

REALity

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LIES ABOUT SEX EDUCATION

Left-wing governments, such as those in British Columbia, Alberta and Ontario, are demanding that the government's sex education curriculum be forced on all children in their respective provinces, regardless of the parents' beliefs, and whether the children are attending Christian, Muslim, Catholic, Sikh or other faith based schools.

These governments claim that all school children must follow this sex education program, because it is in the child's best interest since it protects them against sexual abuse and exploitation.

They also claim that sex education is no different from any other subject in the school curriculum and is the sole responsibility of the Department of Education. The latter is nonsense. Matters dealing with sexuality are deeply personal and directly affect a person's moral values and character. Sex education is, obviously, quite distinguishable from math, language and history instruction and information. Members of the public are not simpletons and realize this.

THE REAL REASON FOR THE SEX EDUCATION CURRICULUM

What lies behind the governments' determination to impose sex education instruction on children is to ensure that they acquire the repellent sexual values promoted by the state. That is, its purpose is to drive a wedge between children and parents so that the children will adopt the anti-life, secular values of the state. The state's values, as reflected in the sexual education curriculum, include the notion that every type of sexual relationship is acceptable and healthy, and that gender identity confusion and homosexuality are perfectly normal. They are not. This is a struggle in the continuing battle between LGBTQ advocates and faith-based

individuals. LGBTQ activists, with government support, are trying to force parents to abandon their rights over their children and their religious beliefs so as to allow the state to form the character of their children to mold them to accept bizarre sexual behaviours.

This insistence that all children be subject to a sex education curriculum is also a complete denial of diversity in the schools, and the uniqueness, culture and ethnic backgrounds of each child. In effect, this is an attack not only on religion, but also on the culture of many new Canadians who have strong views on sexuality. The left-wing governments' hope is that, in the future, the values of children of such immigrants will adapt in order that they will support the left-wing politicians and their policies, rather than the values of their parents.

NO EVIDENCE OF EFFECTIVENESS OF SEX EDUCATION

The imposing of sex education on children is being done despite the fact that study after study has shown no evidence that it reduces teen pregnancies or sexually transmitted diseases, which the governments insist are the targeted outcomes of their sex education programs. The most recent study, released in September, 2017, was conducted by Stan E. Weed, Ph.D. and Irene H. Ericksen, M.S. of the Institute of Research and Evaluation, Salt Lake City, Utah, which found, based on substantial evidence that such programs are ineffective and should not be regarded as a viable, public health strategy in classrooms.

Parents must fight to save their children from state indoctrination, the intent of which is to distance them from their families' values and responsibilities. †

Joy to the World!
The REAL Women Board and Staff
wish you and your loved ones a
Blessed Christmas Season
and a Joyous New Year.



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RELIGIOUS FAITH AND DEATH BY OPIOID

The number of opioid deaths continues to skyrocket. Preliminary data in Canada indicate that in 2016 there were 2,458 opioid related deaths. The emergency medical teams are rushing out to save the lives of drug addicts and administering the drug "Naloxone" to revive them. In some areas, such as Vancouver's East Side, the emergency teams are required to revive an addict as many as several times a day since there are no emergency treatment beds available for them.

In the US, drug overdose is now the leading cause of death for those under the age of 50. Roughly 64,000 people died from drug overdoses there last year, a dramatic increase from the 52,404 Americans who overdosed in 2015. Americans are dying at a faster rate than they did at the height of the HIV/AIDS epidemic.

Economic distress creates conditions that make drug use attractive. It is not just economics, however, that is causing drug overdose problems. According to a report released in September, 2017 by the New Hampshire based, Granite Institute, a conservative think tank, there is a strong correlation between a lack of religious attendance and illicit drug use. The Granite Institute researched two contrasting states hit hard by the opioid crisis. One state was West Virginia, which suffers from an ailing economy, and the other, New Hampshire which has a strong economy.

New Hampshire has a serious problem, not only with opioid addiction, but also with the related problem of a high suicide rate. Yet, the economy in this state is booming with nearly full employment. New Hampshire is one of the least religious states

in the US. In fact, New Hampshire, Vermont, and Maine are in a race to the bottom in regard to religious observance.

