of the brain most affected by Parkinson’s disease. But the results were disappointing. There was no effective treatment using that technique.

“Getting back to the legislation ... the ban was proposed but met some resistance from pro-abortion groups. The politics played out, and the ban was ultimately passed into law. The ban was immediately challenged in court, and its constitutionality was eventually decided by the Supreme Court. In *Gonzalez v Carhart*, the ruling was to uphold the ban.

“Every year, the American Academy of Pediatrics had invited members to post resolutions which were then voted on by the members. (I don’t know if they still do this.) One resolution that had been proposed after the ban become law was that the AAP declare its support for the ban. A clear majority approved that resolution. Unfortunately, the leadership of the group did not follow through on what the membership had voted for. The executive director used some ‘parliamentary procedure’ to forestall the will of the

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majority. The AAP thus failed to publicly endorse the ban on partial-birth abortion.

“I was outraged when I learned of these details. My protests were shunted to the pediatrician who was the representative of my state. My two main concerns were that the democratic process was subverted, and that the voice of the baby whose stem cells were being stolen was silenced. The AAP claims to be an advocate for the well-being of ALL infants and children. Why weren't they being inclusive here? The state rep wasn't interested in debating my arguments. My frustration led me to consider whether or not it was worth continuing my membership in such a group. After weighing the options, I chose to resign in protest.”

Emily: “Taking such a step shouldn't be done cavalierly. I've used the resources of the AAP over the years and haven't regretted my decision to remain a member.”

“Sure, but there are other professional organizations out there that can do some of the things that I, as a physician, would like a group to do. And if there weren't, I could always start my own group.

“Say ...does your husband know about conscience protection laws?

“Conscience protection clauses are attached to laws in some parts of the United States and permit health care providers to opt out of providing certain medical services for reasons of religion or conscience.

“Often those clauses permit health care providers to refuse to refer patients for objectionable procedures, such as abortion. The clause makes clear that the provider's refusal will not lead to subsequent punishment or discrimination.

“The earliest national conscience clause law was enacted immediately following the Supreme Court's decision in *Roe v Wade* in 1973. It applied only to abortion and sterilization. The sponsor was Senator Frank Church of Idaho, so it was thereafter referred to as the Church amendment. Nearly every state enacted similar legislation afterwards. Some states have clauses that address more specific concerns. In Oregon, a clause recognizes a physician's right to refuse to participate in physician-assisted suicide, which is a legal enterprise in that state.

“Currently 46 states allow some health care providers to refuse to provide abortions. 44 of them allow health care institutions to refuse to provide abortion. Thirteen limit the exemption to private health care institutions and one state only allows religious health care institutions to stay abortion free.

“So called 'reproductive rights' organizations (like NARAL and Planned Parenthood) oppose these conscience clauses. They claim that providers have a duty to

provide services, and such a duty eclipses their meager ethical stance. Cleverly, they have renamed conscience clauses 'refusal clauses' in an effort to re-frame the issue. I mean, who wants to be a refuse-nik? (Unless you're the parent of a teenager...)”

Emily: “So a woman's 'right to abortion' becomes the doctor's duty to provide it?”

“Exactly. In fact, if you've been following the battles over euthanasia, the direction is the same. A patient's right to have a 'death with dignity' rapidly devolves into his duty to stop selfishly wasting our precious health care resources.”

Emily: “What about the Right of Conscience Rule? I remember reading about that.”

“Yeah. The Right of Conscience Rule was a set of protections set up for health care workers enacted by President George W. Bush in December of 2008. It allowed health care workers to refuse to participate in morally objectionable procedures. For its 'teeth,' it actually withheld federal funding to institutions that did NOT provide such conscience protection. In February of 2011, President Barack Obama rescinded the Right of Conscience Rule. He obviously had a different perspective on the issue.”

Emily: “So politics plays a role here.”

“Indeed. Now, we live in a state that has conscience protection rules. What if we didn't? And shouldn't there be federal laws that provide such protection? After all, this country's founding was all about religious freedom.”

Emily: “Yup. The first amendment says that Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.

“That's it. In fact, some years ago the Council of Europe passed The Right to Conscientious Objection in Lawful Medical Care, which states in part

No person, hospital or institution shall be coerced, held liable or discriminated against in any manner because of a refusal to perform, accommodate, assist or submit to an abortion, the performance of a human miscarriage, or euthanasia, or any act which would cause the death of a human fetus or embryo, for any reason.

“Congress needs to follow suit.”

Emily: “Speaking of conscience protection, what do you think of what's going on now with vaccine mandates?”

“I think they are just wrong. First of all, many people who are refusing the vaccine are doing so because they do not want something forced upon them. This whole

undertaking is still, after all, an experiment. The vaccines were not vetted in the usual way. The clinical trials are occurring right now. We are the subjects.

