

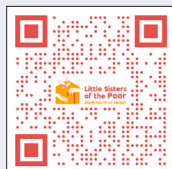
Serenity

no. 212 • Little Sisters of the Poor • October 2026

This
mortal life
is a most
beautiful
thing!

Pope St. Paul VI





Our Mission

Continuing the work of Saint Jeanne Jugan, our MISSION is to offer the neediest elderly of every race and religion a home where they will be welcomed as Christ, cared for as family and accompanied with dignity until God calls them to himself.

Cover Photos

Front Cover: Eloise McEvoy enjoys creative activities like this art class with a group of high school students at Jeanne Jugan Residence in Washington, D.C. See story on page 16.

Back Cover: Sr. Jeanne Veronique poses with her young friend Margaret Cleary, who loves Saint Jeanne Jugan because "she did a lot to help the poor; she is a really good example for us." (photos: lsp, Washington, D.C.)

Serenity

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Embracing the unchosen obligations of love

It has been a troubling few months as the storm clouds darkening the horizon for the last several years released a deluge. Here in the United States we have seen physician assisted suicide legalized in New York, Illinois and Delaware. At the same time, assisted suicide and euthanasia have recently been legalized in France, where we have the greatest number of homes, and where non-compliance with the new law could have meant large fines and even imprisonment.

The Sisters in France explain, “On July 15, the National Assembly passed a law establishing a ‘right to assisted dying,’ which legalizes assisted suicide and euthanasia. On August 14, the Constitutional Council approved the bill with three reservations, the last of which directly concerns us: ‘In the name of freedom of association and freedom of enterprise, the head of a private facility may refuse to allow the procedure to take place on its premises when it is manifestly contrary to the facility’s mission, and when other facilities are able to meet local needs.’”

“Despite our sadness at the enactment of the law,” the Sisters continue, “there is genuine relief for our homes, as we will be able to continue our mission as we have always envisioned it, while remaining fully within the law. However, this provision also places even greater demands on us. It commits us to striving for excellence in hospitality, in care, and in the small details of daily life; to living up to the trust placed in us — despite our weaknesses and limitations — amidst a human resources situation that remains very strained. This is a new challenge: to be even closer to the el-

derly, to accompany them on this journey of life that is not always free from suffering, and to do everything in our power to help them find the will to live with dignity until the end — a power that does not belong to us.”

Believing it our duty to help educate the faithful on end-of-life issues, we have consecrated a large portion of this *Serenity* to physician assisted suicide by sharing a terminally ill Little Sister’s personal testimony and much of the New York Bishops’ recently updated pastoral letter on end-of-life decision-making.

Moral theologian Charles Camosy, a professor at the Catholic University of America, has recently published a book, in which we were happy to collaborate, entitled *Living and Dying Well, A Catholic Plan for Resisting Physician-Assisted Dying*. In it he discusses how to resist this dangerous phenomenon as individuals, families and communities.

Discussing what we can do as individuals, Camosy issues several challenges, beginning with learning how to die to oneself. “The foundational value that suggests that someone will have a good and even joyful death is *gratitude*,” he suggests. The key is “to die to our consumerist, individualist throwaway culture, which tells us that we are owed something — that what we have is ‘ours’ in some way.... Those who believe that everything about our lives is a gift, and that we are owed nothing, are able to die well because they are thankful for however many years they have been given. They recognize that their entire lives are not their own ... The Lord is the Giver of the gift of our lives, and it is a gift we in no way deserve.”

Camosy also asserts that we must learn to live life not for ourselves alone, but as a relational, communal, sacrificial and generative experience.” We need to accept the “unchosen obligations” which, in families and communities, bind us together in love. One sure way of learning these lessons, he writes, is to volunteer in a nursing home, especially among “people with dementia or others at risk for physician assisted killing.” We couldn’t agree more! ❤



With Pope Leo in the land of St. Augustine

Last Thanksgiving our Little Sisters in Istanbul welcomed Pope Leo for a brief visit during his second trip to Turkey. Leo XIV hadn't even been pope for a year when he visited a second of our homes, that in Annaba, Algeria (formerly known as Hippo and Bone). April 14 was a stormy day in this Mediterranean coastal region, but the blustery weather did not hinder our Holy Father from praying among the ruins of the ancient city of Hippo, where his patron, St. Augustine had once served as bishop. After laying a wreath and planting a tree among the ruins, the Pope and his entourage climbed up the hill to the Basilica of St. Augustine and our home for the elderly, which also bears Augustine's name.

