



REALity

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THE 2019 FEDERAL ELECTION

It seems that Canadians are not a happy lot. They are unhappy with their political parties and their leaders. The October 21st federal election reflects this intense dissatisfaction. Nobody really won the election.

Liberal leader Justin Trudeau acquired 157 seats, down from 184 seats in the 2015 election. The Conservative Party under Andrew Scheer captured 121 seats, up from 99 in the last election, winning the popular vote, but not sufficient seats to form a government. The much lauded NDP, which, according to pollsters, supposedly gained momentum during the latter part of the 40 day election campaign, took only 24 seats, down from 44 seats it held in 2015. Quebec's Bloc Quebecois took 32 seats up from 10 in the previous federal election. The Green Party acquired 3 seats in this new Parliament, which was an increase of one seat.

Justin Trudeau, the least knowledgeable and perhaps most incompetent leader, must now deal with this mess, for which he is largely responsible. His legacy is a highly polar-

ized nation that consists of mutually hostile regions, such as Quebec and Alberta. None of the minority parties, upon which Trudeau must rely to get legislation passed, supports a national pipeline, which would triple the flow of Alberta's oil sands crude to the British Columbia coast. The minority parties have also pledged to tackle climate change, at the expense of developing Alberta's oil sands, which is home to the world's 3rd largest crude reserves and accounts for 11% of Canada's GDP. This has now created an intractable problem.

Western Canadians strongly believe that this election confirms that they have been ignored by the elites in Eastern Canada and the Atlantic Provinces. This notion will inevitably lead to greater support in the West for Wexit (a term that combines Western Canada with exit from the rest of Canada). The eastern elites may have experienced relief when Max Bernier's People's Party of Canada was defeated at the polls, including the loss of Bernier's own Quebec seat, believing that populism is now dead in Canada. They are wrong. We will soon see the rise of populism in the West.

Trudeau's preference for "identity" politics, pursuant to which special interest groups have been provided social and economic entitlements and privileges, has been destructive and is fracturing society. Can we all not just be Canadians, regardless of our skin colour or religious beliefs?

Will our indigenous brothers and sisters ever acquire clean water on their reserves, proper housing, or the elimination of mercury poisoning in Grassy Narrows Reserve, under such a disunited Parliament? Will we ever find out where the billions of dollars given to correct such problems have gone?

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Editorial Cartoon from *The Toronto Sun* on October 22, 2019 by Tim Dolighan.

It seems that it has been thrown into a bottomless well with no benefits going to the indigenous people.

In 2019 Trudeau had a deficit of \$27 billion. With pressure from the socialist NDP to create grandiose programs, and also pressure from the delusional Green Party, demanding impractical policies to achieve combat climate change, one can only shudder that Canada's economy is in the hands of Trudeau's minority Parliament.

Will Canadian foreign policy cease to make us a laughing stock internationally with Trudeau's insistence that "progressive" policies be included in treaties, even if they don't relate to the negotiated issues, thus offending the other parties to the treaties?

THE FUTURE OF A MINORITY PARLIAMENT

Instead of creating a formal coalition in which minority parties will demand a direct say, which would result in re-

stricting Trudeau's plans, he will probably find the votes he needs to pass legislation on a case by case basis from which ever minority party gives him the necessary votes.

One thing we know for certain from the complications created by this federal election is that this minority Liberal government will not last long.

Historically, minority governments in Canada have lasted approximately 1 1/2 years. The only exception was the coalition put together by Conservative leader Sir Robert Borden in 1917 during WW1, and which only held together for 3 years, in desperation to manage the vast complications of the war.

The extraordinary problems in managing a minority government, which has now occurred, requires a leader with expert skills, knowledge and an understanding of Parliament. Even supporters of Trudeau are obliged to acknowledge that this description does not apply to him.

Whither Canada? It is in a dark place. †

HUMAN RIGHTS TRIBUNAL MAKES A SENSIBLE DECISION FOR ONCE

It seems that even the "crazies" running Human Rights Tribunals know when to make a strategic retreat.

This occurred when the BC Human Rights Tribunal (BCHRT) dismissed the many complaints of a man who now identifies as a woman, based on the alleged denial of services by beauticians of South Asia background, who refused to wax his male genitalia. See background story in REALity October 2019.

The many complaints (13 similar complaints were filed within

a four month time span) by Jonathan "Jessica" Yaniv were initially accepted by BCHRT as a valid concern, and this made the agency a laughing-stock worldwide, losing all credibility and respect.

