



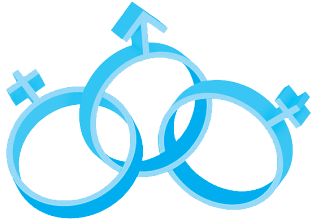
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POLYGAMY LAW IS CONSTITUTIONAL



Winston Blackmore, a resident of Bountiful, British Columbia is reported to have twenty-five “wives” and over a hundred children from these relationships. He argues that polygamy is an integral part of

his religious belief as a member of the Fundamentalist Church of Jesus Christ of Latter Day Saints, which is a splinter group of the Church of Latter Day Saints [Mormons], which, however, absolutely rejects polygamy.

The British Columbia government attempted several times to lay charges against Mr. Blackmore under Section 293 of the *Criminal Code*, which prohibits polygamy. However, these charges were not pursued by the government because it was concerned that the freedom of religion provisions in the *Charter of Rights* would strike down the polygamy law, thus making polygamy legal in Canada.

Consequently, in December 2009, the British Columbia government brought a Constitutional Reference before the B.C. Supreme Court to request a clarification on whether the polygamy provision in the *Criminal Code* would be struck down by the *Charter* provisions protecting religious belief. A Reference question to a court is non-binding, and the ruling does not apply to the other provinces. However, it does provide some clarification on the validity of the polygamy law.

There were 11 intervenors in this Constitutional Reference case, including REAL Women of Canada. We argued that polygamy presents a clear and present danger to women, children and all of society. It reduces women to chattels rather than equal partners, and is harmful to children, depriving them of the immediacy and intimacy of a father. Young men competing for an artificially limited number of young women are forcibly removed from the polygamous society, without education or job skills.

We also argued that polygamy serves the needs of males, in that it enables powerful, older men to assemble a household of young and desirable women. This promotes gender inequality, as adolescent girls are pressured into arranged marriages with the older men. We concluded, therefore, that Polygamy is contrary to fundamental Canadian values. Moreover, if allowed, it would open the floodgates of immigration to polygamist

families, at significant social and economic costs, which would eventually destabilize Canadian society.

On November 23, 2011, Chief Justice Robert Bauman of the B.C. Supreme Court handed down a decision stating that the law prohibiting polygamy in the *Criminal Code* is constitutional.

What's Next with Regard to Polygamy?

The answer to this question is: nobody knows. The Attorney General of British Columbia, Shirley Bond, has not yet decided whether to proceed with charges against Mr. Blackmore.

Her hesitation to do so at this time may be due to the possibility that this Constitutional Reference question on polygamy may be appealed to the B.C. Court of Appeal, and then finally to the Supreme Court of Canada. The latter then would render the definitive decision on the constitutionality of polygamy and its decision would apply to all of Canada.

The B.C. Attorney General and the federal Attorney General, however, would probably not want to appeal this lower court decision, because they are content with it. Both of these Attorneys General had intervened in the Reference question to support the validity of the polygamy law.

Perhaps this matter may be finally settled if the B.C. Attorney General, Shirley Bond, decides to lay criminal charges against Mr. Blackmore.

Unfortunately, as positive as the decision of the B.C. court is, the matter is not yet settled. †

MESSAGE BOARD

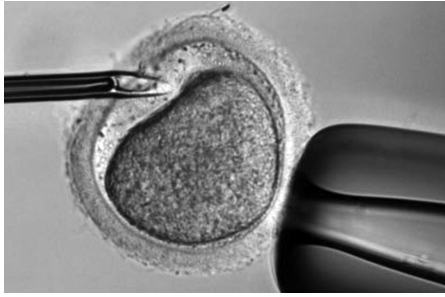
Ontario Tory MP Stephen Woodworth is calling for a debate on the legal status of the unborn child. He wants section 223 of the *Criminal Code* to be revised.

From 400 year old British common law, the provision stipulates a child only becomes a “human being” once he/she proceeds from the womb. Woodworth contends advances in medical science and human rights protections would change the Code.

Please write to support a debate on the unborn child:

- Rt Hon Stephen Harper at pm@pm.gc.ca
- Hon Rob Nicholson at rob.nicholson@parl.gc.ca
- Stephen Woodworth at stephen.woodworth@parl.gc.ca

THE HARVEST OF PAIN AND CONFUSION CAUSED BY NEW MEDICAL TECHNOLOGIES



It is obvious that the problems caused by new medical technologies are serious,

and are increasing each year, since there are few limitations placed on human imagination and our reproductive processes.

Predictably, new reproductive technologies have created a network of heartache, confusion, and broken family ties for Canadians. Further, the social, legal and regulatory infrastructure is inadequate for dealing with the new reality of manufacturing babies by these new technologies.

It all started out so simply. Reproductive technology was supposed to help bring happiness to infertile, married couples. It morphed far from this simplistic ideal. Children are now objectified and have become a commodity in a business transaction, in order to satisfy the demands, not needs, of adults. That is, with a few exceptional cases of altruism, baby manufacturing has now degenerated into a commercial trade, which is nothing more than an exchange of money for a baby.

As a result, courts have become referees determining who is on first base, i.e., who is the winner, who gets to claim the child. Is it the surrogate, who may also be the child's grandmother or aunt, or the one who donated or bought the ovum? Is the man who casually sold his sperm for a small fee, the father, or is the father the woman's husband, who may or may not have knowledge or have given his consent to his wife's purchase and insertion of another man's sperm? (This latter situation has already occurred in Canada). How many times can a man be permitted to donate his sperm, fifty, a hundred, a thousand times? The number of times an individual's sperm can be used is currently unregulated in Canada. Consequently, there is now a growing number of families of donor offspring, who may cause the spread of genetic malformations or, inadvertently, become involved in incest because they are biological brothers and sisters. Britain, some Australian states, New Zealand, the Netherlands, and a handful of European countries have laws that restrict the number of children per donor-but not Canada.