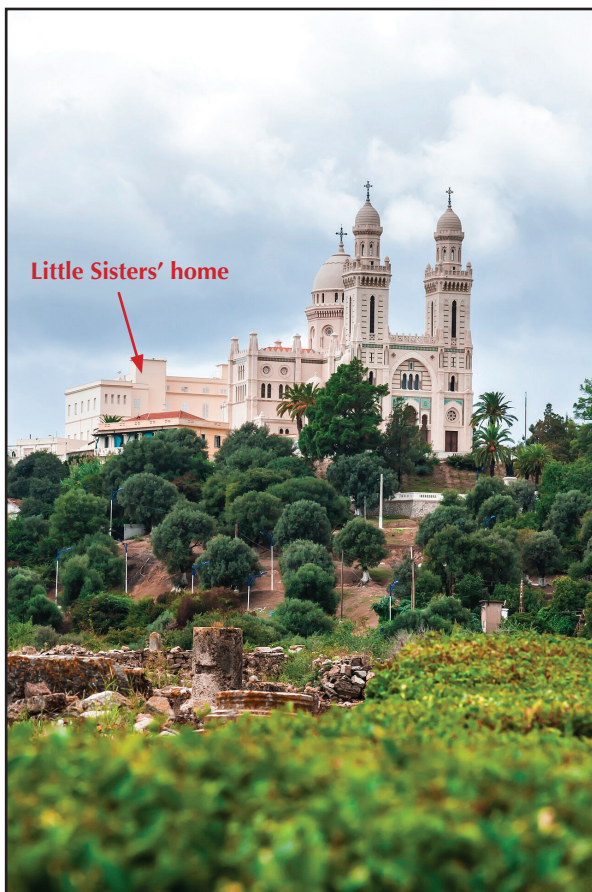
Our Congregation has served the needy elderly on the hill overlooking the ruins of Hippo since 1885. The first Little Sisters arrived in Algeria in 1868, establishing a home in Algiers. A sec-

ond home followed in Oran in April, 1885, and then the third in Hippo, now known as Annaba.

An early history of our Congregation recounts that this foundation was desired by Cardinal Charles Martial Allemand Lavigerie, Primate of Africa from 1884 to 1892, who wished to honor St. Augustine by raising a basilica and establishing good works to surround it. “One of these works ought to represent charity,” he thought.

“This work was confided to the Little Sisters of the Poor, who have the rule of the Holy Patriarch as the foundation of their constitutions.” The Little Sisters had their home constructed on a portion of the hill where the basilica would be built. This original building is still home to the Little Sisters and elderly Residents.

Our Sisters in Annaba shared that as soon as the papal visit was officially announced, the home turned into a hive of activity. Financed by the generosity of the government, painting, gardening, deep cleaning, statue restorations and the installation of new draperies and chandeliers, as well as new outdoor lighting and paving, punctuated the weeks leading up to the Pope’s arrival. The Sisters attributed these preparations to the unity existing in Annaba between Christians and Muslims.





During the first two weeks of April, everyone in the home gathered for daily rehearsals of the song they would sing to welcome the Pope. The staff were happy to participate, and the Residents unable to sing practiced waving flags as the others sang, “I greet you, O homeland of my ancestors, how sweet life is on your soil, and how pleasant it is for me to sing there.”

Throughout the United States we eagerly followed the Pope’s visit to Annaba on April 14. Unfortunately, the television transmission failed due to the inclement weather before Pope Leo reached our home, but we were able to catch glimpses of his visit to our Little Sisters and Residents in the news in the days that followed.

Meeting with the Sisters, Residents, staff and friends of the home, Pope Leo shared the following message with them:

Good morning! As-salamu alaykum!

Thank you for welcoming me into this home! I am pleased to make this visit because God dwells here. Indeed, wherever there is love and service, God is there.

I thank the Little Sisters of the Poor together with the staff of this home. Thank you, Mother Philomena, for your welcome.



