sees the gift and value of the other, especially in the face of illness or frailty.
Dear Friends,

Where are you going?

Our motherhouse, is about an hour from mid-town Manhattan (on a good day!) with grounds which border one of the main highways leading to New York City. Each morning as we gather in our chapel, long before dawn, for the first prayers of the day, I am always struck by the steady hum of already-heavy traffic headed toward the “capital of the world;” and so very glad that our community is as eager to take up again, this day, its journey of praise of God and intercessory prayer on behalf of those we serve. We are all but “strangers and sojourners” in this world.

Knowing one’s final destination is essential, however, to the success of every journey. Yet, in the great adventure of life, we can so easily get swept up in the hustle and bustle, the demands of everyday life that we forget who we are, where we came from, and where we are heading. On a journey, it is always better to have companions, and the journey of life is no different. We are not meant to be alone, but to live in solidarity, helping to shoulder one another’s burdens.

Perhaps it is good, first of all, to remind ourselves that we are surrounded by those who have gone before us, the great communion of saints who are so ready to help us! And then, walking side-by-side here on earth with family and friends through the ups-and-downs of life, invites us to refocus and remember.

Every life has its challenges and sufferings; and how we respond to these, at times, unwelcome invitations, and the decisions we make at such crucial junctures, have the capacity to define who we are and to set the trajectory of one’s life. Times of suffering or vulnerability can also surprise us with the blessedness of unleashing hidden reservoirs of love, and grant us the gift of a fresh perspective on what is really important. These moments also remind us that the value and dignity of each life rests not in what we have, or what we can do or produce; but rather in the innate and inviolable dignity that we are each God’s gift, and that our life rests securely in His hands.

In this issue we feature stories of those who have chosen, at such pivotal moments, to make a gift of their lives for others, and to follow Jesus Christ and His Gospel. In so doing they discovered a path to fulfillment, happiness, and peace.

When Saint John Paul II visited New York in 1995, he asked us all: “In the midst of the magnificent scientific and technological civilization of which America is (justly) proud...is there room for the mystery of God?” We must ask ourselves: “Do I make room for the mystery of God in my life?”

Wishing you the blessings of new life this Easter.

In Christ, Our Life,

Mother Agnes Mary, SV
We sat down with Dr. Michael J. Brescia, Executive Medical Director and co-founder of Calvary Hospital, to talk about his experiences at the Catholic palliative care facility and hospice in the Bronx. His friendly banter, warmth, and the twinkle in his eye belied the awe he is held in by the medical field as the co-inventor of the revolutionary Brescia Arterial Fistula in 1966. But what struck us most in our conversation with Dr. Brescia was his clear sense of a call to love God through his patients and the incredible sacrifices he made to uphold the value of the lives of the persons in his care.

I heard that you were responsible for a famous invention.
I joined the VA hospital in the Bronx because they had a lot of soldiers coming back from Vietnam who were dying of kidney disease. One day I was feeling very desperate; I had about ten men upstairs in the VA. These were all young folks, but they were all going to die.

I’m down in the lunch shop with my colleague, thinking about the problem. There are two french fries lined up side by side on my plate. I take a bite out of my hamburger and a blob of ketchup falls down perfectly in between the french fries. It was like Gabriel whispering in my ear. “Don’t move it! Don’t move it! Not yet! There’s the answer.” I looked at my plate and I thought, “It’s like a vein and an artery in the wrist. I wonder…if I connect this vein and artery with a fistula, would this vein, and all the other veins, actually change and become like arteries? Then we wouldn’t just have one artery; we’d have 200 arteries! We could keep putting the people on the blood-cleansing machine indefinitely!” I ran upstairs and said, “We’re going to do a fistula.” Would you believe it – it worked! That was 50 years ago, and they are still using it.

Dr. Brescia

An Interview with Sr. Mary Margaret Hope, SV

The Place we call THE VESTIBULE OF HEAVEN

How did you get started in palliative care?
I had no intentions of being in palliative care. I did the early work on organ transplant and dialysis. Before 1966, people with kidney failure could only live from three weeks to three months. Everyone was trying to find the method that would allow us to keep repeating the dialysis long-term until a suitable kidney became available.

