



LAY WITNESS

October 22, 2022

The Feast of Pope St. John Paul II

Vol. 40, No. 5

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

A Letter from the President

Dear Friends,

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

Do not imagine that because you are in the king's palace you alone of all the Jews will escape. Even if you remain silent now, relief and deliverance for the Jews will arise from another place; but you and your father's family will perish. And who knows? Perhaps it was for just such a time as this that you obtained the royal dignity (Esther 4:13-14).

We live in a time of intense struggle. The geopolitical climate is toxic and not inclined to be respectful of our true Catholic Faith. As in 1968 when CUF was founded, authorities in both the Church and the State manipulate and suppress the Truth more often than the average Catholic recognizes or wants to believe. Education no longer teaches children how to think, or even what to think, but what to do. I could give many examples, but I think that is unnecessary in this letter. I've given those examples in past articles and letters, even recently. Today, I focus on only one area: on matters pertaining to the Right to Life.

In the Old Testament, we find the story of Queen Esther. I love this story for the same reasons I love the story of Judith. Both stories involve women of deep interior beauty who love God above all things. Both stories involve a foreign power intent on wiping out the Jewish people. Both stories involve the heroines relying on four things to save their people: The Providence of God, the prayers of their people, their personal sanctity of life, and their wits. Neither story involves supernatural phenomena like the appearance of angels (Tobit) or fire sent from Heaven to save them (2 Kings 1:10-12). For me, the stories of Judith and Esther remind me that simply being who we are and using the gifts and talents God has given us is extraordinary. Grace builds on nature, and these two stories exemplify the power of this truth.

I will not relate the story of Esther here. If you have not read it, or if you have not read it recently, please do. The book is short, but the story will give you confidence in God's Providence and Hope for the glory yet to come.

This story has become for me an example of how to take initiative when addressing a problem or correcting an evil. Unlike Judith, Esther was initially reluctant to do anything to correct the impending doom that was to befall her people. She was terribly afraid. That fear almost paralyzed her. Her cousin, who raised her in place of her parents, persuaded her to use her

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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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influence to save their people. The words quoted above are how he ends his persuasive speech to rouse Esther from her fearful quivering.

Hearing these words, Esther asks for prayers, begins a period of prayer and fasting, and uses her position as Queen to intercede for her people. She overcomes her fear by her love for God and a desire to act in justice (c.f. 1 Jn. 4:16). By God's grace, with the prayers of her people supporting her, and relying on her own virtue and wit, she succeeds in saving her people. Like Judith, the Church Fathers recognize Esther as prefiguring the Blessed Mother. She is an amazing example to us of how to overcome fear in the pursuit of justice.

What does this have to do with pro-life? We live in a post-Dobbs political climate. Amazingly, some "pro-life" politicians (both federal and state) who previously touted their 100% pro-life records are now calling for laws to allow abortion. Their rationale probably has more to do with hoping for re-election than protecting life. Some may justify these intentions with a belief that the end justifies the means; that at this time it would be better to enact a more restrictive law that pro-abortionists may agree with than to suffer a more liberal law later. More importantly, the states now have control over establishing laws to regulate or restrict abortions. Knowing that many "pro-life" politicians are not fully pro-life, what will happen in this chaotic time?

I recently had a conversation with a *pro-life leader* who told me, "It's not my thing to call politicians and tell them how to vote on a bill." I get it. It takes time and energy to invest oneself in making phone calls and expressing a personal view to a stranger, especially when

the culture can be hostile to pro-life Catholics. I understand that calling or writing to a legislator takes time away from family and other responsibilities. I also understand that sometimes, like Esther, we have to reshape our priorities for the sake of Truth and Justice. If Esther had not used her influence to save her people, we do not know what would have happened. Each of us has the influence of one voice and one vote. When it comes to advancing a Culture of Life, we should prayerfully consider how to use our influence to advance laws that are uncompromisingly pro-life. If we are unwilling to use our voice, we have no room to object when those elected advance a Culture of Death.