The objectification and sale of children has created a new horror, namely, the growth of baby factories. For example, in Thailand, a baby sale ring forced Vietnamese women to become pregnant by rape, and the resulting baby was sold to childless couples for \$32,000.00 US. This is human trafficking at its absolute worst-but inevitable when a baby has acquired a commercial value and is no longer regarded as a valuable gift from God, whose life cannot be measured in dollars and cents.

Since the child has become a manufactured product, the parents want a flawless product. A child with Down's Syndrome has been regarded as a "breach" of the contract and the parents reneged on the contract. Medical personnel are now freely choosing the selection of designer babies- the "best" embryos with the right characteristics-while the least desirable are destroyed. This is eugenics at its worst.

In all this mess, the actual child is treated as a commodity as a result of purely commercial transactions. The deep implications of these procedures to the lives and identity of these children are overlooked. Many of them experience a sense of abandonment by their biological fathers and this causes both identity crisis and depression.

In May 2011, however, one of these victims won a landmark court battle in the B.C. Supreme Court, the first of its kind in North America. She was the result of an anonymous sperm donor, and the court granted her the same rights as adopted children under the B.C. Adoption Act. That is, the court ordered that such children must be provided information about their biological parents, and have the right to contact the donor if there is mutual consent to do so. The judge also granted a permanent injunction to prohibit the destruction and disposal of the records of the sperm donors, who can now no longer remain anonymous. (Sweden, Holland, the UK and some parts of Australia have already eliminated anonymous gamete donations).

It is obvious that the problems caused by new medical technologies are serious, and are increasing each year, since there are few limitations placed on human imagination and our reproductive processes.

A Royal Commission on New Medical Technologies did, however, table a report in 1993, making recommendations to control and restrain these activities. Part of the resulting Assisted Human Reproduction Act, however, was struck down by the Supreme Court of Canada in 2010, on a legal challenge from the Quebec government, which

argued that the federal legislation was unconstitutional because reproduction is a provincial health matter rather than a federal matter. The ball is now in the provincial courts. However, the federal government still has jurisdiction to

regulate the importation of sperm and could impose rules allowing sperm to be used only a limited number of times. But this is only a small part of the enormous problems that have been created by new medical technologies. †

THE COURTS MEDDLING ON MEDICAL MARIJUANA



Ontario Court of Appeal's decision to legalize marijuana for medical purposes ... was simply an ideological decision made by activist judges.

Courts' meddling on issues about which they are not properly informed has caused chaos. There is no better example of this than the Ontario Court of Appeal's decision to legalize marijuana for medical purposes.

In 2000, in the case **Regina vs Parker**, the Ontario Court of Appeal ordered that marijuana used for medical purposes was a constitutional right, even though there was little evidence introduced to support this conclusion. It was simply an ideological decision made by activist judges.

Marijuana for Medical Purposes Not Justified

Medical literature is replete with hundreds of studies about the physical and emotional harm that can result from this plant. Recent studies reveal that psychosis, a severe form of mental illness, is much higher in people who begin using marijuana at or before 15 years of age. Amotivational syndrome (characterized by a person who has no initiative, no drive and no energy) is well documented in people who use this drug regularly. Increased problems with depression and anxiety have also been documented. The same dose that "works" today won't work forever and increased amounts are needed to obtain the same effect. This is what defines chemical dependence.

The tar and carcinogens in smoked marijuana are just as dangerous as in cigarettes or even worse, since many cigarettes have filters. Marijuana smoke is an irritant to the lining of the nose and lungs, which can cause chronic cough, sinus irritation and lung diseases, such as emphysema and lung dysplasia. Decreased testosterone in males and altered menstrual cycles in females are other adverse effects. The brain is also affected negatively, with a decrease in both the memory capacity and the ability to think, along with an increase in seizure risk. Slowed reaction times are also clear consequences of marijuana use and can have significant detrimental effects on driving skills.

With such harmful effects, the question then arises whether it is worth these risks to allow marijuana for medical reasons. Unfortunately, the current data on the medical use of marijuana are very limited and what little there are available, indicate that it is not usually effective for pain relief, as claimed by advocates.

In addition, there are no standardized dosages as well as no standards of concentration of the plant or its purity. All in all, the use of marijuana for medical purposes was not a reasonable decision for the Ontario court to make. The Ontario Courts, therefore, were way off base in ordering marijuana's availability for medical treatment. So, what else is new with judicially active Ontario courts?

The Obtuse Allan Rock, Liberal Minister of Health

Instead of appealing this nonsensical and dangerous court decision, the then Liberal Minister of Health, Allan Rock, eagerly set about authorizing access to marijuana for medical use, by amending the regulations, and also by establishing a federal government operated marijuana grow-op, in an abandoned copper mine, in Flin Flon, MB. This was a disaster. There was no consistency in the quality of the marijuana produced, and the smokers refused to buy the government's product. Canada, by the way, is the only government in the world that produced its own marijuana for sale.

As a consequence of the marijuana users refusing to buy the government's marijuana, the government issued licenses to the marijuana users to grow their own marijuana, or to allow someone else to grow it for them. The licensees, however, had to first obtain a physician's certificate indicating the medical need for the marijuana.

This led to a new legal challenge in the Ontario Superior Court by a marijuana user, who was unable to obtain the required physician's authorization to grow his own marijuana.

On April 13, 2011, the Superior Court of Ontario, declared the medical marijuana program was unconstitutional because the government's system to supply medical marijuana was ineffective. The government appealed this decision and the appeal is to be heard in the Ontario Court of Appeal in March 2012.