We’re different; we’re mission driven, Gospel driven. We come across a symptom that is unacceptable, and we treat the symptom until there is relief. Our doctrine is succor, compassion, love, gentleness.

-Dr. Michael J. Brescia,
Co-founder of Calvary Hospital
Did you patent the invention?
A drug company was very interested in it; they offered me $50 for every dialysis done worldwide. I thought, “I’m going to be rich!” But then I go and tell my father. He says: “I’m so proud of you, son. How many people in the world will be saved every year by your invention?” I said, “50,000 in America alone, worldwide even more.” My father said, “Well hurry up then, don’t waste a day!” The drug company had told me I had to keep it secret for one year so they could prepare to open dialysis centers around the world at the same moment. My father says, “No, no! If you do that, when you shave in the morning, your face will disappear in the mirror and the faces of all the children whose parents you could have saved will come and appear one after another. When you sit down at the dinner table, you will have to keep a chair empty for all the people who died that year because of your silence. Don’t think of this world – for boats, and cars, and houses, you will let 50,000 people die? No, give it away!” I was mad at him, but I knew he was right. I left and published it immediately. Recently, they told me the value of the invention is now about $60 billion.

How did you become involved at Calvary Hospital?
God sent me. A couple of my colleagues asked me, “Michael, could you help us out? There are some nuns in the South Bronx that need a doctor to visit their patients tomorrow.” So I said, “Ok, I’ll do you a favor.” The nuns gave me tea and cookies. At the end of the day, they said, “Oh, Dr. Brescia you were so helpful to our patients. Could you come back tomorrow?” I was on my way to the University of Pennsylvania to start a dialysis-transplant program. But I agreed to come back for just one more day.

What made you stay longer?
The nuns also took in children that no one wanted, and they put the kids up to hanging on my legs as I was leaving so I would come back the next day. I loved the kids. The Sisters would say, “Stay another month.” It got longer and longer... The nuns were running out of money. Cardinal Spellman was helping out. I stole his coin collection. I’m serious! I went to see him, and he said to me, “You’re asking me for a quarter of a million dollars, Michael, where am I going to get that money? You tell me!” I look up and behind his desk were all these gold coins. You’ve got to believe in Providence. So I said, “Well, I’ll take that coin collection. If we sell those, we’ll have the money with some to spare.” He looks and says, “I knew I should have taken them down. I heard about you!” Well he does it. He sells the coin collection and gets $250,000 for Calvary. But then it appeared in the paper that he had to sell it, and a rich Catholic bought it back for him. So I got the money and he got to keep his coin collection. But after that he said, “Don’t visit for awhile!”

How did Calvary become a hospital?
Unfortunately, the place was still going to close because there was not enough money. Calvary wasn’t classified as a hospital yet, so I said, “Let’s see if we can get approved.” So the Joint Commission comes in and a Dr. Kruger looks at the place and says, “You’re never going to pass. You’ve got too many serious deficiencies.” But as I was showing him around he says, “Dr. Brescia, you’ve got a very famous name in kidneys. Do you know him?” I said, “I do...I’m him!” He said, “Don’t lie! You’re not him. He’s in Pennsylvania!” I said, “No, he’s supposed to be in Pennsylvania, but he’s right here in the South Bronx.” At the end of it, Dr. Kruger says, “You’ve got six months to get these things fixed, but in the interim we went from getting $12 a day per patient to $300 and Calvary was saved. God kept me here, and He sent Dr. Kruger. The money came in, and we were able to develop. Then Cardinal Cooke came and said, “If you stay, if you set your mind to it, I have five acres in the North Bronx that I’ll give to you to build a new Calvary.”

So now you had to make another decision.
It was torture. My family was packing to go to Pennsylvania. By that time more people were learning how to do the fistula, and I was running out of time. But I put my eyes on heaven instead of earth. That’s how I wound up staying here. By 1970, I was devoted full-time to Calvary. By 1978, the new hospital building was constructed, and we moved here. It wasn’t really in my control, there was something else at work; it wasn’t me. We had to save Calvary. Now we are the only hospital of its kind in the world.
What makes Calvary Hospital so unique?
We’re different; we’re mission driven, Gospel driven. At Calvary, we have never, ever, in any way, hastened death purposely. We’ll argue, “We love you enough to never kill.” We come across a symptom that is unacceptable, and we treat the symptom until there is relief. Our doctrine is succor, compassion, love, gentleness. I’m never going to tell someone they have to suffer. I will work to alleviate their pain.