Whatever one chooses to do to advance a Culture of Life, I encourage you to remember the example of Esther and follow her strategy. Associate with like-minded men and women. Draw encouragement from them. Support each other in prayer. Pursue personal virtue and a deep, personal relationship with God. Finally, when circumstances arise and you find yourself in a position of influence, use your influence, virtue, and wit (your whole heart, mind, body, soul and will) to advance a Culture of Life.

Truly, Esther's personal story is a miracle; one bound together with her cousin and their people. So is your story, and so is mine. If we believe, like Esther, and unite ourselves together in the Truth, we will work miracles. After all, isn't that the witness of Life?

God bless you all.

Peace,
Philip C. L. Gray

Safeguarding God's Gift of Life: Dangers to Avoid in Organ Donation

By Alex McKenna & Therese Valentine

And God created man to His own image: to the image of God He created him: male and female He created them. (Genesis 1:27)

Precious in the sight of the Lord is the death of His saints. (Psalm 115:15)

Every person reading these words has benefitted tremendously from the advance of modern medical science. One of the most remarkable medical interventions available today is organ donation and transplant. When a patient is offered lifesaving treatment through the selfless generosity of another person, our solidarity as a human family is strengthened. The Catholic Church teaches that

organ donation is morally licit **when certain guidelines are observed**. However, because the practices surrounding organ and tissue donation involve sensitive medical and end-of-life-care decisions, they are full of ethical pitfalls that must be avoided if one is to respect and safeguard the life of the donor and adhere to the Church's teaching.

Through ongoing medical advances, the tissues and organs an individual can choose to donate continues to grow. In the broadest terms, there are two types of transplants: *inter vivos* and *postmortem* (cadaver) transplants.¹ *Inter vivos* transplants occur between a living donor and

recipient. While they necessarily entail some risk of harm to the donor (such as pain, the need for recovery, potential alteration in diet or lifestyle etc.) these donations can be made without endangering the life or altering the essential functionality and beauty of the donor. They include donations of tissue such as bone marrow and some kidney donations. *Postmortem* transplants refer to donations given after death. These donations typically involve an organ necessary for sustaining the life of the donor, such as a heart, lungs, or liver. If removed before the donor's death, the removal would cause his death.

The Church's Position

In her dutiful attention to the spiritual and physical needs of the People of God, the Church offers guidance for the legitimate harvesting of organs and their ethical use thereafter. In all circumstances, she commends the **just** acquisition of organs and tissues for ethical research and saving lives. As always, she tempers her support for organ donation by reiterating the importance of human dignity. The donation of organs is a beautiful expression of self-gift but must always coincide with the appropriate care for those who would make a gift of their bodies.

The Church has expressed the approval of legitimate organ donation on various occasions, most notably in the Catechism. "*Organ donation after death is a noble and meritorious act and is to be encouraged as an expression of generous solidarity*."² The Catechism praises organ donation both for its selflessness and the way it unites in solidarity the sick and the well, the living and the dead. Pope St. John Paul II further emphasized the importance of organ donation in building a Culture of Life in *Evangelium Vitae*.

*Over and above such outstanding moments, there is an everyday heroism, made up of gestures of sharing, big or small, which build up an authentic culture of life. A particularly praiseworthy example of such gestures is the donation of organs, performed in an ethically acceptable manner, with a view to offering a chance of health and even of life itself to the sick who sometimes have no other hope.*³

Pope St. John Paul II is right to temper his endorsement of organ donation with the qualification, "*performed in an ethically acceptable manner*". Since the time of Pope Pius XII, the Church has explicitly stated that both *inter vivos* and *postmortem* transplants are licit based upon the principle of fraternal charity, but only when certain requirements are met. Mindful that the end does not justify the means, the Catechism of the Catholic Church outlines three requirements that must be met for a donation and subsequent transplant to be morally licit:

*Organ transplants are **not** morally acceptable if the donor or those who legitimately speak for him have not given their informed consent. Organ transplants*



*conform with the moral law and can be meritorious if the physical and psychological dangers and risk incurred by the donor are proportionate to the good sought for the recipient. It is morally inadmissible directly to bring about the disabling mutilation or death of a human being, even in order to delay the death of the other persons (added emphasis).*⁴

To be concise, the three requirements for ethical organ donation are (1) informed consent, (2) the danger to the donor must be proportionate to the good of the recipient, and (3) you can never cause the mutilation or death of a donor in order to save the life of a potential recipient. These same principles govern tissue donation whether for transplant into a recipient or for research.