In the meantime, Health Canada has come up with yet another system of providing medical marijuana. The Minister of Health, Leona Aglukkaq, announced, in June 2011, that the current system of allowing medical marijuana users to grow their own or have someone else grow it for them had become dangerous. These growers do not follow local electrical, health and safety by-laws. Further, there were so many licenses to grow marijuana, that it was virtually impossible for municipalities to know who was licensed, and whether the licensed growers were conforming to the conditions of the license. As a result, Ms. Aglukkaq's new rules provide that medical marijuana patients will be required to

obtain a document from their doctor, authorizing the use of marijuana for medical purposes. This document will then be presented only to a government licensed commercial grower of marijuana.

Doctors Refuse to Cooperate with the new Government Plan

The 75,000 members of the Canadian Medical Association (CMA), however, announced that they would have nothing to do with this plan. The CMA stated that its refusal to participate is due to the fact that marijuana is an untested and unregulated substance about which most physicians know little or nothing.

The fact is that marijuana has never gone through the normal regulatory review process and this has made physicians wary of its use for medicinal purposes. Physicians also fear being exposed to legal action and becoming a “go-to” source

for people seeking marijuana, not to alleviate their pain, but rather, to alter their consciousness.

No drug company wishes to evaluate smoked marijuana as a medicine, as there is no money in it for them. Similarly, funding agencies refuse to become involved with this problem, as they don't see smoking marijuana as a safe, viable drug delivery system. For these reasons, “medical” marijuana has not been endorsed by any of the major medical societies i.e., Canadian Medical Association, the American Medical Association (AMA), the American Osteopathic Association (AOA), and the American Academy of Family Physicians (AAFP).

Marijuana users want to smoke it — and are using the medical approach to achieve this so as to normalize its use. They are assisted in this objective by the politically activist judges on the Ontario courts. †

PRO LIFE COUNTER MEASURES AT THE UN: THE SAN JOSE ARTICLES



[T]wo judges on the Mexican High Court recently fell for the false assertion ... that there is a full fledged right to abortion under international human rights laws.

The UN is teaming with pro-abortion advocates. These individuals, non-government organizations (NGO's), Committees and agencies, bureaucrats and diplomats all claim that there is a full fledged right to abortion under international human rights laws. This is an outright lie. There is absolutely no treaty that provides for this.

Yet, these activists relentlessly resort to any number of tactics and manipulation to achieve their goal of convincing countries to change their laws to allow abortion, arguing that they have no choice but to do so under international law.

Countries from Nicaragua, Kenya, Colombia to Ireland are continuously pressured, bullied and manipulated – even to the extent of denying them financial aid for their poor, if they do not agree to these pro-abortion demands. For example, Sweden withdrew all financial assistance from Nicaragua after it failed to pass a liberal abortion law.

Some countries, unfortunately, are succumbing to these bullying and bogus assertions. For example, the Constitutional Court of Colombia ordered that country's abortion laws changed because of these false claims, and two judges on the Mexican High Court recently fell for this false assertion.

PRO-LIFE COUNTER MEASURES: THE SAN JOSE ARTICLES

To fight back against these lies and deceptions, a large group of experts in law, medicine and public policy, met in San Jose, Costa Rica in March 2011, to proclaim the scientific fact that human life begins at conception and explain that no UN treaty mentions abortion or defines reproductive health as including abortion. On the contrary, a number of human rights treaties recognize the humanity of unborn children and the rights and duties of governments to protect them as members of the human family.

It is significant that over two thirds (2/3s) of UN member-states have laws recognizing that unborn children deserve protection. Only 56 countries allow abortion under certain circumstances, and only 22 of these (including Canada) are without restriction.

The Launching of the San Jose Articles

On October 6, 2011 the San Jose Articles were launched at the UN headquarters in N.Y. by Professor Robert George of Princeton University and Ambassador Grover Joseph Rees, former U.S. Ambassador to East Timor and one-time U.S. representative to the UN Economic and Social Council.

The San Jose Articles were also launched in the British House of Lords on October 13, 2011 by Lord Nicholas Windsor, (The Queen's Cousin), (who renounced his claim to the Throne when he became a Catholic). Further launching of the Articles took place in legislatures around the world, including The European Parliament, the Italian Parliament, also in Madrid, Washington DC, Santiago, Manila, Buenos Aires, Calgary and San Jose.

Why The UN's Obsession with Abortion?

One would think that the UN has far too many other problems with which to deal, instead of spending billions of dollars, time and energy in spreading abortion worldwide. Wars, civil unrest, natural disasters, malnutrition, and disease would be enough to overwhelm most institutions. Yet the UN continues to press on with its promotion of abortion.

The UN is simply obsessed with this issue. Why is this? The UN's official response is that it is concerned about the well-being of women and their equality rights worldwide. Such an argument was recently put before the General Assembly by the UN's Anand Grover, a UN bureaucrat and "Special Rapporteur for Health". A UN rapporteur is supposed to be an unbiased expert, but this is often far from the truth.

Mr. Grover presented his controversial report to the General Assembly on October 24, 2011, in which he claimed that laws restricting abortion violate women's rights and that all governments must "ensure that legal and safe abortion services are available, accessible, and of good quality". ("Good quality abortions"?)

The Secretary General of the UN, Ban Ki-Moon stated that he was "honoured" to accept Mr. Grover's report, which was also endorsed by the UN Commission on Human Rights in Geneva.

In his report, Mr. Grover gave the usual UN arguments in support of abortion, when he stated:

Criminal laws penalizing and restricting abortion provide examples of State interference with women's right to health. Such laws restrict women's control over their bodies and require that they continue unplanned pregnancies and give birth when it is not their choice to do so. Criminal restrictions undermine women's dignity and infringe their autonomy. At the same time, criminalization generates and perpetuates the stigmatization and marginalization of women. As such, these laws should be eliminated.

If the UN were genuinely concerned about women, it would acknowledge the fact that maternal health improves in countries where abortions are prohibited.