Why do you think people ask for physician-assisted suicide?
It is because of suffering, depression, loneliness, physical symptoms, and personal image distortion. Sometimes people begin to feel guilty. They think, “Why should other people have to take care of me? Isn’t it better if I’m dead?” That’s the way the thinking starts. It is a hard thing when we have to depend on others to do very basic things for us.

As human beings we suffer in three main ways: spiritually, mentally, and emotionally. Spiritual suffering has to do with the person in the bed saying, “Why did you do this to me, God? I don’t want to be here.” There is also fear: “Is there a God? Does He know what’s happening to me? Does He care?” One part of mental suffering is depression. There is wonderful medication that we can use to treat depression. But the main way we suffer is emotionally – the sense of abandonment, the absence of love. Emotional suffering can only be treated by love.

How do you help those who are suffering emotionally at Calvary?
There are four ways. The first way is to be present. These patients can’t be alone. You have to try as much as possible for them to have contact, presence. The second way is touch. When we touch someone we are no longer the same; there is a bond. Babies in their mother’s womb touch the uterine wall. We have to touch our patients. That’s the way to love anybody. The third way is to hold, to embrace someone so they know they are not alone. The fourth way is to say it, “I love you. I promise never to abandon you.” I have said it a 1,000 times a day. You have to be present, to touch, to hold, and you have to say it. Families need the same care as patients. About 80% of our day is spent with families. Be present, give information, touch them, hold them, and tell them that they are a gift to you; their loved one is a gift.

How have you seen the success of this approach?
At Calvary we treat 6,000 patients a year, and no one, after they have been here for 24 hours, asks for assisted suicide. No one: no matter what’s wrong, and we’ve seen some terrible cases. Not when you reach out with arms of love. When I enter a patient’s room, I always stop on the saddle of the door, and I pray, “My dear Lord God, my love for You brings me here for Your greater glory.” Then it is no longer a patient’s a room; it’s now a sanctuary. When you ask God to come, He comes. I know He’s there. I can feel it. And when someone is dying, you think that room is part of this earth? No! You are not in this world. You have entered the vestibule of heaven.

Can you tell us about a time when you have experienced this?
One day I was leaving for Washington, and I got a call from Metropolitan Hospital. They had a woman they had found under the highway. Could they send her right to Calvary? She had no family; she wasn’t speaking. She was filthy, and her name was Angela. So I said, “Ok, we’ll take her.” And as I was leaving, Angela was coming in; she had a big tumor coming out of her back. She had chopped red hair, no teeth. She had AIDS, hepatitis, and was draining all kinds of infected material. Of course our cancer care technicians were anxious to go to work on her. I was in Washington for one day, fighting for funding. When I came back I went upstairs to see her, and I couldn’t believe what they’d done. They cleaned her out, worked on her mouth, did her hair, did her nails.

And when someone is dying, you think that room is part of this earth? No! You are not in this world. You have entered the vestibule of heaven.

-Dr. Michael Brescia
A brave, new world in which physicians routinely take up the cause of death is a world of grave moral hazard...

When you go to see a doctor now, do you imagine that he is merely laying out unbiased facts from which you exercise autonomous decision making? Doubt not for a moment, that your doctor is leading you to a decision that his training, experience, and ethics suggest to be best. Now imagine that instead of leading you to choose a preferred treatment, he is advancing another, more final, solution as best for you. This is not the world in which you want to live.

