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Pastoral Letter on the Elderly and Persons with Special Needs

Continuing my recent series of letters on life issues, I turn now to how we, as a society and a Church, treat the elderly and persons with special needs. They, too, form part of the “seamless garment” whose hem is respect for the embodied life of the human being. What does our Catholic faith have to say about them?

For most of history, a people’s elders have been held in high esteem, sought out for their wisdom and cherished for their custody of the community’s traditions. Handicapped persons, on the other hand, have more often been dismissed as a burden and judged incapable of contributing to the common good. Our Catholic faith agrees that elderly persons deserve great respect and have an important role to play in safeguarding a community’s values but our faith also affirms the intrinsic worth of persons with special needs -- handicapped or disabled -- and welcomes their participation in the life of the community.

Men and women of advanced age have played a major role in our Judeo-Christian tradition. Abraham and Sarah, childless for so many years, were promised a son by God. Their faith was tested but they trusted God and He made them fertile in their old age. Through Isaac, their son, and Jacob, his and Rebekah’s, the whole people of Israel descended. At the beginning of New Testament times, Zachariah and Elizabeth were old and childless but God gave them a son, John, who prepared the way for our Savior, Jesus Christ. Old Simeon and Anna prophesied about Jesus’ saving mission when Mary and Joseph brought the child to present him to the Lord in the temple in Jerusalem.

Non-Christian cultures have also revered the elderly. When I was the parish priest for a Korean Catholic congregation just outside Washington, DC, I saw on display the centuries-old Korean custom of profound esteem for their elders (*sinbunim*). Younger Koreans would make a deep bow before the *sinbunim* and their views were accorded much respect. The parish built a retirement home for the elderly parishioners, so important were they to the Korean community.

Today in the United States there is a fascination with youthfulness that undermines our respect for the elderly. I am not referring to young people themselves, who are a treasure and whose participation in community life we must foster. I refer, rather, to adults seeking to look and act as if they were many years younger than they actually are. We elders (I am a *sinbunim* now) should “act our age” and fulfill the role that is proper to our stage of life. That role continues to be to serve as guardians of our community’s most cherished values and to pass on to the young the wisdom those values express. With respect to how the young view the elderly, I remember a mantra popular when I was in college: “Don’t trust anyone over thirty.” Even at

twenty, I thought that was silly. Our professors were all over thirty! I would hope that most young people would feel confident in seeking the guidance that older people can offer them and trust that it is offered out of a genuine concern for their good.

A major concern for elderly persons is for their safety and overall wellbeing. Many of them prefer to remain in their own homes and can do so with appropriate help from their grown children and home-care services. Others are better served by assisted living situations or nursing homes. These decisions require prudence by the elderly themselves and by their families. In any case, the elderly should not be neglected or simply warehoused. Their needs can be met and their contributions can be received if we remember that they are still part of us. Pastors should arrange for homebound parishioners to be visited and parishes should organize teams to visit local nursing homes.

In the Catholic Church more than in American society at large we respect the role of elders. Most bishops are past middle age but remain active and deeply committed to the spiritual good of their people. Pope Francis turned eighty-seven on December 17, 2023, yet continues to serve the Church. Many of our parishes depend on older parishioners to fill their pastoral and finance councils and other organizations. When new to the Diocese I needed a vicar general – the bishop’s special assistant, whom canon law requires to be a priest -- so I turned to a retired priest, Msgr. Gene Ostrowski, and asked him for one year of service. He gave me three and a half. When I finally let him resume retirement, I asked another retired priest, Msgr. Joe Peterson, to take the position. He, too, graciously accepted. I can assure you that these generous men have given me wise counsel and undertaken important tasks for the good of our people.

Ominous clouds are gathering on the horizon for elderly Americans. Assisted suicide is now legal in ten states and the District of Columbia. Other countries show us where legalizing assisted suicide can lead. Canada allows both physician-assisted suicide and direct euthanasia. It applies not only to those whose death from a foreseeable, irremediable condition is near but also to those who suffer from chronic disabilities which are manageable but whose treatment the disabled person does not want. Canadian law will soon allow assisted suicide and euthanasia for mental illnesses. Belgium and the Netherlands allow minors to be euthanized at their request if they suffer from severe, incurable illnesses. The Netherlands allows doctors to euthanize patients with severe dementia without their consent. As Baby Boomers age in the US, the pressure to legalize assisted suicide will increase; the government will save money on Medicare and Medicaid and families will look forward to what their elderly relatives leave them.