So then, what is the real reason behind the UN obsession with abortion? The answer lies in the fact that the UN is dedicated to reducing population worldwide. Abortion is an efficient tool to accomplish this. This pressure to reduce population in the developing world comes directly from the western nations, such as the U.S., the European Union, etc., the heavy funders of the UN, who are terrified by the surging populations in the developing world. Hence, the lies and deceptions at which the UN excels, in pushing the abortion issue.

The San Jose Articles is, at last, a tool to counter the UN's abortion strategies. †

MPS NOT REQUIRED TO DISCLOSE RECEIPTS AND INVOICES

MPs spent a total of \$133 million on their office expenses during 2010–2011.... Why are MPs not required to produce receipts and invoices for these expenses?



In 2008, then Auditor General Sheila Fraser requested access to MPs' expense accounts without success. She did so again in February 2009.

The MPs refused both these requests for access to their expense accounts. However, when Ms Fraser made her request public in 2010, for tactical reasons, the MPs relented, so that the Board of Internal Economy announced, in June 2011, that an audit would be allowed on MPs' expenses.

What is of interest, is that once the audit was agreed to, the MPs began to drastically reduce their spending on airline travel. In fact, the money spent by MPs on free air travel back and forth from ridings and around the country plunged by nearly \$7 million from the 2008-2009

fiscal year to March 31, 2011, the last reporting period. The cost of annual air travel dropped to \$20.63 million from \$27.48 million. MPs from the three major parties, Conservative, NDP and Liberal, say they can't explain the drop in their air travel.

Each MP receives 64 travel points annually, each point representing a return airline ticket, either between Ottawa and the MP's riding or, for 25 tickets to anywhere in the country. A portion of the points can be allocated to a traveller, such as a spouse or partner and dependants.

TRAVELLING COSTS

The high roller on travel costs was former Liberal MP Ujjal Dosanjh (Vancouver South), who spent \$213,740 of his budget on trips for himself and other designated travellers. He was followed closely by Conservative MP LaVar Payne (Medicine Hat), who spent \$211,588 on travel, and former Conservative MP Jim Abbott (Kootenay-Columbia), who spent \$200,090.55.

MPS' HOSPITALITY EXPENSES

MPs are each allotted a base office budget of \$284,700 annually, with larger budgets for larger and more populated

ridings. From that, MPs are allowed to spend up to 3% on entertaining unidentified constituents and guests. “Hospitality” is a very general term and can include anything from meals to bar tabs to “events” (not identified). No receipts or invoices for expenses are required — all that needs to be disclosed is the total amount spent on these activities.

According to the MPs’ expenditures for the fiscal year 2010–2011, tabled in the House of Commons on November 3, 2011, eight Conservative MPs and eight former Bloc Quebecois MPs spent between \$9,000 and \$10,000 each on “hospitality and events”. A further seven Conservative and 10 Bloc Quebecois MPs spent between \$8,000 and \$9,000 each.

THE BIG HOSPITALITY SPENDERS

Conservative MPs

MP Richard Harris (Caribou-Prince George) - \$9,760
MP Labour Minister Lisa Raitt (Halton) - \$9,621
MP Paul Calandra (Oak Ridges-Markham) - \$9,481

Liberals

Former MP Brian Murphy (Moncton-Riverview-Dieppe) - \$8,792.49

Former MP Anita Neville (Winnipeg South) - \$8,477.55
Former MP Shawn Murphy (Charlottetown, PEI) - \$8,447.55
MP Massimo Pacetti (Saint-Leonard-Saint Michel) - \$8,541
MP Scott Brison (Kings-Hants, N.S.) - over \$8,000
MP John McKay (Scarborough-Guildwood ON) - over \$8,000

NDP

MP Jim Malloway (Elmwood-Transcona, Man.) - over \$8,000
MP Don Davies (Vancouver-Kingsway BC) - over \$8,000

Bloc Quebecois

Former MP Roger Gaudet (Montreal Que.) - \$9,468
Former MP Michel Guimond
(Montmorency—Charlevoix—Haute-Côte-Nord) - \$9,238.77
MP Andre Bellavance (Richmond – Arthabaska) - \$9,312.35

MPs spent a total of \$133 million on their office expenses during 2010–2011. The biggest over-all spender was MP Stephen Fletcher (St. James, Assiniboia, Headingley) - \$803,109, (As a quadriplegic, much of his budget went for his specialized staff and travel needs.)

Why are MPs not required to produce receipts and invoices for these expenses? Everyone else must do so— why not MPs? †

HOMOSEXUALS CAN CHANGE THEIR ORIENTATION

Homosexual activists, despite scientific findings that clearly indicate that sexual orientation can be changed, continue to deny it.

Homosexual activists, working closely with their publicist, the politically correct and unscientific American Psychological Association (APA), have constantly promoted the concept that homosexuality is an “immutable (unchangeable) characteristic, similar to race, and that any attempt to change it is harmful.

The truth is in that one never meets an ex-black, but there are a whole lot of ex-gays about.

New research was published in the peer reviewed *Journal of Sex and Marital Therapy* 2011, Vol. 37, pages 407-427 by Stanton Jones and Mark Yarhouse, who have completed a longitudinal study over a six-seven year period on the reparative therapy work carried out by Exodus International on the sexual orientation of 61 men and women. They found that 53% had successful outcomes. That is, 23% reported a successful conversion to heterosexuality, both in orientation and functioning, and 30% achieved behavioral chastity with substantive “dis-identification” with homosexual orientation. 20% of the subjects abandoned the treatment and fully embraced a homosexual identity. Interestingly, harmful psychological

distress did not increase, but instead, mental well-being significantly improved in many of the subjects.