Thank you, Bishop Desfarges (Paul Jacques Marie Desfarges, S.J., retired archbishop of Algiers), for your words, your touching words! Having listened to you, and seeing your presence here amongst our elderly brothers and sisters, it is natural to praise God and give thanks to him. Just as Jesus rejoiced in

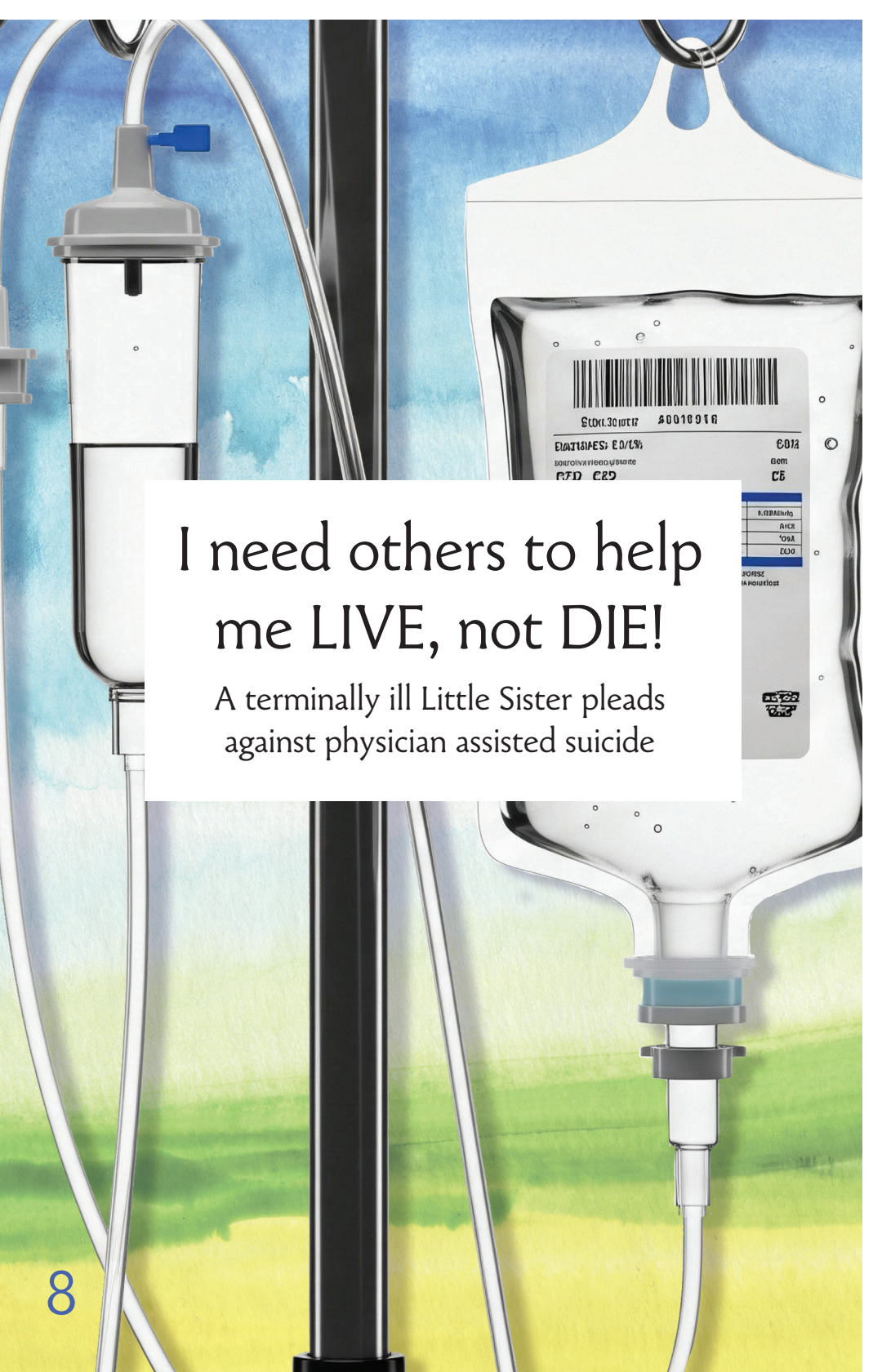


the Holy Spirit and said: “I thank you, Father, Lord of heaven and earth, because you have hidden these things from the wise and the intelligent and have revealed them to infants; yes, Father, for such was your gracious will” (Lk 10:21).

I thank Mr. Salah Bouchemel for his testimony, which was so beautiful and comforting. I think that the Lord, looking down from heaven upon a house like this, where people strive to live together in fraternity, would say, “There is hope!” Yes, because God’s heart is torn apart by wars, violence, injustice and lies. But our Father’s heart is not with the wicked, the arrogant or the proud. God’s heart is with the little ones, with the humble, and with them he builds up his Kingdom of love and peace day by day, just as you are striving to do here in your daily service, in your friendship and life together.

