

Shelby County Forms Link in National Life Chain



Pro-lifers in Shelby County gathered at the courthouse in Sidney on Sunday, October 7, to pray and witness to the dignity of human life. They were part of a vast "Life Chain," across 1500 communities in North America.

Malorie Hussey, the first-place finisher in our local oratory contest earlier this year, presented her outstanding speech on the personal and societal effects of abortion. Approximately sixty participants then held signs along the streets of the court square during a period of silent prayer and witness. The event closed with a brief presentation by membership committee chair, Mary Schmiesing, who discussed the importance of being active in the election of pro-life candidates in November.

Ann Cordonnier Wins "Respect Life" Award

RTL's former office manager and longtime member Ann Cordonnier was recently honored by the Archdiocese of Cincinnati as its Respect Life Award recipient for 2018.

Every year on Respect Life Sunday, the archdiocese recognizes a lay person and a clergy/religious who fulfill the following criteria: "Nominees must be Catholic, living out his or her faith in a visible way, and 'proclaim that human life is a precious gift from God; that each person who receives this gift has responsibilities toward God, self, and others; and that society, through its laws and social institutions, must protect and nurture human life at every stage of its existence.'" Ann was nominated by Anne Schmiesing, RTL's speakers coordinator, who described Ann's work for RTL:

She provided clothing, diapers and other items for those in need, taught classes and mentored mothers and fathers, including foster parents. She worked with those with disabilities, with women who are victims of domestic violence or whose partners were incarcerated, assisting them before, during and after pregnancy. She and her husband, Henry, also provided shelter and material goods for women and children in their own home, and together they founded a crisis pregnancy center in Sidney, now a branch of the Elizabeth New Life Center.

The nomination also noted Ann's "care for her own large family—children and grandchildren—all of whom also share her strong devotion to the dignity of human life."

The award was presented by Archbishop Dennis Schnurr at the Cathedral of St. Peter in Chains in Cincinnati during the Respect Life Sunday Mass on October 7. Congratulations, Ann!

Thrift Shop Report

August

219 Customers
22 Work-to-earn shifts
3 Free units

September

206 Customers
16 Work-to-earn shifts
5 Free units

2017 Ohio Abortion Report

The Ohio Department of Health recently released its annual abortion report for 2017, revealing that 20,893 abortions took place.

The abortion rate for the state (8.9 per 1,000 women aged 15-44) has leveled off after peaking in the late 1990s and then declining in recent years. The rate is highest for women ages 20-24, followed by 25-29.

More than 15,000 abortions per year are performed on women whose marital status is “never married,” as opposed to approximately 2,300 on those who are “married”, and 1,000 on “divorced.” Nearly half of induced abortions are now non-surgical (see abortion pill story below).

By county of residence, 33 abortions were committed against babies whose mothers live in Shelby County. Other area counties were Mercer at 17; Miami, 82; Logan, 33; Darke, 24; and Auglaize, 19. By zip code, 28 abortions occurred among women in 45365 (Sidney); 1 in 45302 (Anna); 1 in 45306 (Botkins); 1 in 45340 (Maplewood); 1 in 45333 (Houston); 2 in 45865 (Minster); and 1 in 45845 (Ft. Loramie). There were none reported for Russia or Jackson Center.

The vast majority of abortions took place in the state’s urban centers, led by Cuyahoga County with 7,662 (4,721 on residents). There were no reported induced abortions (by location of procedure) in Shelby County in 2017, a decline from 2 in 2016.

While our local communities thankfully do not experience the carnage that takes place in other areas, every abortion is a grave loss and violation of human dignity. Men and women who suffer from this loss are among us. Let us continue to pray and work toward the day when all babies are welcomed into the world with love.

Decision to Abort by Pill Can Be Reversed

The increasing popularity of chemical abortions has unfortunately made abortion more accessible and convenient. One advantage, however, is that such abortions take time and that time can be used to change minds and reverse terrible decisions. Consider the following story from “Emily” (excerpted from AbortionPillReversal.com):

When I discovered that I was pregnant, like most 19 year olds with an unplanned pregnancy, I was terrified. I was scared of what my parents would say or do, that I was going to be a disappointment, and about my financial future. I was certain I couldn't financially support and provide all the care a baby needed. I was sure my only choice was abortion. So I went to Planned Parenthood the following Friday. I was surprised to see a nurse so quickly. She had me sign waiver papers releasing the responsibility from Planned Parenthood if anything were to go wrong. Then she handed me the first pill and a cup of water to wash it down. I didn't know it then, but this pill would cut off the baby's food supply and cause him to stop growing and thriving. I stared at the pill in my hand and became overwhelmed with sadness and the feeling that I was making a terrible mistake. But yet again, the fear I had of being pregnant overcame all other emotions, and I took the pill.