- Donald W. Landry, MD, PhD, Physician-In-Chief, NYP/Columbia

She didn’t look like she understood anything, but I said: “I’m going to promise you, Angela, that I will see you three times every day.” I thought, “Three times a day I’m going to come in and touch you and tell God, ‘I’m going there because of my love for You.’” Six weeks later, I’m coming back from Washington again feeling discouraged. I think, “Oh I won’t go see her tonight; I’ll see her tomorrow.” Then I think, “No, I’d better go. I’ll feel miserable tonight if I don’t go.” I go up to the floor, and Angela is dying. So I take off my coat, and I take her hand, put it on my cheek and I say, “Angela, I’m staying.” Exactly 90 minutes later, I hear, “Dr. Michael. Dr. Michael.” I couldn’t believe my ears. I jump up, and I’ve got her now as tightly as I can, and I say, “Angela?!?” She said, “Dr. Michael, tonight, in a few hours, I’ll speak your name to God.” She never spoke another word. She closed her eyes and left this earth.

Having witnessed so many deaths, you must have some insight on the experience of grief.

Grief is that last way that people suffer. I was married for 53 years. Beautiful, wonderful wife, perfect partner, six kids. We’re going out to a special dinner, her and I, and I’m going to tell her I love her. I’m waiting in the family room, “Come on Monica, let’s go.” And she steps out of the bathroom and falls down on the ground. Ruptured aneurism in the brain. The way she went down I knew. I knew. I heard, “Dr. Michael. Dr. Michael.” I couldn’t believe my ears. I jump up, and I’ve got her now as tightly as I can, and I say, “Angela?!?” She said, “Dr. Michael, tonight, in a few hours, I’ll speak your name to God.” She never spoke another word. She closed her eyes and left this earth.

What do you think helps people when they are grieving?

Same thing: love. You have to be there. They can’t be alone. They have to be touched, held. This is the depth of what is required. This is how we show love. This is how we deal with assisted suicide too. Emotional suffering requires not sympathy, not empathy – love.

What do you think about the current acceptance of assisted suicide?

I don’t think we as a society, as a nation, can survive all this killing. You talk about the culture of death; assisted suicide is a slippery slope where it becomes easier and easier to kill. There are plenty of examples where we can cure people who are suffering from diseases that used to be fatal. A few years ago we found out that using five drugs together could completely restore AIDS victims. You could be on the verge of death one day and then a week later you’re on your way to getting treatment.

Have you ever found suffering that you couldn’t alleviate?

At Calvary we have found that absolutely any pain and any symptom can be alleviated. There has never been a time when I said, “I’ve got to go home and leave this person suffering because I don’t know what to do.” I couldn’t go home. I’d have to stay until I got rid of the pain. You can’t allow someone to lay there in agony. In the Bible it says, “Let us make man in our image and likeness.” Are you saying dear God, Lord of the Universe, that I look like You? Yes! This isn’t fake. When you go into a patient’s room, you find an image of Christ. I tell my staff to be redeemers. “You want to take Jesus off the Cross? Now is your chance. Take Him off.” That’s why I never get burned out. I believe we are all redeemers. We are part of Christ’s redemptive mission. We make up for the misery of the world. Every time I go into a room, and I come out, I’m different. I made a difference in this world, to this person.
Physician-Assisted Suicide: What you need to know

Euthanasia / Assisted Suicide / “Aid in dying” is often cloaked in language of mercy, compassion, and even love.

Here’s the reality…

A. Undermining the doctor’s role
Assisted suicide undermines the physician’s role as healer. It forever alters the doctor-patient relationship, and lessens the quality of care provided to patients at the end of life. Patients are best served when medical professionals, together with families and loved ones, provide support and care with dignity and respect, not lethal doses of drugs.

The American Medical Association continues to hold a strong policy position against physician-assisted suicide, which they say is “fundamentally incompatible with the physician’s role” and would be “difficult or impossible to control.”

B. Who profits? Insurance Companies
No one wants insurance companies to decide who gets life-sustaining treatments and who is denied. This is exactly what is happening in places where physician-assisted suicide is legal. Stephanie Packer, a 34-year-old mother of four living in California, was told her doctor-recommended chemotherapy treatment was denied by her insurance company. However, she was later informed that her plan would cover a lethal dose of suicide pills — at the incredibly low cost of $1.20.

To read her whole story, visit www.stephaniesjourney.org.

C. Who loses? The marginalized in society
No matter how carefully any guidelines are framed, assisted suicide and euthanasia will be practiced through the prism of social inequality and bias. The practices will pose the greatest risks to those who are poor, disabled, elderly, members of a minority group, or those without access to good medical care. The growing concern about health care costs increases the risks.