Inter Vivos Donations

In every instance, *inter vivos* transplants (vital homografts) demand answers to serious ethical and moral questions. Because these donations require a transplant from one living person to another, a moral dilemma involving the Principle of Totality arises. According to this principle, the parts of the body are ordered to the good of that specific body. Because of this, the surgical mutilation of a donor

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for the good of the recipient must not seriously impair or destroy bodily functions or the beauty of the donor.⁵

For example, both eyes are necessary for certain visual functions. A living person would seriously impair his ability to see if an eye were donated to another. Such a sacrifice would detract from the wholeness of functioning of the donor's body. It would be a bad means to a good end, and therefore morally wrong.

Based upon the law of fraternal charity, one may intend to sacrifice an organ for the sake of another, but one also has the responsibility for the integrity of one's body. Therefore, the Principle of Totality sets limits on *inter vivos* organ donations. Otherwise, justification for *inter vivos* transplants could lead to euthanasia or assisted suicide.

Post Mortem Donations

These principles are of even more import in a discussion of *postmortem* donations. This is because, in our modern, post-Christian context, where the Culture of Death has pervasive influence, the countervailing interests of a healthy, living donor and an ailing recipient are still more or less apparent to the average person. However, this same culture highly prizes efficiency and comfort while viewing suffering as pointless and avoiding it whenever possible. In such a context, as a potential organ donor nears the end of his earthly life, the value of his life, and even of his person, is obscured and can appear to those influenced by the Culture of Death, to be diminished. This is especially true when his approaching death (1) prevents him from carrying out the work and lifestyle he once enjoyed, (2) involves suffering, and (3) seems imminent.

With this in mind, there arises certain objections to organ donation even with informed consent from a patient or nearest of kin: (1) It may violate the prohibition of removing life-necessary organs from living persons. (2) A false diagnosis of a person in a persistent unconscious or vegetative state, or brain resting state may result in the death of a person who could achieve consciousness. (3) It may open the door to organ removal from patients in severely disabling conditions.

To protect against these dangers, three conditions must be met to justify a *postmortem* donation. (1) The donor must be legitimately dead. (2) Proper, informed consent must have been given by the deceased donor with verification from a trustworthy source. In the absence of previous consent by the donor, consent by a legitimate agent is admissible, provided that the deceased would not have opposed it. (3) The remains of the donor must be treated with the same respect consistent with what was until death, and will be again, a temple of the Holy Spirit.⁶

Postmortem organ collection must not begin until death occurs. Simply put, death is the absence of all life in the body. This requires the cessation of all brain and heart functioning. If a person retains even minimal brain or brain stem activity, death has not occurred. If a person retains a heart rhythm that is too weak to push blood through soft tissues, but there is a heart rhythm, death has not occurred.

Vital organs, that is, organs necessary to sustain life, may not be removed until death has taken place. The determination of the time of death must be made in accordance with responsible scientific criteria that comports with the Natural Law and Catholic moral doctrine. In accordance with current medical practice, to prevent any conflict of interest, the dying patient's doctor or doctors should ordinarily be distinct from the transplant team.⁷

Does current practice

meet the standards of the Culture of Life?

Organ and tissue donation is a common occurrence at American hospitals. These activities are regulated both federally and at the state level, but such regulations are not comprehensive and the activities have a low level of transparency. Across the United States, organ procurement organizations (OPOs) collect organs and tissue for transplant and research. Due to long waitlists, OPOs are in constant need of organs for transplant and many Americans tragically die without life-saving transplants. "According to HRSA, the number of patients awaiting organ transplant far outstrips the supply of donated organs, and every ten minutes, another person is added to the national waitlist."⁸

Organ donations—with the exception of some kidneys and parts of livers, which can be transplanted from a living donor—come from those who have died. In the

A Prayer by Pope St. John Paul II

Mother, I commend and entrust to you all that goes to make up earthly progress, asking that it should not be one-sided, but that it should create conditions for the full spiritual advancement of individuals, families, communities, and nations.

