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CANADA'S UNPLEASANT DESTINY

Canada's population is aging, with fewer and fewer workers paying taxes. This places our future security at risk.



Like every other country, Canada has its problems. The economy; a national debt of \$554.5 billion; departure of our troops from Afghanistan: a large trade-deficit; our unmanageable health

care system; and our out of control refugee problem, to name just a few of our current concerns. All these issues are, at least, being discussed, with the government making some stabs at dealing with them.

There is one problem, however, that is seldom discussed by the government, although, bar none, this problem will be our biggest problem in a very few short years. (Solving this huge problem will also go a long way to solve some of our other mounting concerns.) Yet, this huge problem remains the elephant in the room, as Canadians and the government are tip toeing around it, pretending it doesn't exist. What is this problem?

It's the fact that Canada's population is aging, with fewer and fewer workers paying taxes. This places our future security at risk.

THE TROUBLE BEGINS THIS YEAR

The year 2011 is the beginning of what has been called a "demographic time bomb" for Canada: there has been an explosion of the 60-plus population, over the past two decades, coupled with a sharply declining number of Canadians in the work force, who are paying taxes to support them.

This is the menace to our country.

According to Statistics Canada, by 2031, there will be, because of increased longevity, almost 1.2 million Canadians, aged 85 and over—almost five times the current figure. In 1930, there were 60 people working for every retired person. By 2030, there will be two working for every retired person, because of our dwindling birth rate: 1.7 children for women of reproductive age,

whereas 2.5 children are required for replacement purposes.

Kevin Page, the federal Parliamentary Watchdog, released a report, in February 2010, stating that this loss of workers will slow the growth of government revenue and increase demands for health-care spending and old-age benefits, causing the government to cope with a \$20 to \$40 billion revenue gap.

INCREASED IMMIGRATION IS NOT THE ANSWER

Immigration has always been a very positive force in Canada. We take in approximately 250,000 immigrants a year—more, per capita, than any other nation. However, today many of these immigrants are brought in under our family reunification program, which increases pressure for health care, pensions etc., while draining, rather than contributing to the government's coffers. Only about 25% of the immigrants to Canada are here because their education, training or occupation contributes to the work force.

A recent study by the C.D. Howe Institute concluded that even a massive increase in immigration will do little to solve our age distribution problem: it would have to more than triple almost immediately, and rise rapidly to almost seven times the current levels. To illustrate the situation, this would mean 2.6 million immigrants would need to arrive each year: such numbers would be impossible to absorb. According to Statistics Canada, in its study released in March 2010, minority populations in Canada will more than double in the next 20 years, from 2.3 million in 2006 to 5.6 million in 2031. As a result, 63% of the Toronto region, for example, will be made up of visible minority communities: the European population of Toronto will be a "visible minority" in 2031.

OFFERING BENEFITS TO INCREASE FAMILY SIZE

Ireland and France are the only two European nations whose population is increasing.

Ireland

Ireland's birth rate increased 9% in 2007, the highest birth rate in any of the 27 EU countries. This is attributable to Ireland's Catholic culture, as well as to its former financial stability. Ireland in recent months, however, has been greatly challenged financially, requiring a huge bailout from the EU to save the country from bankruptcy. This will likely affect its future birth rate.

France

France has experienced an increase in population, with a birth rate of 1.98 children per woman of reproductive age, which is nearly at replacement level. As a result, France is on course to become the most populous country in Europe by 2050, overtaking Germany.

Family Benefits in France

Irrespective of income, parents in France receive a monthly allowance of €123, or about \$170, for two children; €282 for three children, and an additional €158 for every child after that. Last year, France paid out €97 billion or 5.1% of its gross domestic product on the family, child care and maternity benefits, which include free daycare, universal nursery school, cut-price transportation and generous income tax reductions. This has resulted in an increase in the birth rate, but this is mainly due to immigrant women from Morocco, Tunisia and other North African countries. Unfortunately, the unemployment rate among the foreign born in France is twice that of natural born French citizens. Nor have the children of the foreign born in France proved successful in integrating into the French economy. In many North African neighbourhoods in France, 30 to 40% of 15 to 24 year olds are unemployed. The real test for France and its increased birth rate will come when one of its largest cities, Marseilles, reaches a Muslim majority within the next few years.