Possibly because of this reaction, the BCHRT decided that it would readjust its customary practice of operating in a delusional world of manufactured human rights and instead, for once, made an objective, rational decision. It also ordered Yaniv to pay \$6000 in costs for "improper conduct", including using human rights law as a "weapon for extortion".

In other words, the tribunal concluded that Yaniv's complaints were made for improper purposes in bad faith, and that he had provided disingenuous testimony and was self-serving. The precise concern was that Yaniv's predominant motive in filing the waxing complaints was not to remedy alleged discrimination, but to target small businesses for personal and financial remuneration. It also concluded, based on Yaniv's Twitter account, that he was motivated to punish immigrant women based on the perception that certain ethnic groups, namely South Asian and Asian communities, are "taking over" and advancing an agenda hostile to the interests of LGBTQ+ people.

It is always possible that the BCHRT experienced an uncustomary surge of common sense in reaching this conclusion. Realistically, however, it is more likely that by rejecting Yaniv's complaint, the Tribunal was desperately trying to salvage its own reputation.

These Tribunals have, over the years, acquired a well-deserved reputation as kangaroo courts, which blindly support complainants, are biased against defendants, and have become tools of social engineering. This would have been very obvious, even to the general public, if the Tribunal had upheld Yaniv's complaints. †

MESSAGE BOARD

- **Fall Fundraising Campaign:** We are now halfway through our [Fall 2019 Fundraising Campaign](#). Funds are *urgently* needed by January 1, 2020, to meet all our many expenses. See ad in this issue. We thank you so much for your generosity.
- **Two excellent books available:** For any [donation](#) of \$100 or more to REAL Women, you can receive one of the two books that Gwen Landolt has co-authored. One details the history of the abortion issue in Canada and the other is about the Supreme Court's determining our culture and values. If you don't have a copy yet, now is the time!
- **Social Media:** Please share our REALity articles and Media Releases/Alerts on your [Facebook](#), [Twitter](#), and other social media platforms. Don't forget to LIKE our Facebook page.
- **The movie "Unplanned":** This 2-hour movie is now available for sale through [Amazon](#), and e-Bay. It tells the true story of Abby Johnson, a former Planned Parenthood Clinic Manager who turned pro-life activist, author and speaker. †

BIRTH TOURISM INCREASING IN CANADA

Birth tourism is the name given to the practice of pregnant women travelling to Canada from other countries—predominantly China—to give birth here. They do so because children born in Canada automatically become Canadian citizens. This is due to the Canadian Citizenship Act, passed in 1947, which provided that any individual born in Canada would automatically become a Canadian citizen. At that time, no one could have predicted that this right would be abused.

Only 35 countries in the world grant automatic citizenship, regardless of the parents' nationality or status. Australia, New Zealand and the United Kingdom, among others, have restricted birth citizenship to those whose parents are citizens or permanent residents of their countries. No European countries permit automatic citizenship to those born on their soil.

However, across Canada, hospital discharge data show there were 4099 births to non-residents in 2018/19 (excluding Quebec). That is, non-resident births rose 13% in the last fiscal year, a rate that is higher than both immigration and over-all population rate increases. The number of non-resident births in B.C. rose 3.3 % overall. At Vancouver's St. Paul's Hospital, it rose by 12.9% from 2017/18 to 2018/19. In a Richmond, B.C. hospital the increase was 5.6%. A hospital in Richmond Hill, just north of Toronto, Ontario, had 229 birth tourists last year, which was 13.3% of all its births.

These births by non-residents have been encouraged by numerous websites, sponsored by brokers in China, encouraging pregnant women to come to Canada to give birth to their children, by offering hotels and "birthing houses", catering, tours, passport applications, doctor appointments, some pre- and post-natal care as well as hospital registrations. These brokers collect hefty commissions for their efforts.

Birth tourism is not cheap—costing roughly \$60,000, including hospital fees and a three month stay in "birthing houses", which are springing up near hospitals, especially in suburban Vancouver and Toronto. Since it is unethical for

a doctor to refuse to assist a woman giving birth, some doctors are being denied payment by foreign patients, who leave Canada without paying. An obstetrician is paid between \$600 and \$1,500 for a birth, but they must collect payment privately if the patient is not covered by Medicare. To avoid non-payment, most hospitals demand up-front payments, ranging from \$8,000 to \$15,000 for births by non-residents. However, the fact is that whether the parent pays or not, their children remain Canadian citizens. The advantage for such children and their families includes lower university tuition, student loans, a Canadian Visa for free travel to many countries, including the U.S., and the right to sponsor his/her family members to settle in Canada once the child attains 18 years of age

Thus, birth tourism is very costly for the Canadian taxpayer, since it is used to gain access to Canada's publicly subsidized post-secondary education system and to take advantage of Canada's public health care system and generous social security benefits, without these families having to contribute to the funding of these benefits.