I commend to you the poor, the suffering, the sick and the handicapped, the aging, and the dying. I ask you to reconcile those in sin, to heal those in pain, and to uplift those who have lost their hope and joy. Show to those who struggle in doubt the light of Christ your Son. Amen.

organ donation field, deaths are categorized in one of two ways: confirmed circulatory death or confirmed brain death. Generally, “the brain can be divided into the cerebrum, brainstem and cerebellum.”⁹ Donation by brain death (DBD) refers to “the absence of brain or brainstem activity” thereby causing a person to be viable for organ recovery provided other legal and anatomical factors are met.¹⁰ Donation by circulatory death (DCD or sometimes donation after circulatory determination of death [DCDD]) “means that after circulatory and respiratory functions have stopped, and death is pronounced by a physician, organs and tissues may be recovered and offered for transplant.”¹¹

Blurring the definition of death

The determination of death, and how that determination occurs, is where lines of morality are often blurred and immoral acts occur. Seemingly, the definition of DCD accounts for those individuals who have spontaneously died due to a heart attack or other causes that prevent blood circulation. However, the definition includes an ever-growing number of cases where DCD occurs when a doctor removes life support from a patient, but some brain function continues.¹² In fact, some blood circulation may also continue, predominantly through the vital organs being targeted for harvesting. In the case of DCD, organs must be recovered immediately after circulatory death has been declared in order to be viable for transplantation. As explained by one organization, recovery of organs begins five minutes after the doctor declares circulatory death and confirmation of a “non-perfusing rhythm.”¹³

This term, “non-perfusing rhythm”, needs clarification. Simply put, it means that the blood is not being forced through all tissue in the body. To be clear, this does not mean that the heart has definitively stopped. It does not mean that there is no brain activity. It simply means that the heart rhythm is too weak to push blood through the body to sustain life for any lengthy period of time. There are treatments for non-perfusing rhythm. If untreated, non-perfusing rhythm will likely lead to death, but the diagnosis alone does not mean that death has occurred.

Controlling the moment of death

With the growing popularity of DCD in spite of continued brain stem activity, organs are harvested from living patients as part of a “deceased” patient organ donations. In reality, many of these patients are still alive when the organs are harvested, and demonstrate heart or brain activity, or both. This growing practice of removing a patient from life support in order to facilitate DCD demonstrates the morbid connection between euthanasia and organ harvesting that becomes inevitable if the Church’s teaching is not heeded.

Pope St. John Paul II in his encyclical, *Evangelium Vitae*, foresaw the potential moral implications of sustained treatment of the sick. Always a promoter of ethical technical advances, the Pope praised medical developments that offer life-resuscitating abilities. He also provided a warning:

Temptation grows to have recourse to euthanasia, that is, to take control of death and bring it about before its time, ‘gently’ ending one’s own life or the life of others. In reality, what might seem logical and humane, when looked at more closely is seen to be senseless and inhumane. Here we are faced with one of the more alarming symptoms of the ‘culture of death’, which is advancing above all in prosperous societies, marked by an attitude of excessive preoccupation with efficiency and which sees the growing number of elderly and disabled people as intolerable and too burdensome (added emphasis).¹⁴

Far from an abstract pervading spirit, Pope St. John Paul II challenges the Culture of Death’s systematic use of human power to destroy innocent individuals in the name of progress. Nowhere are the consequences of an “*excessive preoccupation with efficiency*” seen more starkly than on the operating table during an illicit DCD procedure. Murder occurs when a doctor chooses to remove the patient under his care from life support, pronounce “cardiac death”, and allow the harvesting of organs, even while brain activity or heart rhythm is detected. In a culture that allows this, the image and likeness of God no longer has value. Rather, individuals only have value insofar as their life is deemed useful by those with the power to take that life. When an individual’s life no longer has the intrinsic value given by God, when his body parts have greater value than the person as a whole, it is only a matter of time until the laws of our country embrace euthanasia and assisted suicide as permissible in every place and circumstance.