This definitive study is consistent with the findings in 2003 of Columbia University psychiatrist, Dr. Robert Spitzer, who, after studying 200 former homosexuals, reported that core changes were apparent in orientation and sexual fantasies, arousal, etc., by reparative therapy.

Dr. Spitzer’s findings are particularly significant since he led the politically-driven coup that removed homosexuality from the American Psychiatric Association’s official list of mental disorders in 1973.

Why Homosexuals Continue To Manipulate the Truth

Homosexual activists, despite scientific findings that clearly indicate that sexual orientation can be changed, continue to deny it. Why? Because the “born that way” concept is critical for the continuing legal and social acceptance of homosexuality. That is, the argument that homosexuals can’t change because they are “born that way”, requires that society reach out to them and accept them as being a discriminated against, minority group, requiring the protection of the law.

Their argument is not based on scientific fact, but, rather, it is a crass political tool used to advance the political and legal acceptance of homosexuality. †

MANIPULATING PUBLIC OPINION ON SOCIAL ISSUES



The power of the media ... to discourage opposition to proposed changes on social issues is enormous and effective. Opposition

becomes so marginalized that dissenting views are eventually acknowledged only for the purpose of ridiculing them.

It is no mystery how public opinion is changed on social issues. There is a distinct pattern as to how this is done, no matter the issue—abortion, feminism, homosexuality, same-sex marriage, assisted suicide, etc.

The stage for these cataclysmic changes is set by the “intellectuals”. The latter refers to those whose occupation is to create ideas. They include university professors, writers, etc. They are not necessarily more intelligent than others, or have more common sense: it’s that their job is to create ideas, which they then enthusiastically promote at every opportunity.

These ideas are subsequently carried forward by the media, and others, who hold the power to control the information that is passed on to the public. The information gatekeepers include reporters, editors, columnists, teachers, scholars, film producers, etc. They assume that the masses may “misunderstand” information on a particular issue, and as a result, because of the gatekeeper’s skewed sense of social responsibility, and their eagerness to change the law, they filter or select information so that the public will not have a full or complete understanding of the matter. That is, they use selected information to initiate a massive publicity campaign to bring the problem to the public’s attention and then they promote their one “solution” to solve the problem, i.e., to change the law according to their recommendation. They are assisted in their campaign by special interest groups, which benefit from their proposed “solution”, politically, socially and/or financially.

In short, once a controversial issue is given a high profile in the media, the public is deliberately, by way of a massive campaign, steered to a narrow or restricted perspective on the matter. The campaign to change the law is always dominated by the depiction of individuals suffering or experiencing discrimination: they are victims, and change is demanded. The problem can be suffering and discrimination against women (abortion) (see article in this issue, “Abortion: Making it an Issue”), the inequality experienced by homosexuals (same-sex marriage and bullying in the schools) or the suffering of the dying, aged,

or the handicapped (euthanasia and assisted suicide), The essence of these propaganda campaigns remains the same—the pain and suffering of the individuals must be eliminated.

Never is the full picture or the complete facts provided to the public, such as providing the down side or consequences of the proposed societal changes. For example, the media choose not to provide information on the detrimental effects of the homosexual lifestyle, both personal and medical, and how homosexual advocacy adversely effects school children or religious rights. The vulnerability to intimidation for the ill or aged in euthanasia is ignored. There is also a failure to disclose the problems created by euthanasia and assisted suicide laws in other countries. Only a very narrow window of information is provided to the public, and the possible serious consequences caused by changing a law are ignored.

Those who promote the new orthodoxy are depicted as moderate, progressive and reasonable, while those who question the orthodoxy are disparaged and characterized as extremists, fundamentalists, hateful and/or bigoted, and regressive.

The power of the media and other information gatekeepers to discourage opposition to proposed changes on social issues is enormous and effective. Opposition becomes so marginalized that dissenting views are eventually acknowledged only for the purpose of ridiculing them.

At this stage, legislation is brought forward to change the law or in some cases, the ever trendy appointed judges strike down the law, so as to adapt to the “popular” orthodoxy. †

NOTES

- Need a New Year’s resolution for 2012? We have an idea for you. Please [sign-up](http://www.realwomenca.com/page/joinus.html) one new member at <http://www.realwomenca.com/page/joinus.html>
- It’s a steal at only \$25 a year as members will receive our one-of-a-kind [newsletter](#) which analyses political and social issues that impact women and our family life. We want to share it. Go to <http://www.realwomenca.com/index.cfm/page/publications.html>
- Also, [memberships are due](#) at the beginning of each year. If you have not paid your membership since October 2011, then your 2012 membership is due. See page 12 or sign up online at <http://www.realwomenca.com/page/renewmember.html>

DEATHS IN CANADA FROM AIDS AND OTHER DISEASES

[I]f the government really wanted to cut down the spread of AIDS, it should cease treating AIDS as a political issue, and treat it, instead, as the serious public health issue it is.

AIDS is a terrible disease. Fortunately, however, because of medical advances, it need no longer be a terminal disease, but a manageable one, even though chronic. Even with medical advances, however, individuals still die of AIDS, and there is a stigma attached to the illness.

The number of reported deaths in Canada, among reported AIDS cases in 2008, was 45 (38 males and 7 females). The highest count was in 1995, at 1501 deaths.

According to Statistics Canada (November 1, 2011) however, cancer is the leading cause of death in every province, accounting for 30% of deaths in 2008. The second largest killer of Canadians in 2008 was heart disease, which accounted for 21% of the total of 238,617 deaths that year. The number of reported deaths by AIDS was 0.018% of all deaths in 2008.

Federal Government Funding of Research For Diseases in 2008

While the federal government contributed \$159 million for cancer research in 2008 and \$95 million for research of heart disease, it contributed \$72 million to address HIV/AIDS in Canada, which includes 38%, or an estimated \$27 million, for research purposes. In 2004, when reported AIDS deaths were down to 83, the Government of Canada announced a doubling of HIV/AIDS annual funding from \$42.2 million to \$84.4 million by 2008-2009.