It is also discouraging that birth tourism is being used to bypass our immigration system whereby the rules and regulations, and difficulties required to attain admission to Canada and the privilege of being granted citizenship are avoided.

CONCERN ABOUT BIRTH TOURISM

At its policy convention in Halifax, N.S., in August 2018, the Conservative Party passed a non-binding resolution to amend the Party's policy book to state that: "we encourage the government to enact laws which will fully eliminate birthright citizenship in Canada unless one of the parents of the child born in Canada is a Canadian citizen or permanent resident of Canada".

Liberal leader Justin Trudeau's then Principal Secretary, Gerald Butts, said that the Conservative policy was "deeply wrong and a disturbing idea".†

DRUG PARTIES INCREASE AMONG HOMOSEXUALS

Many homosexuals live out their lives quietly and peacefully. The public is not interested in nor does it care about their private sexual activity (except if they are involved with minors), allowing them to work, pay their taxes and live their lives just like everyone else.

There are other homosexuals, however, who create problems, not only for themselves but also for society. These are the activists who demand a cultural change in society to normalize all homosexual beliefs and lifestyle. They insist that homosexuality no longer be merely tolerated, but that its culture be wholly accepted, and opposition against it be silenced. They require that the state penalize anyone who does not precisely conform to their agenda. This is of concern for many reasons,

but is especially so in the case of the activists supporting "chemsex," or drug parties that are surging in popularity among a subgroup of homosexuals in western countries.

These chemsex parties involve spending days getting high on drugs and having sex with scores of partners. This has resulted in an increase in the epidemic of HIV and other serious medical and psychological problems among homosexuals. Chemsex has stalled the dramatic progress that has occurred in the past decades in curbing HIV.

Chemsex is characterized by the use, especially of crystal methamphetamine, as well as several other drugs, to enhance sexual arousal, performance, and pleasure. These drugs reduce inhibitions and increase feelings of sexual de-

sire and contribute to a perfect storm for the virus to spread in groups with high HIV rates.

Compared to other drugs, methamphetamine is set apart by the particular high that users experience. It creates an overwhelming sexual disinhibition and access to desires and fantasies that might previously have been repressed for religious, cultural, and psychological reasons. Chronic use of methamphetamine can also produce physiological harms in an individual, such as damage to neurological, cardiovascular and pulmonary systems. Another harm associated with methamphetamine is that it leads to dependence, defined as “the extent to which a drug creates a propensity or urge to continue to use despite adverse consequences.”

One of the reasons for the rise of chemsex parties is that, although AIDS can't be cured, it has been kept in check for decades with cocktails of highly effective antiviral medicines. It's partly because of this advance that the high-risk practice of chemsex is occurring.

Chemsex is about homosexuals deliberately using drugs to facilitate sexual contact with lots of men in group sex environments. A defining characteristic of the parties is their length, as they can last as long as two or three days with little sleep, and a revolving door of new guests. It reduces concern for safer sex practices, and increases feelings of confidence, sexual adventurousness, heightened sexual pleasure and endurance.

Chemsex can accurately be described as ‘extreme hedonism,’ causing not only an increase in HIV, but also increases in Hepatitis C, sexually transmitted diseases and other side effects, including aggression, paranoia, hallucinations, perceptions of persecution and overdose. Chemsex has now been identified as a major health concern for homosexuals.

A systematic review of literature on chemsex published in [*The International Journal of Drug Policy* \(2019 63: 74-89\)](#) found that:

- Homosexuals who engage in chemsex are more likely to engage in high-risk sexual behaviours, such as unprotected anal intercourse.
- HIV-positive homosexuals are more likely to engage in chemsex.
- Chemsex behaviours are associated with increased risk of acquiring HIV and other sexually transmitted infections.
- The social functioning and mental well-being of men who engage in chemsex is negatively impacted by this behaviour.

According to the Ontario HIV Treatment Network, in a document dated May 2019, chemsex is not a problem that applies to the general public, but is related solely to particular cultural features unique to the homosexual community.