Thank you, dear sisters and brothers, for this gathering! I will keep you in my prayers and I gladly impart my blessing.

Thank you, Holy Father, for visiting our Sisters and Residents in Annaba — by visiting them you have touched the Little Sisters’ hearts all over the world! ❤️

A medical drip chamber on the left and an IV bag on the right, both connected by clear plastic tubing. The background is a soft-focus image of a hospital room with blue and green walls. The text is overlaid on a white rectangular box in the center.

I need others to help me LIVE, not DIE!

A terminally ill Little Sister pleads
against physician assisted suicide

Although I am not one to share personal stories, let alone expose myself publicly in a state of vulnerability, circumstances are nevertheless compelling me, against my will, to speak out.

I am now, at the age of 58, suffering from pancreatic cancer with metastases in my lungs, against which weekly chemotherapy merely delays a life expectancy measured in months. Like many of the patients I come into contact with every day and who, like me, are fighting tooth and nail to stay alive, I watch in silence, astonished and even deeply shocked, as debates concerning me — concerning us, the patients — take place so far removed from where we are, in another world.

Thirty years ago, when I was just 27, my life was turned upside down by a diagnosis of acute leukemia (LAM3), which left me with little chance of survival. At a time when pain was still largely overlooked in medical care, I went through terrible periods that left me completely disoriented and made me want to end it all as quickly as possible. I wanted to die. The medical staff and my family fought alongside me and for me so that I could get through those moments of distress. And just as I was beginning to get back on my feet, after four years of complete remission, I faced the fear of a relapse; my younger brother donated his bone marrow so that I might live. I owe him 30 years of life, an exciting life, which I still consider today to be a gift.

This gift inspired in me a desire to devote my own life to serving others. I did so as a religious, a Little Sister of the Poor, caring for the elderly in care homes — which we prefer to call ‘My Home’, because for us they are homes of life where we share our poverty and our riches, rather than homes of ‘dependence’ and ‘end of life’. In this context, I had the grace to experience this companionship right up to the very end of life, with so many people whose faces and life stories remain so vivid in my memory.

I have so much to say about those intense moments at the end of a life, when everything comes together, when relationships

deepen, when reconciliation finally becomes possible — provided that pain, and more broadly, suffering, are heard, taken into account, and managed as closely and collaboratively as possible. I have so much to say about my experience of palliative care and the radical difference it makes to this support, accepting reality, rejecting the unreasonable persistence of curative treatments when they no longer make sense, taking into account the person in all their dimensions, in their history and their relationships.

Today, finding myself facing this same end of life, I was able to draw peace from that experience: death, though it remains a tragedy, can be experienced with support and surrounded by loved ones, as the final act of a life well-lived, provided we allow that life to have its final say — a moment that will always surprise us with its intensity.

So I am deeply shocked, on reading the law in its current form, to discover that I am now eligible for assisted suicide or euthanasia. Moreover, seeing the inconsistency to which the palliative care bill has been reduced and the open fast track to facilitate ending one's life, the law instills in me a profound sense of unease, the loss of a sense of security that rested on a pact of trust — even a sense of betrayal — and makes me angry.

Will this support from loved ones and medical staff, which helps me overcome bouts of depression in this deeply ambivalent state at the end of life, become an “offence of obstruction” punishable by law? Will this fraternal struggle to help me carry on living immediately come under suspicion?

What is more, a new, more radical burden is being added to my situation, its poison seeping into me: through the law, society itself is showing me the way out. Surely I am a burden to it; I cost the National Health Service a fortune, and I would be better off ending it all.

Now, let's be clear, behind this bill, even if for some there is the personal emotion stemming from a negative experience with a loved one — but should emotion dictate the law? — there is also,



for many, the detached ideology of autonomy and freedom that only healthy people can claim, not to mention the far less honorable calculations stemming from the social security deficit in the face of the specter of an aging population.

What weight do my words carry in the face of all this? And yet, if I have dared to speak out, it is to give a voice to those who, like me, are ill and bear the burden and stigma of these debates. Also to shine a light on those caregivers who, aware of the ambiguity and fragility of the end of life — where the desire to end it all is above all a cry for help — so humanely draw us towards life, yet risk being suspected themselves. In short, all those who are most directly affected by the law and who, curiously, are so absent from this debate.