West Virginia, on the other hand, is much more religious than northern New England, and it has actually suppressed illicit drug use (although it still has a suicide problem).

A significant reason for the relatively low illicit drug use rate in Virginia is the state's above-average religious attendance. In 2015, 44 percent of West Virginians attended church at least once per week (tied for the 17th-highest with Missouri and Indiana), which is 6% above the national average of 37%.

Other national research backs up the Institute's study on religious observance and illicit drug use. A 2001 study by the National Center on Addiction and Substance Abuse found:

[A]dults who never attend religious services are almost twice as likely to drink, three times likelier to smoke, more than five times likelier to have used an illicit drug other than marijuana, almost seven times likelier to binge drink and almost eight times likelier to use marijuana than those who attend religious services at least weekly ...

A 2005 study, "Faith Matters: Race/Ethnicity, Religion and Substance Use" by the Annie E. Casey Foundation, which is a research center in Baltimore, Maryland, focused on education and opportunities for young people, concluded that:

Religion is an important protective factor against substance abuse and an important support for persons in recovery. Religious people are less likely than others to use drugs and less likely to experience negative drug-related consequences. †

CANADA HAS A POPULATION PROBLEM

Canada has one of the lowest birth rates in the world. According to Statistics Canada, the Canadian birth rate is 1.6 births per woman of reproductive age. Canada, however, needs a birth rate of 2.1 births to replace its population. In the future Canada won't have the taxpayers to pay for our government programs such as Canada Child Benefits and pensions.

There are many reasons for a low birth rate, including complex social considerations, economic indicators linked to the GDP, income, unemployment, consumer confidence, and the fact that abortion plays a role in population control. Abortion is not merely a private matter, it is more efficient in curbing population than an epidemic of cholera.

Russia is an example of declining population. According to the Russian Academy of Sciences, Russia lost 26.6 million people in World War II. In 1920, Communist Russia passed legislation for abortion on demand which led to the highest rate of abortion in the world. Officially, there are over one million abortions each year in Russia. This has created a demographic crisis for that country. Consequently, Russia passed a restrictive abortion law in 2012 for the first time since the fall of the communist state. Pregnancy facilities were also established in major centres and generous funding provided pregnant wom-

en (single and married), both prior to and subsequent to giving birth. The Russian government takes the decrease of abortion so seriously that it has appointed as President of the pro-life movement in Russia, Svetlana Medvedeva, wife of Prime Minister, Dmitry Medvedev.

On April 6, 2016, the head of the Russian Health Ministry, Veronika Skvortsova, reported that the number of abortions in the country had decreased by 8% in 2015 and, compared to 2011, had decreased by 24.5%.

The US is also experiencing an all-time low birth rate. In 2015 it had 1.84 births per woman. What is of particular concern is that the African-American population in the US is approximately 13%, but about 35.6% of abortions performed in the US are on black women. Elective abortion is the number one cause of death among black Americans, higher than other causes combined (See article in November REALity "[Abortion and Racism](#)" page 1).

In April 2017 Prime Minister Justin Trudeau donated \$650 million Canadian dollars to assist in facilitating abortions in Africa, even though abortion is contrary to African law and culture.

The Prime Minister and his office recently met with Canada's Black community leaders on priority issues. Is Prime

Minister Trudeau, in the name of equality, planning to offer Canadian Black women priority access to abortion just like he has proposed for Black women in Africa, so that there will be a proportional increase in abortion for Black women in Canada?

A world-wide petition opposing this donation for abortions in Africa was distributed by the World Congress of Families (WCF) and REAL Women of Canada. It collected approximately 14,000 signatures in just six weeks. Signatures on the petition came from 80 countries, including 26 African countries.

Trudeau must be aware that his policy of funding abortions does not make him very popular in the developing world.

According to Andrew Caddell, recently retired senior policy advisor at the Department of Global Affairs, the 133 developing nations at the UN which hold the power there, think abortion is anathema, and the last thing they want is to be told by Trudeau what their policy on abortion should be.

According to Caddell, as a result of Trudeau's offensive abortion policy for Africa, his talk of Canada gaining a seat on the UN Security Council in 2021 has been undermined. Why would these countries want Canada on the Security Council when it wants to eliminate them?