WHAT IS TO BE DONE?

There are a number of measures that can be taken. Most of these, however, are political minefields for a government, and often are contradictory in their implications. They include:

1. Paying down the deficit and debt as rapidly as possible before the number of taxpayers further decreases.
2. Raising taxes and reducing transfers to the provinces to improve the federal government's cash situation—but this will lead to howls of rage from all concerned. Moreover, it is argued that increasing taxes has the downside of adversely affecting economic growth.

3. Raising the retirement age and pension benefits, both Old Age Security (OAS) and Canada Pension Plan (CPP) to 67 years, and then to 69 years of age, will have some impact. Austria, France, Germany and Italy have already done this, leading to worker strikes. Spain, Portugal, England, Latvia, Lithuania, Ireland and Brussels have all witnessed citizens protesting in the streets because of government benefits cut-backs.

4. Increasing pro-family financial support, such as has been successfully done in France. Taiwan has one of the lowest birthrates in the world (between 1.2 and 1.4 children per woman) and is now offering \$160 per month for all children under three years of age.

5. Implementing innovative work place policies to ease re-entry into the job market for women, after leaving to give birth or to raise children.

6. Providing flextime for employees to care for young children or aging parents in the home, rather than moving them to costly institutional centres. Paid leave, to provide home care for needy family members, would be a benefit.

7. Providing taxation on split incomes for single-income couples, (as has already been done with pensions), thereby reducing the taxes to be paid by single-income families. Leaving one parent at home to manage the children's school, sports and social activities diminishes the stress experienced by parents trying to cope with paid employment and family responsibilities. Such an initiative may also encourage couples to have more children.

The above are only a few possibilities, which might ameliorate Canada's future problems.

THE FUTURE

Canada's future, figuratively speaking, is like a barrel going over the Niagara Falls. We'll arrive in the barrel at the bottom of the falls in 2031, shaken, badly bruised, and in great pain. We can take some action now to reduce this inevitable pain in 2031, but will we? †

PROSTITUTION CASE UPDATE

In September 2010, a sole judge, Madam Justice Himel of the Ontario Superior Court, reached the controversial conclusion, basing it on uncertain social science evidence, that prostitutes working on the streets were "harmed" more than prostitutes working from brothels. She therefore struck down the Criminal Code provisions prohibiting brothels, soliciting, and living off the avails of prostitution. In doing so she ignored a previous 1992 decision by the Supreme Court of Canada, which concluded that prostitution is a complex social problem, and not merely a "social nuisance", as claimed by Judge Himel.

The federal Attorney General applied to the Ontario Court of Appeal to place a stay (hold) on this decision. On December 2, 2010, the Court of Appeal agreed to stay the implementation of Madam Justice Himel's decision, until April 29, 2011, at which

time the appeal of this case is expected to be heard.

This decision by the Court of Appeal, to place on hold the Himel decision, was a relief to REAL Women, one of the intervenors in the case. The stay was both reasonable and practical. It saves not only prostitutes from harm, the number of which would vastly increase as a result of Madam Justice Himel's decision, but also protects society from the detrimental effects caused by a wide-open sex industry and an increase in human trafficking.

If the decision had not been stayed, pimps would have been able to freely rule prostitutes, and the police would be powerless to intervene and to prevent the chaos and harassment that would occur in the ensuing sexual free for all of an unrestricted sex industry.

REAL Women will be applying to intervene in the Court of Appeal, together with the Christian Legal Fellowship and the Catholic Civil Rights League. †

BILL PROTECTING TRANSGENDERED SLIPPING THROUGH HOUSE OF COMMONS



A controversial Bill C-389, protecting Gender Identity and Gender Expression in the Canadian *Human Rights Act* i.e. protecting the transgendered and transsexuals, was fast tracked through the House of Commons. The bill was introduced by homosexual NDP MP Bill Siksay (Burnaby Douglas) on May 8, 2010. There was only one objection to the bill at second reading which was held a surprisingly short time later on June 10, 2010. The bill was then pushed through the Justice Committee without hearing any witnesses or carrying out the customary clause by clause review.

