

LITURGY SCHEDULE

SATURDAY: 5:00 p.m

SUNDAY 11:00 a.m

WEEKDAY this week:

*Mass on Tue and Wed at 5:00 p.m
for Anne Ho and Peter Khang*

No Mass on Thursday, Oct 31

***Friday at 6:00 p.m—Holy day
of Obligation***

Saturday at 10:00 a.m

HAPPY BIRTHDAY

Evie Keener - Oct. 27

Eleanor Harman - Oct. 29

CCD class: Nov 3 and 17

Dear brothers and sisters,

Each November 1st we celebrate the Feast of All Saints who have gone before us and we are called to be holy so that we may join the communion of saints in Heaven. This year, the Feast of All Saints, a holy day of obligation, is **Friday, Nov 1st. Masses will at 6:00 p.m. on Friday Nov 3 (Also, I am going to have Vigil Mass at Risen Lord on Oct 31, at 6:00 p.m; Thus, there will be NO daily Mass at St. Thomas on Thursday)**

November 2nd is the Commemoration of All Souls, and for all month of November, we pause to remember our loved ones and friends who have gone before us and now share in the promises of heaven. We are going to have Mass at St. Thomas on Saturday Nov 2 at 10:00 a.m. The Vigil Mass for Sunday is still at 5:00 p.m. Please take a time to read two importance letter of Bishop Mark Brennan.

The Second Collection today is for HURRICANE HELENE RELIEF FUND

From Bishop Mark Brennan

October 25, 2024

Dear Brothers and Sisters in Christ,

I hope this letter finds you in good spirits and filled with the peace of our Lord. I am writing to share with you an exciting initiative that promises to shape our diocese in meaningful ways: a partnership with the Catholic Leadership Institute (CLI), a distinguished national apostolate that has dedicated more than 30 years to nurturing and supporting the Church’s leaders. This collaboration offers us a notable opportunity to engage deeply in programs and action steps designed to create a three-year evangelization plan for our diocese.

A key component of this partnership will be the implementation of the Disciple Maker Index, a parish survey tool that has successfully gathered the voices and experiences of over 600,000 parishioners across more than 40 dioceses in the United States since its inception in 2013. What I find particularly compelling about the Disciple Maker Index is that it invites you—the faithful of our Diocese—to reflect on where you are in your journey of faith, both as disciples and as missionaries. I know the Diocese has offered different surveys in the past, and we recently completed a Synod process, but please know your feedback in the Disciple Maker Index will be invaluable in helping us understand how we can better serve each of you and our wider community.

In addition to the Disciple Maker Index, all active priests in our Diocese will reflect on their leadership and seek opportunities for growth through the Priest Leadership Inventory, a comprehensive assessment designed to foster individual development within our clergy. This self-reflection will lead to the creation of personalized growth plans, with support available from trained leadership coaches provided by CLI.

Throughout this initiative, we will also be gathering additional insights through one-on-one interviews with a small number of parishioners, engaging focus groups, and undertaking an envisioning process with CLI. This comprehensive approach will allow us to gather diverse perspectives and ensure that the final outcomes resonate with our entire diocesan family. This work will conclude by August 2025.

I am excited about the potential fruits of these tools and initiatives. As we begin this process, I want you to specifically understand that I am not commissioning this project to close parishes. This is an effort to revitalize and grow our Catholic community in this Diocese. Even if our state is losing population, our Church can grow if we make a determined effort, through prayer and action, to reach out to our absent Catholics and to the many West Virginians with no religious affiliation. To that end, I am asking you to join me in this effort, and I have a specific request for you.

As a part of the process, each parish will assign a **parish point of contact person** who will be the liaison between the parish and the Catholic Leadership Institute as well as spearhead the sharing of information about the Disciple Maker Index process. Please prayerfully consider if this is a role you are being called to and, if it is, please inform your Pastor no later than Friday, November 1, 2024.

Thank you for your continued commitment to our Diocese as we strive to answer the Lord’s call to evangelize all peoples. Together, through this partnership with the Catholic Leadership Institute, let us strive to grow as a vibrant and active community of disciples, living out our call to evangelize and serve Christ and our world.

May God bless you abundantly.

Sincerely in Christ,

+Mark E. Brennan, Bishop of Wheeling-Charleston

From Bishop Mark Brennan

Friday, October 18, 2024

Medically assisted suicide: good or bad?

Should doctors and nurses help patients kill themselves? That question will be on the ballot on November 5 as Referendum 1. It states that, in West Virginia, medically assisted suicide along with direct euthanasia or mercy-killing will be prohibited. Palliative care, however – making dying persons comfortable and offering them counseling and other forms of support – will remain legal and available.