It is not just in Canada that the federal government funds AIDS. It also generously funds it internationally.

- Canada has contributed \$1,518 billion to Global Fund to Fight AIDS, Tuberculosis and Malaria, since its founding in

2002. The most recent pledge totaled \$540 million over three years.

- In July 2010, the Government of Canada renewed its commitment to spend \$111 million on implementing the Canadian HIV Vaccine initiative (CHVI), partnering with The Bill and Melinda Gates Foundation in order to develop an HIV vaccine.

- The Canadian International Development Agency (CIDA) works closely with its United Nations partners in the fight against HIV/AIDS. CIDA provided institutional support to the Joint United Nations Programme on HIV/AIDS (UNAIDS), in the amount of \$5.4 million for the fiscal year 2010-2011.

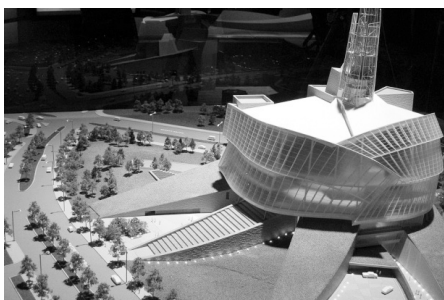
It is not difficult to tell which disease is politically correct and, disproportionately, the most generously funded by the government.

However, if the government really wanted to cut down the spread of AIDS, it should cease treating AIDS as a political issue, and treat it, instead, as the serious public health issue it is. For example, gay bathhouses in Canada's major cities facilitate the spread of HIV because the highest risk sex takes place there. This is due to the fact that these places are used for anonymous, promiscuous, homosexual sex. AIDS will never cease unless we deal with its main cause, that is, rampant male-to-male promiscuous sex.

It is odd that the government goes out of its way to discourage people from unhealthy lifestyle choices, like smoking and obesity, but does nothing to discourage the lifestyle that directly spreads AIDS.

It's unreasonable to keep mindlessly throwing money at AIDS just to indicate our concern, without demanding any results. There is no question that AIDS victims must receive medical help, but such individuals also have a responsibility to change their behaviour. †

CONTINUING CONTROVERSY OVER THE HUMAN RIGHTS MUSEUM



The museum has been beset by high-level departures [and] ... the opening has been delayed to at

least 2014, due to a shortfall in funding.

The controversial museum on Human Rights in Winnipeg careens from one disaster to the next.

The museum has been beset by high-level departures. The most recent departure was that of the Chairman of the Board of Trustees, who abruptly resigned on January 1, 2012. Hefty cost overruns and numerous complaints about the museum's contents are dogging the museum.

The initial building cost was set at \$265 million in 2007, but by 2009, the costs had increased to \$310 million. An announcement is expected shortly that the construction

cost will rise yet again, possibly to \$345 million. For what?

The major purpose of this museum seems to be to build a glorious monument to former Prime Minister Pierre Trudeau and his Charter of Rights. The planned Grand Hall in the museum includes the Pierre Elliott Trudeau Gallery, dominated by a huge portrait of him, with the provisions of the Charter printed on the walls. Conrad Black assessed the Charter correctly when he stated in his column in the National Post (January 14, 2012) that the “Charter of Rights is a farce ... and a nuisance that has turned many of our under-qualified judges into feckless social tinkers”.

The museum was supposed to open in 2013, but the opening has been delayed to at least 2014, due to a shortfall in funding. The Conservative government has kicked in \$100 million towards construction costs and has agreed to pay \$21.7 million annually to cover operating costs. To Mr. Harper’s credit, however, he has refused to provide any further funding to this homage to Mr. Trudeau and the politically correct values the Charter has wrought.

The genocides depicted in the museum are highly controversial, as well: the museum plans to feature 12 galleries dedicated to the Holocaust and the plight of Canada’s aboriginals, but has placed all other genocides, such as those experienced by the Ukrainians, Armenians, and those in Rwanda and Srebrenica to just one single gallery.

“Women” (that is feminist activists) and homosexual activists will be featured for their efforts to force society to successfully adopt their agenda. Yet, those individuals who have so generously laboured over the years to bring recognition for and dignity to human life from the moment of conception to natural death are ignored. In fact, such Canadians seem to be regarded as though they were impeding the “progress” of human rights in Canada.

National Post columnist, Jonathan Kay, in an article published December 22, 2011, suggested that the Human Rights Museum may end up as a Convention Centre or a Casino. †

DISCRIMINATION AGAINST FEMALES BY WAY OF SEX BASED ABORTIONS



The loss of females by way of sex selection abortions devalues all women and their contributions to society in the past, present and the future.

The Canadian Medical Association Journal (January 16th, 2012) has identified a problem that is occurring in Canada due to abortions based on sex. The editorial recommends a direct ban or restrictions on the disclosure of medically irrelevant information such as the sex of the child, to pregnant women until after about 30 weeks of pregnancy, at which time far fewer abortions are performed.

This problem was previously identified by Statistics Canada in 2006 when it reported that abortions for sex reasons were being performed in several areas in Canada highly populated by immigrants.

Cultures from some countries traditionally desire to preserve the bloodlines through the male offspring, and it is this preference that now seems to be in effect in certain areas in Canada.

There is currently no law on abortion in Canada, hence, no restrictions on the procedure. Consequently, abortion on the grounds of the undesired sex of the child is permissible.

The loss of females by way of sex selection abortions devalues all women and their contributions to society in the past, present and the future. The availability of such abortions can result in family pressure on women to have an abortion

solely for the sex of the child. This unacceptable bullying traumatizes such women.