D. Who else loses? EVERYONE
It was recently reported in Canada that euthanasia could save the socialized national health care system $139 million a year. We see the slippery slope in places where euthanasia has been legalized; killing another person becomes seen as “compassion”. Those in power determine whose life is worth living and who is disposable.

E. Where is physician-assisted suicide currently legal?
In North America, it is currently legal in Oregon, Washington, Vermont, California, Montana, Colorado, Washington DC, and throughout Canada.

Links for further information: Patientsrightsaction.org, patientsrightscouncil.org, epcc.ca

What do people REALLY want?
As I journey with my patients, I try to meet them where they are at. Ultimately, our goal is to get them the help they need when they need it. This requires looking at the whole person and mobilizing every resource. The first time a patient asked to be euthanized, which has increased since its legalization in Canada, my initial response was, “I don’t believe in that.” But that made for a difficult discussion. My patient wasn’t asking what I believed in. He was asking about himself. Going forward, I tried to find out what my patients were afraid of....I discovered that they feared pain and suffering. After describing the resources of our palliative care team, who could provide pain and symptom help, not one patient pushed beyond that initial inquiry. People really do want to live.

Diane Severin, MD
Radiation Oncology Physician
Edmonton, Canada
As a Sister of Life, I have often seen the beauty and frailty of newly conceived life in the womb and the effort needed by many to support a mother and that new life about to burst forth. However, a recent experience expanded my horizon to the beauty that can be experienced when we accompany someone in “giving birth” at the end of life.

I was seven years old when my family and four older brothers immigrated to a suburb of New York from Sicily, Italy. When my mother was 83, following my father’s death, she moved in the home of my eldest brother Sam and his wife, Rose, and this began the journey of attending to my mother in her advanced years. At first mom’s health was good, but with each passing year new challenges arose. How did my brothers respond to each situation? They would say, “Okay, this is the next stage of her life and the newest difficulty so let’s figure out how best to care for her.” They made it sound so simple. It meant adding full-time aides, all of us taking turns spending nights with mom, and being creative so that she could enjoy life. Sam would pick up mom at home every day at 11:15am and take her to the “shop,” the family business Rye Auto Collision where my four brothers work together, and there they would prepare and enjoy an Italian lunch cooked just the way mom liked it.

In October 2017, at the age of 93, mom suffered a serious stroke and eventually this led our family to bring her to Calvary Hospital in the Bronx. The stroke affected her speech, brain, and eventually her capacity to swallow food. Calvary became our second home for the next seven weeks. The day we arrived there with mom, Dr. Michael Brescia, the Executive Medical Director, called for my brother Sam and me to be brought to his office. He sat us down and beside him was Dr. Alma Carrington who would be mom’s primary physician. I will never forget Dr. Brescia’s first words to us, “I want to thank you for bringing your mother here to Calvary. It is our pleasure to serve her, and she is a gift to us. I don’t care if she is 93 or 23 years old, she will receive the best care. Every patient is treated with dignity and respect because we believe that in serving her we are serving Jesus.” Dr. Carrington smiled and nodded in agreement. Then he told me that they would work as a team to care for her, which meant that mom would have a doctor, nurses, and technicians, and to top it off Dr. Brescia said, “And I’ll have a care partner sit in the room with your mom, round the clock, just in case she might need something. This will allow you and your brothers to get back to work and not have to worry about anything.” I felt such relief and joy knowing that our mother would be so well attended to;
Each day my brothers would visit and the entertainment would begin! Sam would sing to mom her favorite songs and bring a twinkle to her eyes. He could even get her to “sing along”, and we watched in amazement as she moved her lips to mouth the words. My brother Joe was the backup singer, and he would also throw in a joke or tease mom to get her to give him that Italian look that we were so familiar with – they call it the Italian eye, and mom gave it to him! Tony would be the steady peaceful presence that would arrive to comfort mom, and by his words and gestures would assure her that all would be well. Sergio had something about his voice that would get mom to respond, open her eyes just long enough, and then let out a smile. We also think it’s because he would bring his special coconut oil cream so that mom would feel comfortable.