Although this bill was not supposed to come up for a vote until February, 2011 MP Bill Siksay traded places with another NDP MP's bill, and as a result, the transgendered bill came forward to the House of Commons on December 8, 2010.

Usually at this stage, a bill goes forward with unanimous consent, but the Conservatives instead opted to force a vote. The bill, however, passed 143 to 131 in the House of Commons at this report stage. That is, the only substantial opposition came from the Conservative MP's who voted overwhelmingly against this deliberately vague bill. Only 3 Liberal MP's voted against it—Jim Karygiannis (Scarborough-Agincourt), Dan McTeague (Pickering-Scarborough East) and Alan Tonks (York South-Weston). We are disappointed that 5 Conservative MP's voted in favour of the bill—Lawrence Cannon (Minister of Foreign Affairs) (Pontiac), Sylvie Boucher (Beauport-Limoilou), Shelly Glover (Saint Boniface), Gerald Keddy (South Shore-St. Margaret's) and James Moore (Port Moody, Westwood Port Coquitlam). Notable abstentions were Conservative MP's Dana Cadman (Surrey North), Lisa Raitt (Halton) and Lee Richardson (Calgary Centre).

The next stage, debate and third reading in the House

of Commons, will probably occur in late February or early March of 2011.

Please contact your MP about this bill. If your MP voted in favour, please try to educate him/her to the unforeseen consequences which could result from such poorly drafted legislation—endless litigation over uncertainties about the legislation, special rights for cross dressers and the gender confused, people using washrooms reserved for the opposite sex with impunity, children exposed to gender confusion in schools, (the American College of Pediatricians distributed a warning letter on March 31, 2010, which stated: *It's extremely dangerous for children to be taught that transgendered is equal to heterosexual and normal gender... the child is conditioned for a life of unnecessary pain and suffering Schools...play a detrimental role if they reinforce this disorder*) and medical personnel will be pressured to disregard known medical practices in treating gender identity disorders.

Johns Hopkins Hospital in Maryland at one time was the leading authority on transsexual surgery. It conducted follow-up studies and found that these altered individuals were no happier or well adjusted after all the hormone and surgical treatment. Authorities at Johns Hopkins then concluded that to assist with this surgery and hormone treatment was to fundamentally cooperate with these individuals' mental illness and has ceased to provide such treatment.

If Bill C-389 is passed into law, it would create a legal "right" to change sex at will and the basis of society, i.e. a man and a woman, will be forever altered to accommodate many other manifestations of mental disorders according to subjective social constructs based not on natural order but on arbitrary acts of interpretation by courts and human rights commissions. †

FEMINISTS HAVE ACQUIRED ANOTHER ACCESS TO TAXPAYER'S MONEY



Feminists howled with rage in September 2006, when the Conservative government cut their advocacy and research funding, doled out to them for over 30 years by the Women's Program at Status of Women Canada.

However, REAL Women has discovered that feminist research is still thriving in Canada on the taxpayer's dollar.

Barrels full of money are being handed to feminists by Industry Canada, under its Social Sciences and Humanities

Research Council (SSHRC) formed in 1977 to fund "levels of research excellence in Canada". SSHRC website states it "encourages the deepest levels of inquiry". It funds many fields such as anthropology, literature, religion, history, early childhood education, human rights, family planning, family law, language, women's studies, and gender studies.

The SSHRC has an annual budget of \$659 million (up from \$93 million in 1995). It is administered by federal government bureaucrats together with representatives from several universities across Canada.

SSHRC has given grants for many, many feminist research and gender studies, over the years. For example, since 1998 SSHRC has funded 1,494 research projects in the area of gender issues and 1,792 on women's issues.

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As an example, the feminist organization Canadian Research Institute for the Advancement of Women (CRIAW) which had been funded by the Status of Women for 24 straight years was given a \$1 million grant in January 2010 from SSHRC for a "Fem North Net research project". Despite this huge grant, CRIAW craftily appeared before the House of Commons Status of Women Committee on May 26, 2010 moaning its loss of funding from the Status of Women. Sunera Thobani (former president of the feminist umbrella group, The National Action Committee on the Status of Women) received \$57,035.00 between 2003 and 2006 from SSHRC to study "television representations of women in the war on terrorism".