REAL Women of Canada has been alarmed for some time about abortions based on sex, in Canada. In June 2006 we wrote to all provincial and territorial Ministers of Health requesting that they look into this matter and regulate the ultra-sound procedures to prohibit the disclosure of a child’s sex prior to birth, so as to preclude abortions being performed because of the undesirable sex of the child.

REAL Women of Canada therefore is grateful for the recommendation in the Canadian Medical Association Journal, especially since the sex of the child in the womb is medically irrelevant information (except when managing rare sex-linked illnesses) and does not affect care.

Although women may seek information as to the sex of the unborn child from other private sources, or use other medical techniques to determine the sex of the child, this requires time, effort and money. In contrast, the ultra-sound procedure is now carried out on a regular basis under provincial health services in pre-natal care in Canada, and is the most common source of information on the child’s sex. Consequently to prohibit the disclosure of the child’s sex until after 30 weeks will save the lives of a number of females.

Equality between the sexes and the prohibition of discrimination against females, applies throughout the entire life span. What do other rights matter if the child is not allowed to be born, simply because she is of the female sex? †

ABORTION

MAKING IT AN ISSUE

With the horrific numbers of abortions ... why has a debate on this issue not taken place?

What is that, you say? It's already an issue! Yes, we who are pro-life, know very well that abortion is a critical issue. How can it be otherwise since it involves the callous destruction of human life? The problem is that **others** do not understand the profound significance of abortion, and casually dismiss it as a respectable and reasonable solution to a difficult pregnancy.

The public's indifference to the problem of abortion led Prime Minister Harper to declare, during the last election campaign, that his party would not raise the issue in Parliament if he were re-elected.

This was reiterated by government House Leader Peter Van Loan (York-Simcoe) in the House of Commons on September 29, 2011 (Hansard page 1651) when he stated "...the government has been clear. We will not re-open this [abortion] question."

Abortion Rate in Canada

On October 28th, 2011 the Canadian Institute for Health Information (CIHI) reported that, in 2009, there were 93,755 abortions performed in Canada.

This is not the whole story, however, since this figure does not include the entire data from British Columbia. Moreover, reporting data is voluntary for abortion clinics, in contrast to hospitals, which are mandated by the provincial Ministries of Health to report all hospital activity. Since there's no requirement for abortion clinics to report their activity, it skews the abortion statistics. In addition, abortion data from Ontario and Quebec include only those covered by the provincial health insurance and not those paid privately. In contrast, data from other provinces and territories include all induced abortions, whether paid for by patients in private clinics or under the health insurance plan.

It's not surprising that abortion clinics do not report all the abortions they perform, since they are for-profit institutions. The more profit they make, the more they pay in taxes. Consequently, abortion clinics are reluctant to disclose the actual number of abortions they perform. Rather, they deliberately downplay their numbers in order to pay lower taxes. According to a report in the National Post, on Nov. 10, 2011, the abortion rate has now decreased by 14% since 1997. However, this is doubtful for the reasons noted above, i.e., the downplaying of the numbers of abortions performed by abortion clinics. There have been approximately 3,000,000 abortions performed in Canada since the abortion law was first amended in 1969.

Canadians not Happy with the Abortion Situation

In January 1988, the Supreme Court of Canada, in a 7 to 2 decision, struck down the abortion law. It did so on the grounds that this law required abortions to be approved by a hospital Therapeutic Abortion Committee (TAC). The majority of the Court concluded that these TACs were unconstitutional because they created inequality, since some hospitals did not establish TACs and thus, women did not have equal access to abortion. The Court, however, did state that the protection of the child in the womb (fetus) was a matter over which the federal government retained jurisdiction, and it could pass legislation in the future to protect the child in the womb, if it chose to do so.

It is important to note that the Supreme Court did not establish a right to abortion. It merely overturned the then abortion law for technical reasons.

When former Conservative Prime Minister Brian Mulroney (1984-1993), attempted to bring in a new abortion law in 1991, it was defeated (even though it passed the House of Commons), by an unusual tie vote in the Senate, cast by hard-core feminist, Senator Pat Carney. The Liberal governments that followed Mulroney's Conservative government did not attempt to pass another abortion law—claiming that the issue was "settled". By whom, one might ask?

Consequently, Canada is in the less than illustrious position of having no abortion law at all, similar to China, North Korea and Cuba. Although not medically advisable, abortions can be performed in Canada at any time during a pregnancy, i.e., during the entire 9 months of pregnancy.

Canadians Do Not Support The Present Situation

Canadians do not support this outrageous situation. In October 2011, an Environics Poll indicated that 72% of Canadians want some legal protection for children in the womb, with 28% supporting complete protection from the moment of conception. Only 20% of those polled support the current situation in Canada of no protection for human life until birth.

Why is there No Abortion Debate?

With the horrific numbers of abortions (for which taxpayers are forced to pay under their provincial health insurance plans), why has a debate on this issue not taken place? In effect, Canadians (and unfortunately politicians) have been pushed into a corner by the pro-abortionists silencing us and refusing even to accept that there are problems with the current situation.

HOW DID THIS INCREDIBLE SITUATION DEVELOP?

Silencing Canadians

The first point to note is that Canadians have been silenced by the abortion industry in Canada, assisted by the liberal media. The abortion industry's interest is entirely self-interest. The industry consists of those who make a profit from abortions, i.e., owners and operators of abortion clinics. Women who decide not to have abortions means a loss of profit for them. Thus, the industry doesn't want knowledge of the humanity of the 'unborn child' to be publicized, or the complications that arise from abortion procedures. The industry also insists abortions must continue to be paid by provincial medical insurance plans so as to ensure for themselves a reliable income.