“Some people are refusing the vaccine because they have had COVID-19. They trust their natural immunity. None of the people pushing these mandates want to make an exception for this group of people. That refusal doesn’t recognize what we know about immunology.”

Emily: “Wasn’t there a study last year that showed the vaccine provided better immunity than was achieved from natural immunity?”

“Yes. But it wasn’t a very good study. And, more importantly, it wasn’t replicated. Many subsequent studies have shown that natural immunity is considerably better than that provided by these vaccines.

“Generally, vaccines have worked by introducing a weakened or inactivated germ into our bodies. Newer vaccines introduce a manufactured facsimile of the outside of the germ (like the bacterial cell wall or the viral envelope) and the immune system will make antibodies and recognize that protein as foreign. If the body sees that protein again, the immune system will be activated, which usually means we don’t get sick when we encounter the real version of that germ. So ... do you know how these vaccines work?”

Emily: I think so. The mRNA vaccines utilize a relatively new technology. They introduce a short-lived synthetically created fragment of the RNA sequence of a virus into the vaccinee’s body. These mRNA fragments are taken up by the dendritic cells of our immune system. The dendritic cells then ‘read’ the mRNA and produce the viral antigens that the mRNA is carrying the message for. In this case, the message is to produce the so-called ‘spike protein’ that is characteristic of the COVID-19 virus. Once the antigen is produced, the immune system works on presenting the foreign protein to the T-cells and the B-cells. If our immune cells encounter that ‘spike protein’ again, the immune system will be activated and keep us from getting sick.”

“Very good! And do you know about antibody-dependent enhancement?”

“That’s where the binding of a virus to suboptimal antibodies enhances the entry into host cells, which is followed by the replication (reproduction) of the virus. The idea is that the antibody doesn’t do enough to disable the virus but enhances its entry into the immune system. The virus can ‘hide’ there, because of the suboptimal antibody, and reproduce unhindered, thereby causing worse disease. It can happen during the development of a primary or secondary viral infection. It has also been seen when being exposed to a virus after vaccination.”

Emily: “So it’s like the antibody can help camouflage the virus?”

“Yes, that’s one way of looking at it. Some have called it a Trojan horse, since the dendritic cell hides and carries the enemies of the body.

“So, in real life, have the vaccines stopped the spread of COVID-19?”

Emily: “Apparently not. I know several people who were vaccinated but caught COVID anyway. In fact, it happened to me. I’m fine now. But my understanding is that disease severity is much less if you have been vaccinated. My experience was like having a bad case of the flu, and I was fine in about 5 days.”

“Right, the data are showing that vaccination does not stop the spread, but it lowers the severity of the disease. I’m glad it wasn’t worse for you! It seems to be considerably worse for older people.”

Emily: “Yes. My husband’s aunt didn’t survive it.”

“Oh no. I’m really sorry, Emily. Please tell your husband I’ll be praying for his aunt and the whole family.”

Emily: “Thank you. I will. It’s a scary situation, but I can understand why people want to have all the information they can before they decide whether to get vaccinated or not.”

“Of course. That’s the other reason I disagree with these vaccine mandates. Patients have a right to informed consent. What do you know about the Nuremburg Code?”

Emily: “I know it was formed after the end of World War II. Wasn’t it drawn up by the American judges after the trials of the Nazi doctors who ran the horrific experiments in the concentration camps?”

“Yes, and it has become a blueprint for protecting the rights of subjects in medical research thereafter.

“The first provision is that voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent. He should be situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion. He should also have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment, the method and means by which it is to be conducted, all inconveniences and hazards reasonably

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to be expected, and the effects upon his health or person which may possibly come from his participation in the experiment.

“Of course, people who are coerced into getting the vaccine with the threat of losing their job if they don’t comply haven’t really given free consent.

“The Declaration of Helsinki, first composed in 1964 (and later revised), promotes similar concerns.

It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent.

Physicians must consider the ethical, legal and regulatory norms and standards for research involving human subjects in their own countries as well as applicable international norms and standards. No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research subjects set forth in this Declaration.

In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study. The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information.

After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject’s freely-given informed consent, preferably in writing. If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed.

All medical research subjects should be given the option of being informed about the general outcome and results of the study.

“The declaration of an “emergency” by a government entity should not suspend these patient rights. When it comes to vaccines, I think the evangelical model is best.

“The early Christians were thought odd by most Roman citizens. But they loved each other, especially during times of trouble, like epidemics. The way they cared for each other, by refusing to just ‘let the devil take the hindmost’ improved their likelihood of surviving as a group, but it also garnered attention. The other Romans must have thought they were on to something, because their love for each other produced solid results. So many Roman pagans followed the Christian lead of loving their neighbor, that eventually being a Christian was the rule and not the exception. If the vaccine was as remarkable as was the fraternal love of the first Christian disciples, many more people would be demanding it.