Feminist professor Angela Campbell of McGill University received \$70,000 from SSHRC between 2006–2009 to interview the "wives" of polygamous Winston Blackmore at Bountiful B.C. She testified at the polygamy challenge now being heard before the B.C. Supreme Court, that these women led happy, healthy lives, and that polygamy should be decriminalized. In cross-examination, however, Professor Campbell admitted that she had done little fact-checking on the women's stories, nor inquired whether they had been instructed by their "husband" Blackmore to do the interviews. Some research.

Centre for Feminist Research at York University, Toronto, received \$145,742 to study "Women's Human Rights, Macroeconomics, and Policy Choices". This centre also received a grant of \$401,537 for a project called "Women, equality, and fiscal equality: gender analysis of taxes, benefits, and budgets". Recipient of this grant, Kathleen Lahey, professor at Queen's University, spoke before the House of Commons Budget Finance Committee last fall basing her arguments on this research paper. REAL Women also appeared before the same finance committee but with a brief

that was written without financial aid by the government.

The thousands of other grants include: Implementing the feminist vision: case studies of four feminist organizations; Queer conceptions: re-shaping cultural meanings and experiences of reproduction and sexuality in Canada; Lesbian families challenging the public school system; Queer women on the net; Motivations and emotions of women in pole-dancing classes; An intergenerational study of Montreal queer and feminist performance artists; Transmasculine parenting experiences; Multi-scalar forms of feminist organizing; The politics of body hair... gender and religious identities in Middle Eastern salons; and an analysis of Vancouver's strip-tease industry 1945-1975.

A serious in-depth review of funding for "women's" and "gender" issues at SSHRC is long overdue.

Please write to Tony Clement, Minister of Industry, Prime Minister Stephen Harper and your MP, to request SSHRC stop funding these absurd feminist studies. †

Their addresses are as follows:

Hon Tony Clement
Minister of Industry
235 Queen Street
Ottawa ON K1A 0H5
Fax 613-992-0302

Rt Hon Stephen Harper
Prime Minister
80 Wellington Street
Ottawa ON K1A 0A2
Fax 613-941-6900

Your M.P.
House of Commons
Ottawa ON K1A 0A6

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REAL Women of Canada

PO Box 8813 Station T Ottawa ON K1G 3J1

Tel 613-236-4001 Fax 613-236-7203

www.realwomenca.com + realwca@on.aibn.com

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ADOLESCENT DRUG USE

One of the sad results of adolescent drug use, even if it does not include the eventual death of the child, is the potential destruction of that child, physically and mentally.

One of the heaviest sorrows that parents can endure is to witness their child's addiction to drugs. Although responsible for their children, they do not have control over them. Even with the help of family support workers and addiction counsellors, their children may deal in drugs and participate in other criminal activity to fuel their addiction, while their parents stand helplessly by. One of the sad results of adolescent drug use, even if it does not include the eventual death of the child, is the potential destruction of that child, physically and mentally. Such adolescents are without motivation, drop out of school, steal and commit other criminal acts in order to pay for the drug addiction—which becomes their all-consuming objective.

PROVINCES ATTEMPT TO HELP PARENTS

Some of the provinces have tried to step in to assist parents in their nightmare. For example, in July 2006, the Alberta government passed the *Protection of Children Abusing Drugs Act*. The purpose of this legislation is to help minors who are addicted to drugs and alcohol and who cannot help themselves, to provide an avenue for parents to help their children when all other options for intervention and voluntary treatment have failed.

Under this legislation, the parents may ask the court for an apprehension and conviction order for a child to be taken to a safe house for up to 10 days, even if carried out against the child's wishes. In the safe house, the child is provided with counsellors and staff for treatment for detoxification. The child may request a review of the confinement to the courts, by way of legal aid.

The provinces of Saskatchewan and Manitoba have implemented similar legislation.