Why would seriously ill or handicapped people want to commit suicide? Some believe they are a burden on their families; some want to leave financial resources to their relatives; some are in great pain; others feel abandoned, useless and depressed; and some dying persons want to leave this life on their own terms in an act of supreme personal autonomy. In the light of these reasons, why would medically assisted suicide not be right for them?

Consider this: we belong to one another. We come into the world through our parents, grow in our humanity through life-long interactions with other people and are able to contribute to the good of others as they contribute to ours. Our lives are a gift that we did not earn but which we must cherish. Suicide, even if done for altruistic reasons, is a rejection of our place in the human community, because we choose to leave it before we have to.

The Catholic and Jewish traditions hold that the commandment, “Thou shall not kill,” applies not only to taking someone else’s life but also to taking one’s own. Many of the reasons that lead people to choose the help of medical personnel to end their lives can be met by non-lethal means. Medicine can alleviate much pain. Visits from family members, friends, parishioners and synagogue members, assuring the dying person of their love, can dissipate feelings of isolation and abandonment. While it is generous to want to leave an inheritance to loved ones, it is more appropriate to use one’s resources to provide for one’s care during the final stage of life. The gift of love and, often, reconciliation, will matter more in the long term than money. As for personal autonomy, that is exercised more clearly by holding firmly to the value of one’s life until it must be relinquished than by rushing into death’s embrace.

Medically assisted suicide corrupts the medical profession. Those whose goal is to bring healing or at least comfort in a patient’s last days become assistants in taking the lives of their patients. A fundamental principle of medicine is to do no harm. Medically assisted suicide turns that principle upside down. It has been done before. Nazi doctors experimented on Jewish and other prisoners without their consent. Doctors in the old Soviet Union drugged sane persons sent to psychiatric hospitals for political reasons to make them mentally unstable. American doctors sterilized poor women, without informing them, so that they would not have any more children. Do we want our medical personnel to be corrupted and become the willing accomplices in the deaths of their patients?

How does medically assisted suicide work in practice? In Oregon, the first US state to adopt medically assisted suicide (1997), the length of time of a physician-patient relationship for a potential suicide has declined from 18 weeks to 5 weeks. Referrals for psychiatric assessment of one’s reasons for seeking help for a suicide are only 1% -- for an irreversible action. A program once restricted to Oregon residents is now open to anyone, making Oregon a favored site for “suicide tourism.” Insurance companies are denying requests for hospice care to the terminally ill but offering to pay for assisted suicide.

In Canada, a person 18 years or older may request a physician or a nurse practitioner to directly administer a drug or other substance to cause death. This is active euthanasia. Or the person can take the drug him or herself. The government officially states: “You do not need to have a fatal or terminal condition to be eligible for medical assistance in dying,” only a serious condition which is irreversible and, in the person’s view, intolerable. In March, 2027, medical assistance in dying will be available for those suffering from mental illnesses.

In some European countries, the death march has slipped farther down the slope: the Netherlands allows minors, even below 12 years of age, to be directly put to death with parental consent. Persons suffering from dementia may be euthanized if they said they would want it before they lost control of their reasoning. Belgium is even worse: a minor suffering from depression can be euthanized. Where does medically assisted suicide end? In more and more graves. Is this what we want in West Virginia?

Take the issue of medically assisted suicide seriously. What kind of state do you want West Virginia to be? It is instructive that about one third of those in Oregon who receive drugs to kill themselves never use it. Even those who initially think of taking their own lives find the will to live. That desire should be encouraged and supported. You can take a stand in November when you see Referendum 1 on your ballot. Consult your conscience and your faith and vote for Referendum 1.

Sincerely in Christ,

+Mark E. Brennan Bishop of Wheeling-Charleston

THANK YOU

A Big Thank You to Marian Agostino, Dot Shimko, Connie Moore, Mary Hailer, Colleen Mahon, Tom Teubert and Rick Allen, and 6 volunteers from St. Joseph the Worker parish in Weirton for the help for the Food Pantry on Oct 9 & 10 We served 102 families and the nurse from Weirton Dr. Ann checked blood pressure for 16 people this month.
***"If you can't feed a hundred people, then feed just one."* –Mother Teresa**
Also Thanks SVD and All Benefactors have been supporting us with this ministry ~ Fr. Thien

Father Provincial Adam Oleszczuk, SVD visited SVD confreres ministering in the Appalachia District And visited our parish & celebrated Mass with our parish on Tuesday Oct 15, 2024