Taking a life will never be the answer to suffering. On the contrary, for those who are frail and dependent on those around them — for whom their whole life depends on their relationships — there is the immense power of a loving gaze and human solidarity that gives life. ♡

— Sr Bénédicté Marie de la Croix, lsp

Now and at the Hour of Our Death

A Catholic Guide to End-of-Life Decision-Making

by the Catholic Bishops of New York State,
Revised and Updated in 2026
(excerpts)

Introduction

Advances in medical technologies bring with them new means of curing disease and living longer, healthier lives than ever before. But they can also be the source of heightened patient anxiety about a needlessly prolonged, painful, and financially draining dying process. Medical advances bring with them new and complex questions with regard to medical treatments and moral decision-making.

Fortunately, the Magisterium of our Church, informed by centuries of tradition and sacred Scripture, help guide us through these multifaceted issues.

Difficult decisions may be made easier if we take the time to express our wishes before illness and the dying process occurs....

While we hope this guide will aid in the practical decisions we all must one day face, it is by no means a substitute for prayer. While our faith assures us that we as faithful Catholics are destined for eternal life with our Father in heaven, the end of life — whether for yourself or a loved one — can be a cause of great

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October 2026
respectlife.org/celebrate

distress, sorrow and fear. In these times, we can find comfort and strength by invoking our Blessed Mother and the Communion of Saints to pray for us “now and at the hour of our death.”

A Sacred Gift

The United States Conference of Catholic Bishops’ *Ethical and Religious Directives for Catholic Healthcare* remind us:

“The truth that human life is a sacred gift from God has profound implications for how we exercise stewardship of this gift. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute. We may reject potentially life-prolonging interventions that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia, however, are never morally acceptable options.”¹

It is incumbent on all of us to see that those in our care are treated with the dignity they deserve as recipients of this “sacred gift” of life. This means that, beyond any ordinary medical treat-

ment, all who are sick should rightfully expect, accept, and be provided basic care: food, water, pain control, bed rest, suitable room temperature, personal hygiene measures and comfort care. Beyond these basic physical necessities, every person who is sick or dying is likewise entitled to compassion, acceptance, love, and emotional and spiritual care.

Our Church also teaches that the suffering of illness and dying is an opportunity for finding oneness with Christ. Suffering can be an instrument of redemption when we seek in faith to join our suffering to that of Jesus on the cross at Calvary. Death is a doorway to eternal life. In the face of illness, suffering, and death, our faith assures us that we are created to be with God in heaven forever.

These fundamental underpinnings of our faith should guide our decisions about end-of-life treatment.

On Euthanasia and Assisted Suicide

Pope St. John Paul II reminded us that “Human life is sacred and inviolable at every stage and in every situation; it is an indivisible good.”² Therefore, we must cherish and preserve all human lives as gifts from God. We may never deliberately and directly cause the death of an innocent person. To do so both contradicts human reason (natural law) and violates the Fifth Commandment, “you shall not kill,” and our duty to “love one another.”³

Euthanasia is “an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated.”⁴ While some may view euthanasia as a way for a person with an incurable disease or disability to escape a difficult and painful life, such a view is a rejection of the precious gift of life and a rejection of God’s plan.

Those whose lives are diminished or weakened should be given loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms.⁵

There may be a temptation to judge the quality of our own life



and the lives of others and to use this “quality of life” standard to guide medical decisions. However, regardless of “quality” labels, the sacredness of all human life is always to be valued and protected.

Some who suffer severe illness or disability may be tempted to consider assisted suicide. **Assisted suicide** is the voluntary termination of one’s own life using physician-prescribed chemicals or drugs that will cause death. It is considered active euthanasia. “Any formal or immediate material cooperation in such an act is a grave sin against human life.”⁶....

Our Church warns us in no uncertain terms that this practice is objectively immoral and must be avoided, despite the false veil of compassion with which it is sold. Often proponents refer to the practice as “death with dignity.”

“However, in response to this, it must be strongly reiterated that suffering does not cause the sick to lose their dignity, which is intrinsically and inalienably their own. Instead, suffering can become an opportunity to strengthen the bonds of mutual belonging and gain greater awareness of the precious value of each person to the whole human family.”⁷

(continued on page 18)





Something beautiful for Our Lady



Creative activities are a great way to unite the young and the not-so-young. This summer a group of Catholic high schoolers from Charles Town, West Virginia, expressed the desire to spend a day with our Residents doing something creative. Accompanied by Rev. Alban Baker of the Canons Regular of the New Jerusalem, a growing religious community in Charles Town, the group participated in the home's daily rosary, Mass, lunch and an art activity with the Residents. The result was a beautiful hand-painted crown of flowers for Our Lady in honor of her Assumption.

