

**LITURGIES FOR THE WEEK OF THE
FIFTH SUNDAY OF LENT AND PALM
SUNDAY OF THE PASSION OF THE
LORD**

April 7 - 13, 2025

**Monday, 4/7 † Saint John Baptist de la Salle,
Priest**

6 pm: Carol & Joe

Tuesday, 4/8 † Lenten Weekday

8am: Addie

11am: A.S. Joan Scamerhorn by Jerry & Mindy
Okeley

Wednesday, 4/9 † Lenten Weekday

9am: A.S. Rosie Amidei by The Scamerhorn Family

6pm: Tom

Thursday, 4/10 † Lenten Weekday

8am: Alicia

9am: A.S. Joan Scamerhorn by Chet, Peg & Phil
Potempa

**Friday, 4/11 † Lenten Weekday, Saint
Stanislaus, Bishop & Martyr**

8am: Noelle

9am: S.S. –

5pm – Stations of the Cross, All Saints

6pm – Stations of the Cross, SS. C & M

Saturday, 4/12 † Lenten Weekday

8:30am: Dr. Sally Vobo by The Legion of Mary

**Saturday, 4/12† Vigil, PALM SUNDAY OF
THE PASSION OF THE LORD**

4:30pm: Frank Kida, Jr. by Donna Kida

**Sunday, 4/13 † PALM SUNDAY OF THE
PASSION OF THE LORD**

7:30am: Olivia

9am A.S. Bob Okeley by Joan Sickler

11am: Willa

This week at SS. C & M & All Saints

Tues., April 8 - Christian Ladies Mtng. & Bella Vita
Baby Shower, Parlor

Fri., April 11– 5pm – Stations of the Cross, All
Saints

Fri., April 11– 6pm – Stations of the Cross,
SS. C & M

Sun., April 11 – 9:30a.m.– Religious Education

Reminder

Dear Parishioners of All Saints & SS. Cyril & Methodius Re: directions to complete on-line or paper survey.

<https://portal.catholicleaders.org/dmi/survey/cd8k2c>
to complete the survey for SS. Cyril & Methodius
<https://portal.catholicleaders.org/dmi/survey/c2g1cc>
for All Saints

If you do not have access to a computer, you may complete the handwritten survey and place it in the box provided in the church vestibule. Your survey is confidential and your name will not be included. A box in the back of the church is provided for you to place your paper surveys. Please participate!!

**Reconciliation Services for
April 7 - 10, 2025**

Mon., April 7 - 7pm - Reconciliation Services at All Saints

Tues., April 8 - 7pm - Reconciliation Services at St. Thomas, Knox

Wed., April 9 - 7pm - Reconciliation Services at SS. Cyril & Methodius

Thurs., April 10 - 7pm - Reconciliation Services at Holy Cross, Hamlet

In today's Gospel, Jesus is the model of compassion and kindness. He shows us how to be merciful and nonjudgmental.

When we give to the poor, God indeed pours his love, peace and mercy into our hearts and into the hearts of those suffering in poverty.

In today's second reading, St. Paul says, "For his sake I have forfeited everything; I have accounted all else rubbish so that Christ may be my wealth." Does my stewardship suggest that I could say the same?

Dear Padre

April 6, 2025

A friend of mine told me he was looking forward to celebrating the Triduum. What does that word mean?

The word *triduum* is a Latin word meaning "three days." In this context, it refers to the paschal Triduum: the three days of Holy Thursday, Good Friday, and Holy Saturday, when we celebrate Christianity's most sacred events—the passion, death, and resurrection of Jesus.

The official beginning of the paschal Triduum takes place the evening of Holy Thursday, when we celebrate the Mass of the Lord's Supper. This day is also referred to as Maundy Thursday, because Jesus gives a command (*mandatum*) to his followers to be an example of love and service to others. The Mass of the Lord's Supper ends in stillness as the tabernacle is emptied, and the altar is stripped bare. The priests, ministers, and congregation then exit in silence. Good Friday is a day of somber quiet as we relive the passion and death of Jesus. The service centers on the solemn veneration of the cross. Holy Saturday is characterized by a spirit of waiting and quiet anticipation until the festive Easter Vigil, celebrated in the evening, when the Church comes alive with the new Light of Christ and catechumens are joyfully received into the eucharistic community. These are the Christian high holy days. ●

The Redemptorists / DearPadre.org

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Good News!

April 6, 2025

Fifth Sunday of Lent (C)

Isaiah 43:16-21 / Philippians 3:8-14 / John 8:1-11

FR. JOSEPH JUKNIALIS

Sometimes human beings seem to be evolving into more than what we have been. Gradually, we become capable of experiencing more than what we pick up through our five senses. We listen to our intuition; we pay attention to our sixth sense; we discover a spiritual side to our personalities. More and more, we notice people in need. We find ourselves becoming better listeners as people unburden themselves to us. We may be more aware of some stirring deep within ourselves. All such moments may be seen by people of faith as God bringing us to a new place in life.

Just as Isaiah speaks of God doing something new among the Israelites in distant exile, God continues to guide us to becoming more completely human. By his life, passion, and death, Jesus shows us most clearly what sort of person our God is drawing us to be: compassionate and just, generous and merciful, loving in a wasteland of indifference. So, when we hear the story of Jesus not condemning the woman caught in adultery, we may find ourselves becoming conscious of our own need to stop judging, stop condemning. Most of us have not yet evolved to the point of doing what Jesus would do. Instead, we condemn others while overlooking our own culpability. We are still in the process of learning to follow Jesus, to act as he would act, to love as he would love. It is God at work in us. ●

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Women using contraception exposed to double heart attack and stroke risk: major study

(Live Action) Feb 28, 2025 — A Swedish study published on February 12, 2025, in the *British Medical Journal* found that current hormonal contraceptive use doubled – and even *tripled* – heart attack and stroke risk.