Some would say, “Why bother doing all this?” “To live in a manner worthy of our human dignity, and to spend our final days on this earth in peace and comfort, surrounded by loved ones – that is the hope of each of us. In particular, Christian hope sees these final days as a time to prepare for our eternal destiny.” (To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide, USCCB)

We knew that as mom had given birth to us, we were now assisting her in the “birthing” process that would lead to new and eternal life. How we live our lives and how we assist each other in living our final days can determine how we will spend eternity.

Is it any wonder that when mom died she was as peaceful as ever? Her doctor described her final moments like this, “It was as if Our Lord came, stretched out His hands, and said, ‘Come.’ And she stretched out her hands and went.” Through this journey she was born into new life.
World Views: Secularism vs. Christianity

The secular world says,

“Kid, the meaning of your life is whatever you want it to be. You’re in charge.”

“You do you”
OK, let’s admit it, we just plain ole’ like to feel good, have nice stuff, and be in charge of our lives. That’s pretty normal. But the secular world claims that possessions, pleasure, and power aren’t just nice to have; they are what life is all about. The world says, “you do you” – do what you want, when you want, how you want.

A reality overhaul
The endless hunt for pleasure, control, and possessions trains us to relate to things in a selfish way. Without realizing it, we can start to value others only for what I get out of them – using other people. And at the end of the day, we base our identity on what we have, do, and produce.

Disposable people?
When our value is determined by what we achieve, we can easily feel worthless when suffering or dependency enter our lives. Pushed to the limit, secularism says that people who are poor, suffering, and dependent – like the terminally ill, the disabled, the homeless, and the elderly – are burdens, and so are “disposable” people. Living like this, it doesn’t take long before we start worrying, “Am I disposable? Am I a burden? What’s the point of my life anyway?”

Grasping for control
If we stake our lives on what the world considers important, when that fails us, we find ourselves alone, unable to trust, and unaware of our own innate dignity. To quell the fear and loneliness, we might be tempted to grasp for the relief the world offers – which too often leads to addictions. Or we grasp for control, thinking that we should always have the right to choose ourselves, even to the point of choosing ourselves to death. Literally.
Christianity says,

“Son, daughter, the meaning of your life is Love, and God, your Father, is in charge.”

Made for more

The deepest desire of our hearts is for love – a real, faithful, forever love. We were not meant to be alone. We find fulfillment in making a gift of ourselves, because we’re made in the image of the Eternal Lover who constantly gives Himself to us. Our God, who is crazy-in-love with us, became a poor man, died, and rose from the grave for us. We are not made for isolation, separation, sin, or death. Each of us was created for eternal, loving communion with God and others.

Freedom to love

True freedom is about exercising our ability to do the good. The self-gift of Jesus on the Cross proclaims that our value is intrinsic and inviolable; in fact, we are worth dying for and living for. The human person is never a burden. Every person is a gift and mystery, with one’s own will, calling, and capacity for intimacy with God and others. Love is our origin and destiny.

Vulnerability: A gift

Personal vulnerability gives others the opportunity to affirm and uphold our goodness and worth, even in the midst of suffering, poverty, or dependency. Jesus chose to come in weakness and poverty, first as a helpless baby and then as a dying man on a cross. Vulnerability, especially at the hour of death calls for solidarity, tenderness, and support – not abandonment. United to Christ, our weakness can become a gateway for grace and communion with God and others. Love is stronger than death.

The eternal moment

Ask yourself: When I am on my deathbed, how do I wish I would have lived? Don’t wait – live that way now! An awareness of death and our destiny of eternal communion changes how we live: instead of cutting God short, we let Him work His powerful designs in us; instead of denying others entry in our moments of weakness, we let ourselves be helped and loved. Knowing that God is in charge, and that we are in His hands, gives a peace that the world cannot give.
Blessed Chiara Luce Badano

(1971-1990)

Described as a hurricane of light, Chiara Luce Badano became the first member of Generation X to be Beatified.