THE FEDERAL GOVERNMENT INVOLVEMENT IN ILLICIT DRUG USE BY ADOLESCENTS

Canada ratified the United Nations Convention on the Rights of the Child in 1991. Article 33 of that Convention provides that children must be protected from the illicit use of narcotic drugs and psychotropic substances, as defined in the UN drug treaties, and be prevented from participating in illicit production and trafficking of drugs.

ADVERTISING CAMPAIGN

In November 2010, federal Health Minister, Leona Aglukkaq, launched an extensive advertising campaign costing \$1.6 million, directed at adolescent drug use. This ad campaign is expected to be viewed on teen oriented TV by two thirds of Canadian 13–15 year olds by March, 2011.

In addition, the federal government has launched a web site for adolescents, DrugsNot4me, which includes a national help phone to provide bilingual phone and web counselling, referral and information service for children and youth by way of immediate, anonymous and confidential support, 24 hours a day, 365 days a year. The web site also lists resources and help lines available to adolescents by individual provinces. Further, the web site includes links to other sites dealing with adolescent drug use and includes drug facts and the effects of various drugs.

DRUG HARM REDUCTION ADVOCATES INCREASE PRESSURE

Working against such measures in Canada are the advocates of "harm reduction" who believe that people will use illicit drugs anyway, and as a result, such use should not be prohibited, but, instead, efforts should be made to merely reduce the "harm" caused by the use of illicit drugs.

These advocates disclose that the "war on drugs" is a failure, which clearly is not the case (See following article—"The Truth about Liberalizing Drug Use"). They therefore push the availability of free drug injection sites, [such as the one established in Vancouver which permits the addict to shoot up in a clean environment under medical supervision provided with clean needles, free coke pipes, etc.] and no criminal sanctions for the use of illicit drugs.

In short, the aim of the harm reduction advocates is to decriminalize all drug use in Canada. To many youths and others, such legalization of drug use will make drug use both socially acceptable and more readily available.

Harm reductionists, in pursuit of their objective, produce so called research papers based on questionable research, which are peer reviewed only by those sympathetic to harm reduction policies. With these questionable results, the harm reductionists then loudly proclaim that "science" has proved that harm reduction is the only way to proceed.

If harm reduction advocates are successful, Canadian society will be faced with hugely increased numbers of disadvantaged individuals, handicapped by their drug use. Such individuals will go from one fix to another, and the only escape will be their inevitable and unenviable death. Millions of dollars will be spent on drugs, money obtained mainly by criminal activity. This will result in increased motor vehicle accidents, reduced productivity, and danger in the work place created by drug addicted workers.

HARM REDUCTIONISTS JOIN UP WITH AIDS ACTIVISTS

At the International AIDS Conference, held in Vienna in July 2010, the harm reductionists manipulated the AIDS agenda to include in its platform advocacy for drug liberalization, which they claim is an issue of "human rights" for drug users.

The AIDS Conference claimed that the failure to liberalize drug laws was fueling the HIV epidemic with overwhelming

health and social consequences. This is patently false. A document demanding drug liberalization, called the “Vienna Declaration”, was distributed at the conference. This document was written by mostly Canadian “public health experts” who, without exception, happen to be drug liberalizers who support the harm reduction ideology.

The fact that the HIV/AIDS movement has bought into the harm reduction policies is unfortunate because the global momentum for harm reduction has been greatly strengthened by this connection to the AIDS public health movement: as the latter is where the international money is focused. Unfortunately too, with the harm reduction advocates flying under the HIV/AIDS flag, their strategy ends up promoting the spread of AIDS—not only because of sharing needles, but also because of drug intoxication, which facilitates unhealthy behaviors, including risky sex.

Despite this, using the Vienna Declaration as their tool, the drug liberalizers intensified their propaganda war in Canada. Articles in support of decriminalization of our drug laws have been planted in numerous newspapers, and editorials have been published in major newspapers supporting the Vienna Declaration and so-called “scientific” papers. The left-leaning Toronto City Council, in its last act before the 2010 municipal elections, endorsed the Vienna Declaration. Fortunately, the Toronto Council now has a new mayor who is far more thoughtful and conservative and does not support the drug policies of the previous council.