When researchers reviewed 25 years' worth of medical records (1996-2021) from over 2,000,000 women, they found that the most popular forms of hormonal contraception *except* the progestin-only (Levonorgestrel-IUD or LNG-IUD) raised ischemic stroke risk, and all but the LNG-IUD and the arm patch raised heart attack (myocardial infarction) risk.

Ischemic (caused by a blood clot or other blockage in the brain) stroke risk was highest in arm patch users, with *triple* the rates compared to women who did not use hormonal contraception. Vaginal ring and oral combined contraceptive (containing both estrogen and progestin) users had more than *twice* the stroke risk of non-users. Progestin-only pill users had lower risk than the other methods, but stroke rates were still significantly higher than in non-users.

Oral contraceptive users also had twice the heart attack risk compared to women who didn't use hormonal birth control. Vaginal ring users had triple the heart attack risk. Progestin-only pill users were also at higher risk than non-users.

Let's put the concept of double or triple the risk into context. As an example, the researchers noted that for oral contraceptive users, "[The increased risks] equate to approximately one extra ischemic stroke for every 4,760 women using combined oral contraceptives for one year and one extra myocardial infarction for every 10,000 women per year of use compared with no users."

Many wonder, and various commentaries ask in so many words, *why get excited about such small increases in risk?* A Medscape commentary went so far as to explicitly proclaim, "Women should not stop using contraception based on the findings." The headline of a LiveScience writeup of the BMJ study read, "Hormonal birth control may double risk of stroke, study finds – but don't panic."

The rub is that *248 million* women worldwide use hormonal contraception. Calculating based on oral contraceptive usage statistics from the Centers for Disease Control and Prevention (CDC), between 2015 and 2017, over 9 million reproductive-aged American women were on combined contraceptive pills alone. Over 2 million women were using the contraceptive arm patch, vaginal ring, or Depo-Provera arm injection.

"Just" one extra ischemic stroke for every 4,760 women taking the pill for 12 months would translate to 1,890 contraceptive-caused ischemic strokes that year. And while risk does *not* appear to increase with duration of use (risk doesn't go up for every additional year you're on hormonal contraception), the fact remains that many women are exposed to these same risks year after year, because contraceptives are often used for years on end.

Furthermore, while side effects are bound to occur with any medication, those risks are outweighed or judged acceptable for the greater goal of improving symptoms or curing a disease.

But hormonal contraception is often taken for pregnancy prevention by *healthy* young women. When her birth control causes a stroke or heart attack or other serious complication like a blood clot, a *healthy* young woman is *made ill* by her contraceptive.

Is taking hormonal contraceptives safer than being pregnant or postpartum?

Hormonal birth control apologists routinely point out that pregnancy and the early postpartum period bring heightened risk of blood clots, equivalent to or slightly higher than risk from hormonal contraceptives. Similarly, in a Medscape writeup of the BMJ study, a U.K.-based medical school professor was quoted as saying, “The risk of stroke and heart attack in pregnancy and postnatal period is significantly higher than the risks reported in this study for contraceptives.”

Live Action News previously put increased blood clot risk during pregnancy and postpartum vs. on hormonal contraceptives in context at length, explaining why it’s an apples to oranges comparison. The same logic holds for comparing stroke and heart attack risk in hormonal contraceptive users to pregnant and postpartum women.

Yes, heart attacks and strokes *can* occur in healthy pregnant and postpartum women, though they primarily occur in pregnant or postpartum women who are older, smoke, and/or have preexisting conditions such as high blood pressure, obesity, high cholesterol, and diabetes.

But consider that the average woman, who bears approximately two children, will experience higher clot risk for roughly two years, counting 2x 40 weeks of pregnancy plus 2x six weeks postpartum. By contrast, the average woman takes hormonal contraception off and on for much of her adult life, spanning decades of exposure to blood clot, heart attack, and stroke risk, to name a few.

According to a 2021 Guttmacher fact sheet, in order to achieve her desired family size, “a sexually active woman must use contraceptives for *roughly three decades*” (emphasis added).

Is hormonal birth control indispensable for the treatment of reproductive health issues?

Furthermore, while pregnancy has some surprising health benefits, hormonal contraception cannot resolve reproductive health issues; it can only serve as a sort of Band-Aid for them. Unfortunately, this distinction is rarely made in commentaries on studies of the risks of hormonal contraception.

Dr. Oliver Segal, a British cardiologist and electrophysiologist, told Women’s Health UK, “The small increased risk of stroke or heart attack must be weighed against the benefits of hormonal contraception, including pregnancy prevention, menstrual cycle regulation and treatment of conditions such as polycystic ovary syndrome (PCOS) or endometriosis.”

Women can get help for reproductive issues without risking heart attacks and strokes

Commentaries like the Medscape and Women’s Health UK articles imply that hormonal contraception is a panacea for virtually any women’s health condition, and indeed it’s been framed that way for decades. But healthcare providers trained in restorative reproductive medicine (RRM) seek to address the root causes of hormonal and other reproductive health disorders.

Rather than masking symptoms with hormonal contraception – which may contribute to, for example, the average 8-12 year delay between endometriosis symptom onset and diagnosis – they recognize that the menstrual cycle is a fifth vital sign of health. Cycle charting serves as the starting point for a thorough workup that may involve blood draws, ultrasounds, and more to get to the source and resolve underlying issues. Women deserve family planning options and reproductive health solutions that don’t put their health at risk. Hormonal birth control cannot offer them that. It’s no wonder young women are increasingly realizing hormonal contraception’s limitations and seeking alternative options.