Chiara was an outgoing, energetic, and fun-loving teen who played tennis and enjoyed hiking. Chiara became a member of the Focolare Movement and attended conferences with the movement’s foundress, Servant of God Chiara Lubich. Lubich invited young people to unite their hearts with Jesus Forsaken, the crucified Christ as their source of strength, and she challenged them to become a generation of saints. Chiara Badano had a personal correspondence with Lubich who became a mentor and guide. Lubich gave her the name “Luce” meaning light, telling her “your luminous face shows your love for Jesus.” In 1988, when she was 17, it was discovered that she had an aggressive form of cancer that would consume her body. She had a decision to make: she could either allow her life to be taken from her through the disease, or she could choose to give it in an offering of love. Over and over again she said, “If this is what You want Jesus, so do I.”

Throughout her suffering she was sustained by the fact that she was “immensely loved by God.” Her joy was a radiant force that seemed to grow as her suffering increased. She refused morphine, saying, “It reduces my lucidity and there’s only one thing I can do now: to offer my suffering to Jesus because I want to share as much as possible in His suffering on the Cross.” From her hospital bed she planned her funeral saying, “I don’t want people crying, but singing with all their hearts.” She asked if she could be buried in a wedding gown as she went to meet Christ her spouse and entered the eternal marriage banquet of heaven. As she lay dying she said, “At this point I have nothing left. But I still have my heart and with that I can always love.” Chiara Luce died on October 7, 1990, a few weeks before her 19th birthday. Her life continues to bear fruit as her witness teaches others to discover the secret of suffering: an encounter and an intimacy with God. Upon her death, Lubich said of her, “Let us thank God for this luminous masterpiece of His.”

Saints are the best living commentary on the Gospel. They teach us to search for the deeper meaning in suffering and to discover God’s love hidden within our trials. The saints bear witness to the truth that the Cross is not the absence of God’s love in our lives but His redemptive presence woven into our daily trials. Through suffering the saints find an intimacy of love that becomes a transforming force of hope for others.

- Sr. Maris Stella, SV
The life of the future Pope was marked by suffering. He lost his mother at a young age, followed by the death of his only brother and the loss of his father when he was just 21. During World War II and the Nazi occupation of Poland, he worked in a chemical factory while attending a clandestine seminary. Many of his friends and teachers were killed, yet his life was providentially spared. George Weigel said of him, “Those strong pressures under which he lived for over five years were something like the tremendous pressures under the crust of the earth, and they formed in his case, a diamond. They formed something brilliant and hard, something that could reflect light, and something that cut through what seemed impermeable, like the Berlin wall.” He emerged from years of communist oppression to proclaim to the world, “Be not afraid.”

St. John Paul II had a profound respect for the sick and suffering, knowing that they had an essential mission in the church. His life was closely linked to the suffering of others, and he became a beneficiary of their offering. A few days before he was elected Pope, his longtime friend, Bishop Andrzej Deskur, suffered a massive stroke and was left paralyzed. The Holy Father’s first trip out of the Vatican was to visit his friend in the hospital. He reflected on the visit, “I said to the patients that I counted greatly, very greatly on them: for their prayers and especially for the offering of their sufferings which could provide me with a special strength, a strength that was and is necessary to me in order to perform in a less unworthy manner my serious duties in the bosom of the church of Christ.” He spoke of the “sacrifice of Andrzej” and said of him, “I have become a debtor.” Years earlier, his close friend and advisor, Dr. Wanda Poltawska spent five years in a Nazi concentration camp. John Paul acknowledged, “She suffered for me. God spared me this trial because she was there. It may be said that this belief was irrational, however it was still in me – and it stays inside me.”