British Columbia, sadly, is the center for agitation for liberalized drug use and “harm reduction” in Canada. It is not surprising, therefore, that the city councils of Victoria and Vancouver have also endorsed the phony Vienna Declaration.

PARENTS OF DRUG ADDICTED CHILDREN NEED HELP

Parents of drug addicted children need support; their children do not need easier access to drug use, as advocated by harm reduction advocates. The federal government and some of the provinces are doing all they can within their jurisdictions to help these parents and children.

Please write to Prime Minister Harper, Minister of Health Leona Aglukkaq and your MP, expressing your support for the government’s helpful drug policies and efforts to protect adolescents from drug addiction. †

Rt Hon Stephen Harper
Prime Minister
80 Wellington Street
Ottawa ON K1A 0A2
Fax 613-941-6900

Hon Leona Aglukkaq
Minister of Health
House of Commons
Ottawa ON K1A 0A6
Fax 613-996-9764

Your M.P.
House of Commons
Ottawa ON K1A 0A6

THE TRUTH ABOUT LIBERALIZING DRUG USE

Antonio Maria Costa, Executive Director of the UN Office on Drugs and Crime has called a spade a spade. He aimed a few arrows, ie. hard truths, at drug liberalizers who believe no legal restrictions on drugs is the solution to the world’s drug problems.

In an article published in the UK newspaper, the Observer, (September 5, 2010) Mr. Costa pointed out that controls on drugs have been successful internationally because of the UN Drug Treaties. He stated that the treaties are universally accepted because all nations, with no exceptions, agree that illicit drugs are a threat to health and that their production, trade and use should be regulated. These drug regulations, according to Mr. Costa, have brought about the following positive results:

- Drug controls have slashed the global opium supply dramatically: in 2007 it was one-third the level for 1907.
- Over the last 10 years, world output of cocaine, amphetamines and ecstasy has stabilized, and in many instances, dropped.
- Cannabis output has declined since 2004.
- Since the mid-90’s, opium production moved from the Golden Triangle to Afghanistan where it grew exponentially at first, but started to decline in 2008.

Mr. Costa went on to make the following points:

1. The argument that there are drugs “everywhere” or “everybody takes drugs” is nonsense. The drug numbers compare well with those of tobacco, a legal drug used by 30% of the world’s population. Even more people consume alcohol. Tobacco causes 5 million deaths per year, and alcohol 2 million deaths, against the 200,000 killed by illicit drugs. There are 25 million addicts (daily use) in the world, 0.6% of the

population. Ten times as many people (5% of the world’s population) take drugs at least once a year, but these amounts are relatively small.

2. In rich countries, addiction is high, but declining. In North America and Australia, it has declined in the past 10 years, especially among the young. In Europe, opiate use has declined, offset by greater cocaine sale and cannabis. Amphetamine use is stable or lower. In developing countries, drug use is low, but growing.

3. Although rich countries are addressing the drug problem, poor countries lack resources to do so. With stability of the world drug supply, alcohol and tobacco hurt more than drugs do. It is irrational to propose policies that would increase the public health damage caused by drugs by making them more freely available.

4. Health must be at the centre of drug control, because drug addiction is a mix of genetic, personal and social factors: gene variants (predisposition), childhood (neglect), social conditions (poverty). The pharmacological effects of drugs on health are independent of their legal status. *Drugs are not dangerous because they are illegal: they are illegal because they are dangerous to health* (emphasis added). Unfortunately, ideology has displaced health in the mainstream of the drug debate...

5. Those in favour of legalization have lost sight of health as the priority. They prioritize handing out condoms and clean needles, while addicts need prevention, treatment and reintegration, not harm reduction gadgets. In short, the debate on drug policy has turned into a political battle. Why? There are no ideological debates about curing cancer, so why so much politics in dealing with drug addiction?

6. Drugs do harm health, but they can also do good. Greater use of opiates for palliative care would overcome the socio-economic

factors that deny a Nigerian suffering from AIDS or a Mexican cancer patient the morphine offered to Italian or American counterparts. Yet such relief is not happening.