Sadly, some homosexuals expect the public to accept this hedonistic behaviour. It is another disaster for the LG-BTQ community, which it can blame only on itself. †

INFORMATION YOU MIGHT FIND INTERESTING

1. The polling company, Pew Research, found that 63% of Americans believe in God with absolute certainty. Only 11% of Western Europeans even agree that religion is very important in their lives. The Pew Research data also shows that Americans want religion to play a larger role in society than it currently does. So why is the U.S. Democratic Party so intent on passing laws to widen access to abortion and promote the LGBT and feminist ideologies, entirely out of step with the views of the electorate?

2. Attacks on Christian churches are taking place all over the world and especially in the Middle East and North Africa. The former British Foreign Secretary, Jeremy Hunt, commissioned a report, released in April, 2019, which stated “Christians are the most persecuted religious group in the world”. According to Open Doors, USA, 105 Christian churches and their adjoining buildings are burned or attacked every month, world-wide. An average of 345 Christians are killed worldwide for faith-based reasons every month. Between 1999-2006, there were 18 Christian churches in the U.S. that experienced fatal shooting deaths.

The mainstream media in the Western world generally ignore almost all of these attacks on Christians. Former U.S. President Barak Obama and former 2016 Democratic Presidential candidate Hillary Clinton referred to the 359 victims

in the attack on Christian churches in Sri Lanka, in April 2019, as “Easter worshippers”, refusing to acknowledge that it was Christians who were killed by Muslim extremists.

It should be pointed out that 51 Muslims were murdered in two mosques in Christchurch, New Zealand in March of 2019, with 50 injured. Also, six Muslims were murdered in a Quebec City mosque in January 2017, with 19 injured. Eleven worshippers were also killed and six injured in a synagogue in Pittsburgh in 2018, and a woman worshipper in a synagogue in California in 2019 was killed and three others harmed in the attack. All of these deaths are deeply horrifying. Why is religious belief so hated in our so-called “tolerant” society? Is it because those who hold religious beliefs are obstacles to the implementation of the left-wing secular agenda?

3. Gender study experts claim that Canadian women obtaining high political positions lost their re-election bids due to double standards, such as intolerable scrutiny of them by the media, and misogynist behaviour directed at female politicians by male politicians and others.

In 2013, almost half of Canada's provincial and territorial leaders were female, but none of them served a second term.

Gender specialists have apparently not considered that many men have also failed to be returned to office for a second term. Nor have they considered the possibility that the

female leaders were defeated because of failed, unpopular policies, such as those of Ontario's Kathleen Wynne, and Quebec's Pauline Marois, or excessive spending by Alberta's Allison Redford, or breach of promises to the voters by B.C.'s Christie Clark, or Alberta's defeat of Rachel Notley, in April 2019, due to her inability to deal with the economic crisis in that province. Gender had nothing to do with these women's failure to be re-elected. It's their policies that made all the difference. In short, it is convenient for feminists to claim that there is a glass ceiling preventing women's political success,—Hillary Clinton ad nauseam—but the reality is quite different.

It is noteworthy that British PM Margaret Thatcher was the longest serving British Prime Minister in the 20th century. Israeli Prime Minister Golda Meir and India Prime Minister Indira Gandhi had no difficulty being re-elected. They were competent politicians promoting acceptable policies.

4. U.S. President Donald Trump told attendees at a Drug Abuse and Heroin Summit in April, 2019, that his administration was giving full support to a wide range of treatments for drug addicts, including \$90 million for the prevention of youth substance abuse.

Prime Minister Trudeau's approach to drug abuse has consistently relied on the damaging policy of harm reduction, especially the use of drug injection sites which deepens addiction, leading to the addicts' increased suffering and death. This policy of providing drug injection sites for addicts to freely inject drugs they purchased from drug traffickers is absurd. To increase their profit, the traffickers contaminate the drugs with the fatal drug, fentanyl. This has resulted in over 12, 800 deaths by opioids in Canada between January 2016 and March 2019, according to Health Canada. Most of the dead, almost 70%, were between the ages of 20–49, the majority of them male. Deaths from opioids in Canada have gone up every single year. †

THE CONTRIBUTION OF A YOUNG WOMAN SCIENTIST TO THE PRO-LIFE CAUSE



Dr. Liane Russell, 1947

Dr. Liane Russell, who died in July 2019 at 95 years of age, was a scientist in the 1940s, when there were few female scientists. She was a geneticist, who made an incredible contribution, although unintentionally, to the cause of the unborn child and the future pro-life movement. She unveiled the mystery and the critical importance of the embryo in the human journey. She did so by identifying the harmful effects of radiation and chemicals on embryos and the genetic implications of such damage in the womb, which affects that person for the rest of his / her life. She also observed that the presence of the Y chromosome meant the embryo was male. Her discoveries quickly opened up new avenues of research in genetics, genetic abnormalities and our understanding and need to protect the developing embryo. In other words, she uncovered to the world the humanity of the embryo.