“In fact, if you truly follow the science, vaccine refusers are the ideal control group. So many experiments could be done with such a set-up.”

Emily: “Yes, that would be a control group, but not randomized.”

“Correct. They would be self-selected. But it would still provide for decent experiments. Sadly, there doesn’t seem to be much interest in that kind of authentic science.”

Emily: Didn’t Dr. Fauci say, ‘If you doubt me, you doubt science’?

“Indeed, he did. What a colossal misunderstanding of what science truly is. Science is all about doubting and questioning and discovering. In fact, I question this whole exercise.

“From the beginning, the approach of the government was flawed. The Fauci strategy of six-foot social distancing, mandatory masking, lockdowns – essentially quarantining the healthy, was NOT solidly based in science. In fact, there were studies arguing against those measures. For those who were sick, NO treatment was offered – unless they got sick enough to require oxygen or IV fluids. Then remdesivir – a dangerous and often ineffective drug - (and last rites) could be offered. Lockdowns led to a Pandora’s box of social ills (increases in poverty, depression, substance abuse, domestic abuse, etc.) that we will be feeling the effects of for a long time.

“It was an unprecedented approach, with meager scientific backing. The final result was that we led the world in the COVID death rate.

“There were no big clinical trials in the US on medications that could be helpful, even though there were literally millions of people interested in participating. But more disturbing was the treatment of doctors who tried their best to keep their patients out of the hospital.

“In other countries, ivermectin and hydroxychloroquine worked well for COVID patients. Both drugs have been around for decades and are successfully used for other conditions. In fact, in Africa, ivermectin is commonly used to treat a condition called river blindness (a parasitic eye infection) and hydroxychloroquine is commonly used to prevent malaria infection. The number of cases of COVID infection and the death rate in Africa have been remarkably low. It is likely due, at least in part, to the prevalent use of these drugs.

“Despite the long track record of safety for both of these drugs, American doctors were actively discouraged from prescribing them. Some were even threatened. The American public was told how “unsafe” the drugs were. Even N-acetyl L-cysteine, a longtime nutritional supplement, had an FDA warning slapped on it when it was being recommended to help people infected with COVID.

“For an infectious disease epidemic, the best approach has always been to treat and quarantine the sick, protect the most vulnerable, then aggressively develop therapeutic drugs that can help avoid hospitalizations. It is sad that we did not take that route.

“From the beginning, it was clear that low vitamin D levels were associated with a bad outcome. Patients who were overweight and obese did worse. Smoking was also a big risk factor for complications. Yet, there were no public health campaigns to stop smoking or to get in better shape or to take extra vitamin D. There were no early treatment protocols from our nation’s doctors at the HHS Department. It was a pandemic of under-treatment. Fear was instilled in civilians, but also in practitioners. By the way, I always encourage my patients to exercise regularly.”

Emily: “Yes. I noticed. In fact, listening to you these past few weeks is making me want to run again.”

“But the lockdowns made that more difficult. In fact, the joke was that COVID 19 was named for the 19 pounds of excess weight that the average adult gained.”

Emily: “What do you think of the vaccine being given to children?”

“Great question. I always look at a medical intervention through the ‘Risk vs Benefit’ lens. For something where the risk of disease is low, the safety of that intervention needs to be very high. The risk of COVID disease in children is quite low. Unfortunately, the safety profile of the COVID vaccine in children is questionable. There have been thousands of cases of myocarditis (inflammation of the muscles of the heart) reported in adolescents who have gotten the vaccine. Some countries have even suspended their pediatric vaccination program because of these reports. If the parents want their child to have the vaccine, it is at least worth making them aware of that possibility.”

Emily: “Wasn’t there just a news article about the CDC not releasing the data on the effects of boosters in the 18 to 49 age group?”

“Oh, yes. They were withholding information so it wouldn’t be ‘misinterpreted.’ That’s what we are up against. It’s a ‘damn the adverse effects, full vaccination ahead’ approach.

Emily: “That’s scary.”

“Agreed. I am with C.S. Lewis here.

Of all tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive. It would be better to live under robber barons than under omnipotent moral busybodies. The robber baron’s cruelty may sometimes sleep, his cupidity may at some point be satiated; but those who torment us for our own good will torment us without end for they do so with the approval of their own conscience. They may be more likely to go to Heaven yet at the same time likelier to make a Hell of earth. This very kindness stings with intolerable insult. To be “cured” against one’s will and cured of states which we may not regard as disease is to be put on a level of those who have not yet reached the age of reason or those who never will; to be classed with infants, imbeciles, and domestic animals.”

Emily: “So what can you do about a government that wants to force you into giving the COVID vaccine to children?”

“You mean: How do you do the right thing ethically, when there are pressures to have you do otherwise?”

Emily: “Yes.”