7. The argument goes that prohibition causes crime by creating a black market for drugs; so, legalize drugs to defeat organized crime. But this is not only an economic argument. Legalization would reduce crime profits, but it would also increase the damage to health, as drug availability leads to drug abuse.

8. In a world of free drugs, the privileged rich can afford expensive treatment while poor people are condemned to a life of dependence. Now transfer the problem on to a global scale and imagine the impact of unregulated drug use in developing countries, with no prevention or treatment available. Legalized drugs would unleash an epidemic of addiction in the developing world. †

[Above edited for space reasons]

SENATOR HERVIEUX-PAYETTE'S BIZARRE THEORIES ON CHILDREN AND CHRISTIANITY

In 1998, the Canadian Foundation for Children, Youth and the Law, funded by the Court Challenges Program, challenged Canada's Criminal Code Section 43 which protects parents, guardians and teachers from being charged criminally for using reasonable force to discipline children. As part of the Coalition for Family Autonomy, REAL Women intervened to support the constitutionality of S 43 at every court level. The challengers lost in every court and finally, in 2004, the Supreme Court of Canada, declared that Section 43 was constitutional and should remain to protect the use of reasonable force in the discipline of children.

Since then, Liberal Senator Celine Hervieux-Payette has tabled four bills trying to remove the protective Section 43. Her speech to the Senate on her most recent bill, Bill S 204 was on June 10, 2010 during which she sidestepped the main issue of criminalizing parents and teachers for disciplining children, and instead argued that anyone concerned about such criminalization is "arguing in bad faith". This presumably would include several judges who supported retaining Section 43 in the Criminal Code.

Her contention is that physical discipline equals child rearing violence. She traces this violence to "Christian concepts" and "the Church" with its doctrine of original sin which according to her, suggests that there are good and bad tendencies in children's souls. She sees physical discipline as the root cause of violence in society and once we have eliminated spanking by criminalizing it, then violence will diminish. She lists all the terrible "disastrous

consequences of corporal punishment" then gives as an example, Winston Churchill who she claims was "beaten repeatedly" (It didn't seem to hurt him!) Section 43 does not condone violence and "beatings", but Hervieux-Payette, as well as other advocates of removing this section, don't usually address reasonable discipline. They quickly move into sermons against violence, which everybody opposes, and which is not at issue in Section 43.

Hervieux-Payette believes that "the whole concept of parental authority is based on religious beliefs" and is confident that science has reversed this to help develop a more democratic family. She claims the French missionaries who "arrived in Canada in the 18th century", (but were actually here in the 1600's), were shocked to find that the Amerindians never hit their children. In fact, the missionaries were shocked that they exercised no discipline whatever toward their children, not that they did not use corporal discipline.

The Senator also claims that in countries which criminalized spankings, parents were not charged. Yet in Sweden alone, when spanking was banned in 1979, two years later, 22,000 children had been removed from their families and some parents have been charged with assault as recently as just a few months ago. Let us hope that with a Conservative majority in the Senate, the Liberal sponsored bill is quickly defeated and that no one is influenced by Hervieux-Payette's emotional arguments using questionable facts and sources. †

SEXUAL ABUSE IN THE MILITARY

Women in Canada, according to Human Rights Commissions, require legal protection from sexual harassment and sexist language while standing around the water cooler at the office. Consequently, one would think that the Canadian Human Rights Tribunal would have at least a small concern about the implications of its decision, in 1989, that equality considerations require women to participate in active combat duty in the military.

This didn't happen. Since that decision, despite sexual abuse of female soldiers, the Canadian Armed Forces has striven mightily over the past 22 years to recruit and train women for combat duty and to see that they remain in that area of service, after thousands of dollars have been spent on their training. This is not an easy feat, as few women find combat duty appealing, and even after training, many drop out, in far larger numbers than do male soldiers. Today, female representation in combat

trades in Canada is less than two percent of combat personnel.

A report released in October 2010 on sexual assault in the Canadian military, which was prepared by the Canadian Forces Provost Marshal, reveals there were 163 reports of sexual assault in 2009. The Provost Marshal states that this statistic may not necessarily be an accurate account of the sexual attacks on women in the military. This would appear to be a gross understatement as Canadian military figures appear to be implausible when stacked against U.S. statistics. Also, American research shows that sexual violence is the primary causal factor for Post-traumatic Stress Disorder (PTSD) among female soldiers. For their male counter-parts, however, the strongest PTSD predictor is combat experience.