Ordinary vs. Extraordinary Treatments

The immorality of directly intending and bringing about our own death or of assisting in the death of another by intentional action is self-evident. Decisions can become much more complex, however, when we contemplate the removal or withholding of medical treatment, such as a ventilator or dialysis.

Out of deep respect for the gift of life, we must always accept (and others must provide) **ordinary medical means** of preserving life. Ordinary means are those that offer us a reasonable hope of benefit and would not entail excessive burden on us, our family or the community.⁸ Ordinary means of medical treatment are **morally obligatory**. Withholding ordinary care with the intention of causing death is considered **passive euthanasia** and is always gravely contrary to God's will.

But Catholics are not morally bound to prolong the dying process by using every medical treatment available. Allowing natural death to occur is not the same as killing. Some treatments may be considered “**extraordinary**” (as opposed to ordinary) and are not morally obligatory because the burdens and consequences are out of proportion to the beneficial results anticipated for a particular patient. These are considered **morally optional** treatments.



For example, it would be permissible for a cancer patient to forego a particularly aggressive and expensive treatment if the patient judged the survival rate too low and the pain of the treatment too great a burden.

But what constitutes an “excessive burden?” The Church suggests that when making a decision to accept or refuse a treatment, we should take into consideration the type of treatment recommended, how risky or complicated it is, its cost, side effects, how painful it will be, its availability, the likelihood of that treatment maintaining or enhancing the life of the patient, and the need to share limited medical resources.⁹ We should also consider the spiritual and emotional burdens on ourselves and our family.

One of the most important moral distinctions for end-of-life decision-making is between what is morally obligatory and what is morally optional. Even if death is thought imminent, ordinary care owed to a sick person cannot be legitimately interrupted.¹⁰ On the other hand, discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate.¹¹

Sometimes the very same medical intervention can be morally obligatory (ordinary) in one case, but morally optional (extraordinary) in another. For example, a relatively healthy person recovering from a bout with pneumonia may need to be on a ventilator for a few days to restore him to his optimal condition. But for a patient in the final stages of lung cancer, being placed on the same ventilator may be painful, burdensome and only prolong the patient’s dying process without any reasonable benefit. The particular burdens of any treatment will vary with each individual.

Weighing the burdens and benefits of particular medical treatments for each individual requires us to apply the virtue of prudence, using practical reason to discern the true good and choose the right path. Because such decisions are often sensitive and complex, Catholics may wish to seek guidance from a priest, chaplain or ethicist whose counsel is informed by Church teaching.

The Special Case of Assisted Nutrition and Hydration

The important distinction between what is morally obligatory and morally optional extends even to food and water when it is medically assisted. In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally.¹² This obligation extends to those with presumably irreversible conditions (such as “persistent vegetative state” or PVS) who are not imminently dying. This is so because even the most severely debilitated and helpless patient retains the full dignity of the human person and must receive ordinary and proportionate care such as food and water.

But as is the case at times with life-sustaining treatments, medically assisted nutrition and hydration, although constituting a form of ordinary care, may, under very specific circumstances, be deemed excessively burdensome and of little or no benefit to the patient. The most common case of this is when the patient enters into the dying process and the body can no longer properly assimilate food and water, even through a tube. When death is imminent (within days) or in rare instances when a gastric feeding tube may cause intractable side effects such as severe agitation, physical discomfort, aspiration into the lungs, or severe infection, any foreseeable benefits of maintaining the tube are likely outweighed in light of the attending burdens. In this case, other means of providing nutrition or (if not feasible) at least minimal hydration should be carefully considered and employed if possible.

When medically assisted nutrition and hydration is withheld or withdrawn for licit reasons, death occurs as a result of the underlying disease, not through starvation or dehydration.

It is never permissible to remove a feeding tube, or any other form of life-sustaining treatment, based on a belief that the patient’s life no longer holds value or with the intention to terminate the patient’s life.



A Final Word on Church Teaching

In summary, medical interventions may be deemed ordinary (morally required) or extraordinary (morally optional) based on the weighing of benefits and burdens expected for each individual. This is not just a pragmatic decision of costs and benefits, but a moral decision that affects our spiritual health.