Pressure to Change the Abortion Law

However, the abortion industry itself could not have achieved its dominant position without the assistance of others such as government-funded organizations of feminists, Planned Parenthood etc, who argued that women were burdened and hindered by their reproductive capacity. They stated that the carrying of a child and the subsequent caring for that child, from birth into late adolescence, unreasonably consumed women's time and energies, and precluded them from achieving their highest potential intellectually, emotionally and psychologically.

They argued therefore, that women must be released from reproductive burdens by way of open access to abortion. They were assisted on this advocacy by the media, which undertook a massive propaganda campaign promoting women as "victims" of the abortion law based on questionable arguments such as risks caused by the supposedly high number of back alley abortions; pregnancies caused by rape; unwanted children; women's poverty; women's lack of opportunity because of their family obligations; and abortion being medically safer than pregnancy.

Promoting Abortion

In promoting these arguments, it was necessary to suppress from public consumption facts that would detract from the pro-abortion vision. Statistical data, the humanity of the 'unborn', the medical complications of abortion, abortions being used as birth control etc, all had to be deleted from the public debate. This distorted, narrow characterization of the issue is not reality. Those in the position of controlling information, such as reporters, editors, teachers, scholars, movie makers etc., were all in agreement that there were certain aspects of the issue

that the masses would "misunderstand". Hence, they filtered or selected information that would remove any doubt in the public's mind about the necessity of widening the abortion law.

How Can the Silencing of Debate on Abortion be Changed?

A partial answer to this riddle can be determined by looking to the current abortion situation in the U.S.

In the 1960's and 1970's, the U.S. faced the same problems that Canada did with the intellectuals formulating public opinion in support of abortion. The U.S. Supreme Court was offensive, as was the Canadian Supreme Court, when it determined that women had a right to abortion in the infamous **Roe vs Wade** case in 1972. Consequently, this exacerbated the situation resulting in abortion on demand becoming popularly accepted by the general public in the U.S. To many what is legal is acceptable, hence the rapid rise in the abortion rate.

Yet this situation has dramatically changed. Recent

[A]lthough American pro-lifers wanted total protection for the unborn, they realized this could only be achieved incrementally

polls indicate that the majority of Americans are pro-life. The Republican Party requires that all its presidential candidates be pro-life. The abortion issue is a prominent issue in U.S. elections. How did pro-life Americans achieve this change? [The answer lies in the following:](#)

1) U.S. pro-lifers never gave up after the shock of **Roe vs Wade**. Pro-life Americans picked themselves up, dusted themselves off and plunged ahead, fighting non-stop and courageously against the then prevalent abortion mentality.

2) They did not put "all their eggs in one basket" by demanding federal legislation to protect all human life. The latter would have been difficult to accomplish in the U.S., in any case, since abortion is a matter of state rights, unlike Canada, where abortion is a matter of criminal law under federal jurisdiction. That is, although American pro-lifers wanted total protection for the unborn, they realized this could only be achieved incrementally, i.e., step-by-step: chipping away at the prevalent abortion mentality, by working to achieve a multitude of laws, such as pro-life license plates; legislation requiring a waiting period before an abortion; informed consent of the mother by requiring she be provided with information on the development of the unborn child; the woman be required to view an ultra-sound of her unborn child before obtaining an abortion; conscience protection for health workers; and notarized parental consent for minors as well as de-funding of abortions. All these creative ideas modified the abortion situation in the United States.

This was easier for Americans to achieve because of the strong religious component in the American culture, especially among the Evangelical community, Mormons and conservative Catholics. Canada does not have such a broad religious base—that is, the pro-life movement in Canada does not enjoy the same religious support as does the American pro-life movement.

Consequently, it has not been as easy for Canadians to make headway. Also, Americans did not have the problem of a decidedly left-wing leader as Canadians had for 15 years under Prime Minister Trudeau. He had been a member of the NDP and only became a Liberal when the opportunity arose for him to join the Liberal party, first as Minister of Justice (1967) and shortly after, as its leader. During his term of office, he steadily steered Canadians to the left with legislative amendments to abortion, homosexuality, divorce laws, etc. These policies became self-evident truths for the media to promote. There was no room for a conservative voice in Trudeau's Canada. It was regarded as contemptible by the media, so that it was rarely acknowledged, and if so, inevitably, only in derogatory terms.

In addition, the Supreme Court of Canada, always a trendy reflection of the culture in a number of successful cases (in which REAL Women was the only pro-life intervener), confirmed that abortion was a valid legal procedure and a decision for only a woman to make. The media, as always, supported this concept, as did prominent Canadian institutions such as the Canadian Medical Association, the Canadian Bar Association and the United Church of Canada.

What Must Be Done

The slow march to reopen the abortion issue has already begun. Campaign Life Youth held a rally in Toronto in October 2011, demanding that abortions cease to be covered by Provincial Health Insurance. The annual March for Life in Ottawa and the Canada-wide Life Chain raises the profile on the issue. Pressure must be brought on all provincial governments to de-fund abortion under provincial health insurance. This demand will have broader support than most pro-life demands since not just pro-lifers support this but also Libertarians. Legislation to

provide the right of conscience for medical personnel, must be passed. In addition, legislation providing for informed consent (required under the law for any other medical procedure) must be enacted.

Pro-life MPs in Parliament should be encouraged to put forward private members' bills even though they know they may not have enough votes to pass. The most recent MP to raise his voice on the issue was Conservative MP Stephen Woodworth, Kitchener Centre, who raised a sensible objection to the *Criminal Code* provision (Section 223), which provides that a child becomes a human being only when it has emerged completely from the mother's body. This is absolute nonsense in view of modern medical knowledge. Mr. Woodworth with his Conservative colleague, Jeff Watson, Essex, are calling for

a debate on abortion in Parliament,

The persistence and number of pro-life bills over time creates momentum and forces MPs to acknowledge that this is a major issue that cannot continue to be ignored.

There is much work to do. We must never give up working for the legal protection of our unborn children. †

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