On the drive home I was consumed with guilt and regret. When I got home I told my sister what I had done, and that I wanted to fix it and reverse it somehow. We started looking online at what we could do and we came across a website discussing a reversal process, and it had a phone number. I was filled with hope, but also doubt that it was real or attainable. Once I called the number, I came in contact with the hotline nurse, who took my information and said she would call me back in an hour or two once she found something. *Continued on page 4*



For wisdom for voters, and for guidance for all elected officials, that all may view protection of the unborn as a high priority for our nation.

Why I Oppose Assisted Suicide Laws

I have an advanced neuromuscular condition and must use breathing support with a mask 18 hours a day. As a severely disabled person who depends on life-sustaining treatment, I would be able to qualify for assisted suicide at any time where it is legal. If I became despondent, for example, or if I lost my husband or my job, and decided that I wanted to die, I would not be treated the same as a nondisabled, healthy person who despaired over divorce or job loss.

If anyone doubted that someone like me would qualify for assisted suicide in a state like Oregon, those doubts were laid to rest in December 2017 when an Oregon Public Health Department official clarified in writing: “Patients suffering from any disease (not just those that typically qualify one for the DWDA [Death With Dignity Act]) may not be able to afford some treatments or medication, and may choose not to pursue some treatments or take some medication for personal reasons. . . . If the patient does not receive treatment or medication (for whatever reason) and is left with a terminal illness, then s/he would qualify for the DWDA.”

In the decade leading up to the passage of Oregon’s assisted suicide referendum in 1997, proponents often revealed their view that people with disabilities should be eligible. Two-thirds of “Dr. Death” Jack Kevorkian’s body count were people with non-terminal conditions like multiple sclerosis. The Hemlock Society contributed to his legal defense fund. When the Hemlock Society morphed into “Compassion and Choices,” the messaging shifted, partly in an effort to exclude disability rights organizations from the public debate. Assisted suicide is only for people expected to die within six months, they said. The person must self-administer the lethal drugs, so no one else could kill them, they said.

Any reasonably trained lawyer should be able to see the absence of meaningful patient protections in assisted suicide bills. All along, disability groups have pointed out the inherent discrimination and empty pretense of safeguards in these bills. Why does everyone else get suicide prevention, while old, ill and disabled people get suicide assistance? How could a doctor who’s known a person for an average of 13 weeks know if they are being pressured to ask for assisted suicide?

Reported reasons for requesting assisted suicide pertain to disability, chronic or acquired due to illness. Three of these reasons (feeling a loss of autonomy, loss of dignity, feelings of being a burden) could be addressed by consumer-directed in-home care services. However no disclosure or provision of such services is required. Basically, the law operates as though the reasons don’t matter, and nothing need be done to address them.

People who need home care shouldn’t be treated as disposable. Assisted suicide proponents are fond of saying that many people don’t go through with it, but the lethal drugs give them peace of mind. What if some of the many who change their mind have family members who are not happy about it? If the only other person present at the end is a greedy heir or tired caregiver, there are no safeguards to determine whether they self-administered the lethal drug or were cajoled, tricked or forced.

We urge lawmakers to look behind the public relations images of assisted suicide and consider the dangers to the many elders, ill and disabled people who are not safe from mistake, coercion and abuse.

By Diane Coleman, NotDeadYet.org. This guest column appeared in nj.com on October 26, 2018, and in the New Jersey Star Ledger print edition on October 29. Excerpted.

Emily's Story *(continued from page 2)*

I felt like my soul was crying and pleading with the Lord on behalf of my baby's life. I know God heard my prayer because the nurse called me back with the answer to my prayers: the San Juan Diego center. I went to the center the next morning at 7 am, less than 12 hours since I took the first pill. When I got to the San Juan Diego center, they reassured me that they could save my baby and that everything was going to be okay. They also showed me a model of a 6 week old baby which was the age of mine and I looked at how real and beautiful the baby was even when it was only six weeks old. When I saw that model I couldn't believe that I almost ended my little baby's life. I came home that day and told my parents everything and about the reversal process I was undergoing. My mom was very receptive and supported me with love my entire pregnancy and still supports me to this day.

Everything fell into place after that and I remember hearing my son's heartbeat for the first time around Thanksgiving. Then in July, I gave birth to a perfectly healthy, beautiful 9 1/2 pound baby named Ezekiel which means "God strengthens" because that's what God did. He protected and strengthened my baby against the abortion pill's effects through the reversal process. I am forever changed into a new person because of my son and what I went through to bring him into this world. He is the absolute best thing that has ever happened to me and I am so blessed to have him as my son. God says children are a blessing and a gift from above, and I cannot agree more. I hope everyone when faced with this choice chooses life, but thankfully, if they make a mistake like mine, there's a second chance, which is the reversal process.

Find more information at AbortionPillReversal.com.