Informed Consent

While the link between euthanasia and organ harvesting is the most troubling aspect of organ donation as practiced in the United States today, there are several other moral considerations that merit examination. First is the question of informed medical consent. Valid consent must be free, informed,¹⁵ and explicit¹⁶, requiring hospitals and other transplant centers to provide relevant information to donors or their loved ones before beginning organ recovery. The legal framework and red tape surrounding the practice of medicine in the United States leaves little doubt that explicit consent is obtained before organ harvesting begins. Signed release forms leave a concrete paper trail to this effect. However, the circumstances used to obtain

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that consent raise a legitimate question as to whether that consent is actually informed and free.

Is it likely that potential donors and their loved ones are fully informed about the series of events that may unfold once they elect to become organ donors? Of what could happen to their loved one when the organs are harvested? Are hospital staff completely transparent that life support may be removed earlier than it would be otherwise if a patient is designated as an organ donor? Or that some medical professionals may openly advocate that life support be removed from the patient, with an eye towards the retrieval of his organs for use by other patients deemed more viable than him? Is it made clear that during DCD procedures a common and growing practice is to begin removing organs while brain activity, and possibly heart activity, is still detected? Our office has not been able to find evidence that potential donors are made aware of these possible outcomes, and there appears to be no incentive to inform potential donors about them.

A potential donor's consent cannot be freely given if he is not fully informed of the above risks. Neither can it be free if any coercion is employed when procuring his consent, or emotions cloud one's reason. Such is the potential danger of emotional manipulation. Individuals preparing for death are already under much physical, emotional, and spiritual strain, as are their loved ones. Discussions of end-of-life decisions must be sensitive to the needs of the patient first and foremost. They must also be intended to provide those empowered to make decisions with all the information they need to make free and well-informed decisions. Healthcare providers and organ donation advocates should never pressure a dying person or their proxy. Unfortunately, some of the presentations of organ donation do just that.

Many organizations market DCD as the most humane and enduring way a dying loved one can leave a legacy. According to "Donation After Circulatory Death: A Basic

Explanation for Families" published by the National Kidney Foundation, "Donation after Circulatory Death (DCD), combined with compassionate end-of-life care, provides the best possible outcome by offering a dignified death and legacy for the donor, and a sense of meaning and consolation for the family". By stating that organ donation offers a dignified death, the implicit conclusion that follows is that those who die without consenting to organ donation, die without dignity.

Notice also that in this presentation, death is no longer a necessary evil one must come to terms with but, "the best possible outcome" and a means to desired ends, namely a legacy, meaning, and consolation. Though not explicitly stated, the implication is that organ donation will restore meaning to a life that is now devoid of it. The emphasis

has shifted away from the intrinsic dignity of the human person and what is in the best interest of the patient and is now focused on controlling death in a way that meets the needs identified by the doctor. While it is unreasonable to assume that all consent for organ donation involves emotional manipulation, it is naïve in the extreme to assume it never plays a role. The

questions of both free and informed consent merit further investigation and the practices under which consent is secured must become more transparent if we are to have confidence that they are in keeping with the standard outlined by the Church.

Another area of concern that merits comparison with the Church's standards is the treatment of the donor's body during and after donation. The Church has never taught that cremation or the accidental or intentional severance of body parts from the main body inhibits the resurrection of a person at the end of the age.¹⁷ However, the Church has always preferred full body burial because it "shows a greater esteem toward the deceased".¹⁸ Similarly, transplant centers and funeral homes must approach the corpses of deceased organ donors with special care. It is of utmost importance



Christ Healing the Mother of Simon Peter's Wife by John Bridges, c. 1839

that healthcare professionals and funeral home employees ensure bodies are treated respectfully.