This not unexpected difficulty of sexual abuse for female soldiers was documented by Captain Nichola Goddard, Canada's

first female soldier to die in Afghanistan in 2006. In a letter written to her husband, shortly before her death, she related how she was the victim of sexual harassment, and that, in one week, there were six rapes in her camp. She wrote that she was angered that she had not been warned about these rapes when she used the latrine late at night. She complained that she had not been provided with an “escort” to protect her in such circumstances. Apparently, escort duty for female soldiers is another responsibility piled onto the already exhausted soldiers, fighting a life and death battle in Afghanistan.

The U.S. experience with women in combat zones is instructive. In 1991, the UN authorized a coalition force of 34 nations led by the United States and the United Kingdom against Iraq which had invaded Kuwait in order to obtain access to its oil fields. The great majority of the military forces in the coalition

were from the United States. The United States military force included women in support services whose role was to assist the combat troops, but the female soldiers themselves were not to be involved in actual combat.

Nonetheless, even in this support role, female soldiers were killed and captured by the enemy (as is the case with US female soldiers now serving in Afghanistan). That is, these female soldiers in the U.S. military, even if not directly serving in combat roles, experience rape and degradation, not just when captured by enemy soldiers, but by their fellow soldiers as well.

Such occurrences, although completely unacceptable, are not at all surprising. Obviously, members of the Canadian Human Rights Tribunal, who peer at the world from their thicket of politically correct thought, are not required to apply any common sense in their decisions. †

WHAT WENT WRONG WITH GARDASIL SALES?



The Gardasil vaccine, introduced in 2006 to prevent cervical cancer caused by HPV (Human Papillomavirus), was backed by a massive marketing campaign by its manufacturers, the U.S. drug company, Merck

Frosst. The drug was approved by federal and provincial public health agencies in Canada, who claimed it was safe for young girls, aged 9-15 years, even though there were only limited data available on the effects of the drug on pre-teen and early teenage girls.

The Gardasil campaign in Canada was also enhanced by a provision, in the 2007 federal budget, to provide \$300 million to the provinces to distribute Gardasil. The provinces could not resist the money and used it to vaccinate thousands of young Canadian girls.

Public demand for this drug was created by the media, mindlessly and uncritically parroting the claims of the manufacturers in their hard driving marketing campaign.

With all this going for it, Gardasil grossed over \$1.1 billion U.S. within nine months after hitting the market. By that time, Merck Frosst had distributed 13 million doses of the vaccine, which had been approved in 86 countries.

MARKETPLACE DUD

Four years later, however, Gardasil has turned into a marketplace dud. In Merck's second quarter in 2010, the company reported an 18% year-over-year drop in sales and its shares dropped nearly 3%. What happened to Gardasil sales, which led to this financial setback?

It turns out that Gardasil's flat and declining sales are due to a design flaw. To be completely immunized, women and girls have to receive a series of three injections over six months. Many women and girls didn't do so. For example, according to the U.S. Center for Disease Control, in their report of August

2010, although 44% of teenagers had received the HPV vaccine in 2009, only 27% of them received all three doses of the vaccine. There is no evidence to support the possibility that only one injection effectively protects against cervical cancer.

The reasons for the failure to obtain all three injections may be due, at least, in part, to the following:

1. Many parents are not comfortable vaccinating young children against a virus they can only get if they are having sex;
2. Merck was unable to counter the bad press that arose when the side effects of the HPV vaccine Gardasil became known; and
3. Competition from another pharmaceutical company, GlaxoSmithKline, whose product, Cervarix, hit the market in 2009.

Although Merck is still pushing the drug into other markets (the drug was approved in 2009 for male use, and Merck has signed a deal to sell Gardasil in China), it is believed a full comeback is unlikely.

It seems that the real problem is that the public is not ready for a cancer vaccine that requires multiple injections, claiming to prevent cervical cancer which is caused solely by sexual activity. †

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