When we make decisions about these treatments either for ourselves or our loved ones, and we wish to make them in accord with our faith, we must take into account all factors — risks, benefits, alternatives, condition, prognosis, cost — and consider all possible burdens on the patient, the family and the community. Determining if and when a particular treatment can morally be withheld or withdrawn should be done collaboratively with the patient or surrogate, family members, healthcare providers, and spiritual advisor.

The provision of food, water, cleanliness and warmth are elements of ordinary care that are morally required for each patient. Treatment decisions are moral decisions and must be made with informed consent. 💛

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A Legacy of Love: Celebrating 150 Years in Chicago

On July 11, 2026, our Little Sisters from Chicago and Palatine gathered at the Felician Sisters convent to celebrate the 150th anniversary of the Little Sisters' arrival in Chicago. This remarkable milestone was made possible through God's Providence and the steadfast generosity of so many faithful friends.

The celebration began with a beautiful Mass celebrated by auxiliary bishop Most Rev. Lawrence J. Sullivan and concelebrated by the Chicago home's chaplain, Fr. Donald Craig. More than 250 family members, benefactors, volunteers, friends and supporters joined together in thanksgiving for 150 years of caring for the elderly poor. A beautiful statue of our foundress, Saint Jeanne



Jugan, reminded us of our humble beginnings.

Mother Provincial Julie Marie shared a heartfelt letter from Mother General María, congratulating the Little Sisters and encouraging them to remain faithful to Saint Jeanne Jugan's founding charism, while continuing to pray for vocations.

Bishop Sullivan also recognized the many people who have helped sustain this mission through the years, including the Little Sisters, the Association Jeanne Jugan, those discerning religious life, our devoted staff

and volunteers, and, most especially, our cherished Residents.

Following Mass, guests gathered for refreshments, fellowship, and conversation as local musician Matt Griffo set the mood by providing background music. Historic photographs and a slideshow celebrating generations of Residents invited everyone to reflect on the rich history of our homes. Each guest received a prayer card of Saint Jeanne Jugan and homemade fudge prepared by the Little Sisters as a token of our appreciation.

Our Little Sisters in Chicago shared, "As we celebrate this historic anniversary, we give thanks to everyone who has been part of our journey. From the bottom of our hearts, we thank you for your generosity and friendship. Your faithful support enables us to continue caring for our most precious gift — our Residents — and for that, we remain deeply grateful." 💛



Gratitude for 125 years in Alabama

June marked the 125th anniversary of the Little Sisters' arrival in Mobile, and we celebrated this remarkable milestone with a month of special events. Highlights included receiving a proclamation from the Mayor's office, hosting a Gratitude Gala for our dedicated community supporters, and celebrating Mass with Archbishop Mark S. Rivituso, followed by a reception at our home. It was a month filled with joy, gratitude, and celebration as we honored the lasting legacy of the Little Sisters and the extraordinary care and service they have provided — and continue to provide — at Sacred Heart Residence.

Mother Margaret Patricia reflected in a letter to the home's benefactors, "As we celebrate the 125th anniversary of the Little Sisters of the Poor in Mobile, our hearts are filled with profound gratitude to God for the countless blessings he has bestowed upon this community and mission throughout the years. This remarkable milestone is not only a celebration of longevity, but also a testament to 125 years of faithful service, compassion, and love shown to the elderly poor in the spirit of Saint Jeanne Jugan."

"For generations, the Little Sisters have been blessed to serve



the elderly with dignity, tenderness, and respect,” Mother continued, “creating a true home where each Resident is cherished and cared for as family. This anniversary invites us to reflect on the sacrifices, dedication, and unwavering faith of the many Little Sisters, benefactors, employees, volunteers, and friends whose generosity and commitment have sustained this mission through every season of its history.” 💖



One Nation Under God: 2026 National Eucharistic Pilgrimage

Throughout the summer our homes along the Eastern Seaboard participated in the 2026 National Eucharistic Pilgrimage as it made its way from St. Augustine, Florida through New England and then to Philadelphia on July 4. This year's event carried the theme One Nation Under God.

Event organizers shared, "Over the course of the journey, our pilgrims walked with Christ to draw our nation back to him. We invited the country to realign under the sovereignty of Christ, and through prayer and sacrifice, witnessed the heart of our nation being renewed, one soul at a time."

Our homes in Baltimore and Pawtucket, Rhode Island, were privileged to host the Pilgrimage and shared these photos. In Baltimore everyone joined forces to prepare an outdoor Eucharis-



tic procession featuring handmade flower carpets. The procession culminated at the Lourdes grotto with Benediction of the Blessed Sacrament.