Toward the end of his life while suffering Parkinson’s Disease, the once vigorous and athletic man was unable to walk; he who could rouse crowds of millions as a great orator had difficulty speaking. St. John Paul II chose to live his mission of suffering publically, and his life became an eloquent sermon on the dignity and nobility of suffering united with Christ on the Cross. When he was criticized for not resigning or giving up his role he make it known that, “Christ did not come down from the Cross.” He taught and believed that it is “suffering that unleashes love in the world.” His love continues to be a force of strength and courage.
John Cardinal O’Connor was in many ways formed beneath the shadow of the Cross. As a child, he watched his mother struggle for a year of complete blindness. As a seminarian, he experienced the sorrows of World War II. As young priest, he walked the halls of psychiatric wards to serve those who were tortured in body, mind, and spirit. As a Navy Chaplain, he ministered to men on ships and in the battlefields. He was described as having mystical love for the weak and suffering. He would remind people not to waste their suffering. He saw the enormous potential for new life in suffering and would quote Leon Bloy who said, “There are places that do not exist in our hearts until they are born into existence through suffering.” When he visited priests who were sick or in the hospital, he would beg for their prayers and tell them that they were the most powerful priests in the archdiocese, because Christ did not save the world when He was preaching, teaching, or performing miracles, but when He was hanging on the Cross. This attitude so penetrated his being that when he was diagnosed with cancer which would eventually take his life, he approached it peacefully, knowing he was offering the greatest gift to his flock: the triumphant power of redemptive suffering.

The day he was diagnosed with cancer, he purchased a small statue of St. Therese of Lisieux, the saint of the little way. He carried the statue in his jacket pocket as a reminder of the one who did little things with great love and said, “I am not afraid to suffer for You. I fear only one thing: to keep my own will; so take it, for I choose all that You will!” He told his niece shortly before he died that when he first learned he had a brain tumor, he decided at that moment that he, more than he ever had before, would devote the rest of his life to the only thing in the world that matters...love. “I want to remind the people that we must be kind to each other, we must be gentle. Our world moves so fast but we must never forget that love is truly the only thing that matters.”

There are places that do not exist in our hearts until they are born into existence through suffering. –Leon Bloy
Steven McDonald

A prophet of forgiveness and of the dignity of all human life, Det. Steven McDonald was a hero and saint of the New York Police Department. As a young police officer his life took a dramatic turn when he was shot while on duty in Central Park. At the time his wife, Patti Ann, was three months pregnant with their son Conor. He spent months in the hospital fighting for his life and was left paralyzed from the neck down. From the moment he was shot, he began a mission of suffering. Gradually, he came to understand this new mission as coming from the hand of a loving God.

While Steven was in the hospital, Cardinal O’Connor visited the family and promised that a priest would come to offer daily Mass at his bedside. Steven described his time in the hospital as an intense spiritual experience; he said that when Mass was said, light entered the room and it never left. The Cardinal encouraged him to open his heart to the grace that was there for him to forgive the man who shot him. Steven forgave, not just once, but every single day. Had he not chosen forgiveness, he admitted the anger would have killed him.

By accepting suffering, his life took on a completely different dimension and power that allowed him to touch the lives of millions. He was determined not to allow his suffering or his life to be wasted and became an apostle of mercy and forgiveness. Passionately devoted to Jesus in the Eucharist and the Blessed Mother, he became a champion of forgiveness, speaking in schools, police precincts, and churches and witnessed to the value of every human life. His life, his marriage, and his purpose were transformed in a crucible of suffering making them a beacon of hope.

After three decades as one of New York’s brightest lights, Steven passed into eternal life. Thousands of police officers lined the streets of New York to pay their respects. His son, a New York police officer, gave a moving eulogy at the funeral, and at the mention of Patti Ann as the most beautiful and loyal bride, the cathedral erupted in a standing ovation for the woman who embodied fidelity. Through her love, Steven’s mission was faithfully completed and will bear fruit into eternal life.

“Even though he was in a wheelchair and on a respirator, he did more for me in that situation than any able-bodied husband could do.”

-Patti Ann McDonald
Not long ago, a little 3-year-old girl ran up to me and kissed the large crucifix which hangs on my rosary. She looked up at me with a sweet and innocent smile, and I looked back with love and gratitude. Her instinct, this simple, tender gesture, reminded me of the love that can be born when we kiss each other’s crosses and carry one another’s burdens. Suffering can lead us to isolate ourselves or hide our weaknesses, yet this child taught me that our sufferings, the crosses in our lives have the capacity to unleash love in the world.

- Sr. Maris Stella, SV

CAN YOU HELP US? If you or someone you know is able to donate a used seven-passenger van or car to the community we would be most grateful. We are looking for cars and vans that while used, still have some good years of life left in them. Due to our way of life, we cannot accept luxury or sports cars.

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