What does the Catholic faith say about this? Our moral teaching prohibits us from directly intending or causing death but allows and encourages treatments meant to alleviate pain, even if those treatments might hasten death. Catholic teaching also allows a person to forego invasive and unpleasant treatments – formerly called “extraordinary means” – especially if they have no reasonable prospect of success. The Catholic approach to dying is humane and respectful of the person’s God-given dignity, whereas assisted suicide capitulates to despair and direct euthanasia violates the most basic tenet of medicine: “Do no harm.”

In contrast to assisted suicide and direct euthanasia, hospice and palliative care are positive responses to end-of-life challenges. The hospice movement began as a way to provide terminally ill persons with a safe and caring environment in which to live their last months and days before they died of natural causes. Every effort is made to keep the dying person comfortable and as pain-free as possible. Even more importantly, family members and friends are encouraged to visit the dying person to alleviate the fear of being alone, which can be a heavier burden than physical pain. It is lamentable that hospices in some states are now required to participate in assisted suicide and that some hospice personnel support it.

What about persons with special needs? (I use that term because the words “handicapped” and “disabled” refer only to the lack of some ability; we all have needs, so people with *special* needs are different only in degree and kind.) American society is better now at accommodating persons with special needs, especially since the passage of the Americans with Disabilities Act in 1990. The ubiquitous ramps and sloping sidewalks at street corners are visible signs of the Act’s impact; so is the publicity given to the Special Olympics. Medical science has enabled the physically and intellectually handicapped to participate in school and work programs and let their gifts shine. Those who were once considered useless make their contribution to the common good. Simple changes can make a big difference. For example, many Catholic churches provide access to persons in wheelchairs, some have large-print missalettes for the sight-impaired, radio-transmitted sound for the hearing impaired and signed Masses for the deaf.

Despite these advances, there is still a bias against persons judged to be less than “perfect.” In the United States pre-natal ultrasound screening has resulted in between 60 and 90% of unborn children diagnosed with Downs Syndrome being aborted. In France, the reported rate is 77%, in Denmark 90% and in Iceland almost 100%. Yet Downs Syndrome children, who once had a life expectancy of ten years, can now expect to live fifty years. Medical advances, special education classes and sheltered workplaces allow them to lead fulfilled lives. Studies show that they are just as happy as other people. But many parents today think it will be an intolerable burden to care for them. I know it can be hard at the beginning because I have walked with families into which a special needs child was born, but I have also seen the love that blossoms in such families once they embrace that new child. The child and the whole family learn to give and receive love.

Here our Catholic Church could shine! The early Christians picked up babies left to die of exposure or by attacks of wild animals and took them home to raise. Could we not make it known that we will take in children with special needs when their parents cannot raise them? Are they not made in God’s image like the rest of us? Could this not become a religious order’s priority in today’s society?

In a less dramatic vein, now that we can get handicapped persons into our churches, can we start inviting them to be readers and Extraordinary Ministers, according to their abilities? Could they not serve on parish pastoral councils and finance councils? I knew a blind man who was ordained a priest in my first diocese; we hope to have a blind deacon in ours. My point is: let’s invite persons with different handicaps to take part as fully in the life of our parishes, schools and organizations as possible. Not only will they benefit from their service but the rest of

us, who may think we have no handicaps, will learn that it is not necessary to be “perfect” physically and mentally to be fully human and serve God’s people.

Just as we should cherish and protect children, born and unborn, so we should cherish and foster the wellbeing of our elders and persons with special needs. We must forge bonds that transcend age and physical and mental boundaries. We must reject policies and practices that judge some people as disposable based on criteria that others decide. A person’s fundamental worth does not depend on his or her age or physical or intellectual abilities; it comes from being a creature made in God’s image and likeness. That is the bond that unites us all. May we recognize more fully that our love of neighbor must extend to those who are advanced in age and those who live with special needs.

Sincerely in Christ,

+Mark E. Brennan

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