Given that many of the practices associated with organ donation in the United States today do not meet the requirements outlined by the Church for morally licit donations, an additional concern exists when Catholic Hospitals are in any way linked with these practices. There is potential for scandal if healthcare providers who present themselves as Catholic participate in medical procedures that directly contradict the moral teaching of the Church or partner with other institutions that do. The Church requires hospitals that identify as Catholic to abide by and promote Catholic moral doctrine in their work.

*When there is a possibility that a prospective collaborative arrangement may lead to serious adverse consequences for the identity or reputation of Catholic health care services or entail a risk of scandal, the diocesan bishop is to be consulted in a timely manner. In addition, the diocesan bishop's approval is required for collaborative arrangements involving institutions subject to his governing authority...*¹⁹

The situation is a complex one involving not only many procedures, but also a huge number of organizations and professional affiliations. It is beyond the scope of this article to propose a comprehensive solution. However, it is not unreasonable to advocate that a bishop must be informed and attentive to the policies and practices in place at the Catholic hospitals within his diocese, particularly when those policies require collaboration with other entities such as OPOs.

Stay sober and alert!

How then should a lay person, especially one who is open to organ donation after a natural death, respond in the face of so much concerning information? Prudence dictates careful research of the processes and procedures involved. Additionally, advance directives may protect an individual within civil courts from undue harm to themselves or their deceased corpse. In an effort to assist the growing number of patients on the organ recipient waitlist, one may consider preparing end-of-life legal directives in a fashion that both protects one's human dignity and offers life to another. For more information on composing such a document, contact The Patients Rights Council at PatientsRightsCouncil.org or call 1-800-958-5678.

Motivated by fraternal charity, organ donation is a praiseworthy way of living out the Gospel of Life. However, some of the practices surrounding organ donation in the United States today are often manipulated by those who support the Culture of Death. At its core, the Culture of Death refuses to recognize that each human person is

a child of God, created in His Image and Likeness, and deriving invaluable dignity and worth from our Creator. It is only a Judeo-Christian anthropology that provides this bedrock principle of the value of the individual, and it is only the value of the individual that can compellingly counterbalance the competing interests that surround the discussion of organ donation.

(Endnotes)

- 1 More specific types of transplants include: 1) Autografts, 2) Heterografts, 3) Static Heterografts, 4) Static Homografts, 5) Vital Heterografts, 6) Vital Homografts. Definitions of these types can be found in: O'Donnell, Thomas S.J., *Medicine and Christian Morality: Second Revised and Updated Edition*. Alba House: New York, 1991, 118-122.
- 2 *The Catechism of the Catholic Church*, no. 2296.
- 3 *Evangelium Vitae* no. 86.
- 4 *Catechism of the Catholic Church*, no. 2296.
- 5 O'Donnell, Thomas S.J., 122.
- 6 O'Donnell, Thomas S.J., 69.
- 7 Ethical and Religious Directives for Catholic Health Facilities. NCCB, 1971 #30-31.
- 8 [https://www.finance.senate.gov/imo/media/doc/UNOS%20Hearing%20Confidential%20Memo%20\(FOR%20RELEASE\).pdf](https://www.finance.senate.gov/imo/media/doc/UNOS%20Hearing%20Confidential%20Memo%20(FOR%20RELEASE).pdf), 9.
- 9 <https://www.hopkinsmedicine.org/health/conditions-and-diseases/anatomy-of-the-brain>
- 10 <https://www.donatelife.net/types-of-donation/deceased-donation/>
- 11 https://www.kidney.org/sites/default/files/03-60-0119_FBE_CirculatoryDeath_Bro_v5.pdf#:~:text=Circulatory%20death%20occurs%20when%20the%20heart%20has%20irreversibly,stops.%20What%20does%20%E2%80%9CDonation%20after%20Circulatory%20Death%E2%80%9D%20mean%3F,3.
- 12 https://www.life-source.org/wp-content/uploads/2020/09/DCD_vs_BD_LifeSource-2020.pdf
- 13 Ibid.
- 14 *Evangelium Vitae*, 64.
- 15 Ethical and Religious Directives for Catholic Health Care Services, 26.
- 16 *Catechism of the Catholic Church*, no. 2296.
- 17 Congregation for the Doctrine of the Faith, *Ad Resurgendum Cum Cristo*, 4.
- 18 Congregation for the Doctrine of the Faith, *Ad Resurgendum Cum Cristo*, 4.
- 19 Ethical and Religious Directives for Catholic Health Care Services, 68.