“The best answer: Carefully. Martin Luther King, in his letter for the Birmingham City jail, famously wrote:

There are just laws and there are unjust laws. I would be the first to advocate obeying just laws. One has not only a legal but a moral responsibility to obey just laws. Conversely, one has a moral responsibility to disobey unjust laws...

“To be a Christian physician means you have to walk the line. I am not necessarily endorsing jail time for you. But we are not obligated to violate our conscience; we must still bear witness to the Truth. We are however, allowed to use our wits. Courage is good, but prudence abides.

If you are up against it, try to find like-minded people. But if you have to stand alone, so be it. That’s how it will be on the Last Day, when you answer to your Maker.”

Brian W. Donnelly, M.D., is a pediatrician practicing in the North Hills of Pittsburgh. He is a member of the Catholic Medical Association and the American College of Pediatricians.

CUF LINKS

Chapter News

We have several groups and individuals around the United States prayerfully considering whether or not they will establish CUF Chapters. Please remember them in your prayers as they discern what needs God is asking them to fill and whether a CUF Chapter is the best means to do that.

Considering starting a CUF chapter, but not sure how

to get it off the ground? Contact our office to schedule an in-person visit with CUF President, Philip Gray. He is eager to speak on CUF's mission, learn about the situation in your area and what is driving you to organize, and brainstorm with you about ways a CUF chapter could help bring about the restoration you want to see in the Church.

Information Services

On this the Feast of Corpus Christi, we give thanks to God for Jesus's Eucharistic Presence in every tabernacle around the world. Belief in the True Presence is a gift of faith that only God can give, but are we prepared to give the reasons for our faith to non-Catholics and even Catholics who don't understand the Church's teaching? *St. Augustine's*

Real Faith in the Real Presence, Worthy Reception of Holy Communion, and A Matter of Reception: Abortion, Holy Communion, and Catholic Politicians are three FAITH FACTS that can help you grow in understanding and love for Jesus in the Eucharist. Call 1-800 MY FAITH (693-2484) to request copies.

Saint Joseph Foundation

"Sometimes bringing some of grandma's lace is appropriate, sometimes. It's to pay homage to grandma, right? It's good to honour grandma, but it's better to celebrate the mother, Holy Mother Church, and how Mother Church wants to be celebrated. So that insularity does not prevent the true liturgical reform that the Council sent out." Following *Traditionis custodes*, these words of Pope Francis to Sicilian bishops seem to be another swipe at tradition. But as one lace-wearing cleric put it, "the issue of *Lacegate* is not the lace *per se*." It is a swipe at a symbol of clerical culture which the Pope associates with an ideology contrary to liturgical reform. This is rather unfair to faithful priests who celebrate the Vatican II Mass with liturgical garb that includes lace; and to those faithful priests who offer the older rites of the Western Church.

Does liturgical reform mean that symbols of Western tradition should not be celebrated? It is kind of like throwing the baby out with the bathwater. Rather, should not these symbols be plucked from the ideological wars and be handed on and adapted (if need be) within their proper liturgical context? That is the point of the recent articles published in the Foundation's newsletter, *Christifidelis*. In many of its cases, the Foundation has been addressing the harmful effects of what happens when the baby is thrown out with the bathwater. An essential principle explained in the most recent article is identified as, *Unitas diversitatem adiuvat, uniformitas contemptum parit* (*Unity favors diversity, uniformity breeds contempt*). For a copy of the articles, call CUF's Information Services [800-MY FAITH (693-2484)]. -Natasha

Yakin' About

DIOCESAN ROSARY CONGRESSES OCTOBER 1-7, 2022

For seven days and nights, the faithful pray the rosary hourly during perpetual Eucharistic adoration with special Masses, processions, confessions, and conferences, immersing believers in the sacramental life of the Church.

Venerable Archbishop Fulton Sheen said, "The Holy Hour is not a devotion; it is a sharing in the work of redemption." By hosting a Rosary Congress at your parish or in your diocese **you** participate in the salvation of souls.

This year the USCCB is promoting a movement throughout the country "to enkindle a living relationship with the Lord Jesus Christ in the Holy Eucharist". It is only in this encounter with Jesus Christ that a soul can hope for forgiveness, mercy, and salvation. By hosting a Rosary

Congress, **you** assist in the Eucharistic Revival taking place in our Church.

Each rosary prayed, every hour of adoration, done in a spirit of reparation, repairs the harm done by sin and draws down God's mercy and love upon broken humanity. By hosting a Rosary Congress, **you** console the Hearts of Jesus and Mary and help heal hurting souls.

Find out how you can bring Diocesan Rosary Congresses to your parish or diocese. Contact Kristin at 443-286-4121, kristinb@rosarycongressusa.org, or search www.rosarycongressusa.org.

Got an announcement? If your event is CUF friendly, and we have space to spare, we will gladly post it here!