Our home in Pawtucket welcomed the pilgrimage early in the morning on July 1. The pilgrimage van arrived at 7:30 a.m. but despite the early hour, everyone was ready and waiting at the front door! A pathway draped with colorful fabric and flower bouquets led



from the driveway inside the home and on to the chapel, where our Eucharistic Lord was placed on the altar for a “holy half-hour.”

This pilgrimage stop was capped off with a scrumptious breakfast served to over fifty people. As the pilgrims departed, one of the Residents asked a young man, “When will we see you again?” His response was touching: “We will be united every day when we receive Jesus in the Eucharist.” ❤️



It's never too late for a Bee and a Cat

When she was a student, Cathy Vonderau, a Resident at our home in Pittsburgh, had an idea for a children's story. While the concept lingered in her head for decades, she only recently decided to put pen to paper to make it a reality.

"I first got the idea of the story when I went away to college and my nickname was 'Cat' and I met a girl whose nickname was 'Bee,'" Cathy shares. "I remember thinking to myself, 'Oh, that would be a cute story sometime, Cat and Bee.' About a year or so ago, I started actually writing the story. It had been in [my head] in various forms all along, but took me a while."

Although a talented writer, Cathy Vonderau is less confident in her ability to illustrate. But a fortuitous volunteer visit from students at nearby Oakland Catholic High School introduced her to an artist who eventually helped turn her vision into a reality, junior Averie Strohm.

"I was standing beside





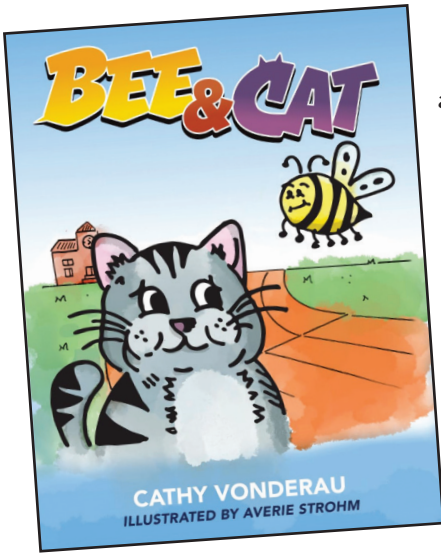
her and she was doodling,” said Vonderau. “I had finished writing my book but I had no illustrations because I don’t draw. So, I saw her drawing this cat and bee and rabbit and some other stuff, and I looked at it and said, ‘Oh my gosh, there are my characters. There they are.’ So I asked her if she wanted to illustrate my book and she said yes. She’s really a sweet girl, very smart and just a really nice person.”

Over the next few months, Vonderau and Strohm collaborated virtually and in-person at the home to bring “Bee and Cat” to life. Having written another children’s book about a decade ago, Vonderau leveraged her connections to a local publisher to share the story with the world. Today, the book is available for purchase on Amazon and other booksellers.

Of course, Vonderau had to share the story with the real “Bee,” with whom she remains friends.

“[Bee] was her real life persona, so sweet and nice, always on top of things and could figure things out,” said Vonderau. “So I thought she’d be the good character to get Cat out of jams.

I just sent her a copy of the book when I got the first print



and she really liked it.”

While Cathy learned a lot from Averie, especially in the realm of technology, the young woman learned just as much by working alongside her senior friend.

“One thing I think Cathy taught Averie by example is that you can still be creative,” commented Kathleen Bowser, development director at our home in Pittsburgh. “You can still have meaningful relation-

ships at any age, so I think that was probably a good life lesson for her, even at 16 years old.”

Cathy Vonderau is already working on her next book and Averie has agreed to provide the illustrations. “I asked her if she wanted to illustrate it and she said yes,” said Vonderau. “She’s a senior in high school this year so I know it’s going to be a busy year for her, but she’s quick.” 💙





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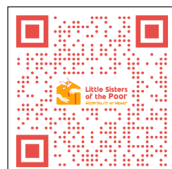
FOR YOUNG PEOPLE:

- Commit to visiting an elderly relative, neighbor or friend, at least once a week, in-person, face-to-face online or via phone.
- Never accept expressions of ageism or other signs of disrespect for older persons; defend their dignity against the culture of death.

FOR OLDER PEOPLE:

- Pray for the young people you know.
- Wherever possible invite young people into your world through understanding and friendship. Invite them to rock with you!

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