Have questions about the Catholic Faith?

FAITH FACTS

THE ANSWERS YOU NEED

1 (800) MY FAITH

CUF LINKS

Chapter News

On Thursday, September 29th, Philip was able to publicly address Catholics in the Diocese of Anchorage who had questions and concerns about the ongoing “Synod on Synodality” called for by Pope Francis. The event was hosted by CUF’s St. Catherine of Siena Chapter and addressed what a synod is in Canon Law, what it should look like in practice, and the kind of results a synod can be expected to produce. Philip was then able to explain how “The Synod on Synodality” as requested by Pope Francis fits into this framework. Thank you to St. Catherine of Siena Chapter for your hospitality and to all those in attendance.

Our Lady of Peace Chapter of Wilmington, Delaware is sponsoring an evening of Eucharistic Adoration for our country and the elections. Everyone from the surrounding area is welcome to join them on Monday, November 7, 2022, from 3pm-6pm at St. John the Beloved Church, 907 Milltown Road, Wilmington, Delaware. Those in attendance will be led in a Rosary and other prayers for our nation. We

encourage CUF members in other parts of the country to be spiritually united to Our Lady of Peace Chapter in interceding for our country on the eve of Election Day.

After decades of service to the Church as the President of CUF’s Gregory VII Chapter in Milwaukee, Mr. Al Szews has announced he is retiring from the role at the age of 90. Under Al and Margo Szews’ leadership, Gregory VII Chapter has remained one of CUF’s most active and vibrant chapters for decades, hosting speakers and days of recollection for its membership, as well as distributing and reviewing excellent Catholic books. Please join CUF’s International Office in thanking the Szews for their lifetime of work on behalf of Christ and His Truth. Join us also in praying for the individual God may be calling to assume the responsibility of Chapter President in the coming years.

Do you want us to feature your chapter’s activities and pictures? Keep us up to date by emailing administrativeassistant@cuf.org

Information Services

Looking over the inquiries we have received in the past two months, they span a wide range of issues. Sometimes the issue is a particular teaching, perhaps for apologetic discussion with Protestants or people from a different religion, or no religion. Sometimes it is an issue for personal learning. Often, though, there is not only a doctrinal question to answer, but a pastoral situation to address. **How do**

we address the situation with courage and charity? This is where the rubber hits the road for CUF. If you have a question to answer or a situation to address, where the Truth needs defending, let us know! CUF also has a helpful resource for applying to a multitude of situations, the “Effective Lay Witness Protocol.” Call 1-800 MY FAITH (693-2484) or visit CUF.org for help or to request resources.

Saint Joseph Foundation Update

Hello everyone—There was a lot of new activity this summer. The types of cases for the Foundation have always been diverse. Nonetheless parish modifications/church relocations remain the predominant ones. However, we are

seeing a significant increase in a new controversy known as ‘the cancelled priest.’ I continue to ask for prayerful support of the office, and I will be sure to provide statistics in the *Lay Witness* issues to come. -Natasha

Yakin’ About

Discerning readers may have been able to detect a change in tone in this issue’s Information Services update. This is because, after an extensive search, CUF has filled our Information Specialist position. We are happy to welcome Greg to the office and congratulate him on the fine work he has already been able to contribute to CUF’s mission.

We want to showcase the spiritual life of our members in *Lay Witness*! Submit your original prayers, meditations, and articles with your reply card or email administrativeassistant@cuf.org. Thank you for sharing!

We are so grateful to those CUF members and supporters of who remember our work in their wills. The generosity and foresight of a small few have provided a boon to our efforts either with bequests or requests that donations be made to CUF in their memory. I pray that the Masses and prayers we offer for these donors provide comfort to their families and spiritual aid to their souls. If you haven’t already, please consider these means of leaving a legacy that will continue to serve the Church.

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