Liane Russell was born in Vienna, Austria to a family that fortunately cultivated her inquiring mind, acknowledged her intelligence and supported the education of women. This common sense approach to raising their daughter has

benefited the entire world.

Dr. Russell's family, which was of Jewish heritage, managed to escape Austria after its annexation by Nazi Germany in 1938, but only by relinquishing their home, the father's company and their belongings. They ultimately settled in the United States, where Dr. Russell pursued her scientific studies and career.

Because of her discoveries, women of childbearing age worldwide are now protected from x-rays at a time when they may not even know that they are pregnant. This is because the unborn child is most vulnerable to radiation during the mother's first seven weeks of pregnancy.

Dr. Russell made these momentous discoveries when working with more than 200,000 mice, during which she identified the stages at which specific body parts develop. She also recorded the pattern of when deformities would occur. For example, the embryos of mice that had been irradiated at the same time after conception, all developed the same foot deformity. Embryos irradiated a day later all had a different foot deformity. A third group of mice irradiated on a different day all had short tails.

Dr. Russell reasoned that developing humans in the womb would also have problems if they received radiation during a vulnerable time in the womb. As a result, she recommended that non-urgent, diagnostic X-rays be taken in the 14 days after the onset of a woman's menstrual period when there is no ovulation, so doctors could avoid potentially causing harm to the unborn child. This recommendation has been adopted around the world.

Dr. Russell's discoveries caused an uproar in the medical profession, especially in the specialty of radiology. Articles criticizing her discoveries were published in medical journals,

denying the accuracy of her discoveries, mainly because radiologists were afraid of being sued if a child was born with a deformity. However, her studies on mammals and genetic risk have become a benchmark worldwide.

While carrying out her remarkable research, Dr. Russell also raised a family, a daughter and a son. She admitted that in having a family, "You do not go to the lab at all hours of

the day and night, you do not read all the literature, and you don't push yourself, you don't go to the meetings that would advance you and your message spread [sic] to the [same] extent." Despite these limitations, Dr. Russell was able to carry out her research while enjoying being a wife and mother. The entire world and millions of unborn children have been the beneficiaries of her work. †

SYPHILIS RATES ARE SKYROCKETING

Syphilis, a major killer in Europe during the Renaissance, virtually disappeared with the discovery of penicillin in the early 1940s.

Infections are spread by oral, genital, and anal contact. Despite the fact that this horrible infection is easily preventable and treatable today, the number of cases is soaring across Canada and all over the developed world.

Alberta's Minister of Health has declared a province-wide emergency since the number of syphilis infections there has reached levels not seen since 1948. In 2018, in Manitoba, the cases of syphilis hit a record high when they increased by 212% to 791 cases. In 2018, in Ontario, 1800 cases were reported and Quebec had 938 cases last year—an increase of 187% (in 1998 Quebec had only 3 cases of syphilis).

If left untreated, syphilis can cause tissue damage and serious damage to the organs, including the eyes, skin, bones, liver, kidneys and heart. If syphilis infects the brain, it can cause personality changes and cognitive impairment.

Two groups in particular are facing a high-risk of contacting syphilis. They are indigenous communities and homosexuals. This is perhaps because these populations have smaller sexual networks and the infection spreads within the group.

There is a variety of theories as to why syphilis infections are now out of control. These include the popularity of hook-up apps, such as Grindr and Tinder; condom fatigue; the reduced fear of HIV resulting in decreased use of condoms; and increased sexual promiscuity under the influence of the pervasive use of alcohol and party drugs.

In other words, there seems to be a complex intermingling of factors causing soaring syphilis rates, including the fact that the transmission rate of syphilis is 60% per contact, compared to 2% per contact for HIV.

Another problem is that while effective treatment is available, it is hindered by the fact that detecting syphilis requires a blood test, which is not always offered by health facilities.

According to James Blanchard, an epidemiologist and public health specialist at the University of Manitoba, "Something categorically different is happening and that's why we have an outbreak. It's beyond the types of increases we were seeing over the past decade or so, this is something new." He then goes on to say, "A lot more has to be done systematically to study the huge increase in syphilis infections."

That certainly is an understatement. †

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PO Box 8813 Station T Ottawa ON K1G 3J1 | Tel 613-236-4001 | Fax 613-236-7203
www.realwomenofcanada.ca | info@realwomenofcanada.ca