THE 2016 CENSUS ON POPULATION IN CANADA

In February, 2017, Statistics Canada released its population statistics taken from the 2016 census, indicating

that there were now over 35 million Canadians. This was a growth of 5% since the last census in 2011. Two-thirds of this population growth was thanks to immigration. Based on current trends, immigration will account for 80% of our population growth in twenty years.

The Conference Board of Canada has recommended increasing Canada's annual immigration to 450,000 by the year 2025.

Even if Canada does this, it will not relieve our population problem, as it has in the past, without an increase in the natural birth rate.

This is because the immigration story is quite different today as the fertile immigrant no longer exists. According to the respected British magazine, *The Economist* (April 30, 2016), there has been a collapse of fertility rates in most countries. For example, fertility rates have plunged in both Mexico and Turkey, from more than six children per woman in 1960 to less than three today.

Further, immigrants' birth rates are falling in Canada because immigrants tend to adapt to the ways of the host communities. This happens fast: migrants from high-fertility countries, like Nigeria and Somalia, have fewer babies when they come to Canada than their compatriots remaining at home.

Canada's demographic problems are just beginning. We are going to have to deal with them sooner or later. Preferably, for our own good, it should be sooner. †

AT THE PRECIPICE: DRUG ADDICTION

**BY: DAVID BERNER, EXECUTIVE DIRECTOR,
DRUG PREVENTION NETWORK OF CANADA (DPNC)
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In physics and finance and a few other human concerns, there is a moment called the tipping point. It is that Nano-second just before the break boundary when something becomes entirely something else. Kitty Hawk is suddenly the Apollo Mission.

In this country, we have reached that tipping point when it comes to addictions and recovery.

It was only a scant 20 years ago, that Vancouver Mayor Philip Owen began talking about something called Harm Reduction, the notion that the very least we could do for these poor bedraggled, mystifying, infuriating crazy drug addicts was 'make them comfortable.' Give them something and some place that would not cure them, but at a minimum keep them from getting diseases from using shared needles and other unsavory practices.

We had already been giving some addicts a substitute lab-made narcotic called methadone for many years. Soon we were giving many, many more people methadone and free heroin and free crack pipe kits and free alcohol and nice tidy, nurse-run places to shoot up. Insite in Vancouver's Downtown East Side is world famous and considered a great role model for civic minded people all over the world who

clamour to open as many similar locations as Cineplexes. We don't have mobile cancer clinics or osteoporosis wagons—even though we have hugely skewed aging populations in this country—but many mayors are shopping for mobile 'safe injection' units to patrol the leafier neighbourhoods of towns hither and yon.

Today, the ideology of Harm Reduction holds sway in every corner of the community—health authorities, legislatures, parliament, doctors, psychiatrists, universities and colleges.

Sitting on my desk today is a 77 page document entitled "A Guideline for the Clinical Management of Opioid Use Disorder." It is published and distributed by the British Columbia Ministry of Health (The retiring Minister will be heading up a medical marijuana enterprise when he returns to civilian life) and something called the British Columbia Centre on Substance Use. The list of well-initialled academics who are contributors or reviewers to this new bible runs a full three pages. Topping the many individuals, groups, associations and governments to whom grateful acknowledgements are offered is the College of Pharmacists of British Columbia. Residential treatment can be found on page 21. It is largely dismissed due to lack of 'evidence.' Everything else in this hefty tome claims to be based on 'science.' What is everything else? Pharmaceuticals, of course.

At this point, let's remind the reader of the first principle of journalism. Follow the Money. Keep that uppermost as

you read on. Here are some numbers.

Last year and the year before the Province of British Columbia spent \$365 Million on a four square block of land in Vancouver called the Downtown East Side. There are over 100 social service agencies plying their trade in that neighbourhood. Many of these non-profits have Executive Directors being paid in six figures.

The same government spent about \$100 Million on methadone, but those monies are shifted across the table to another expenditure column so they don't really show up under the budget of Mental Health & Addictions.

We are currently supporting over 20,000 human beings on long term methadone maintenance with no known or projected date to taper off and quit.

Everyone is aware of the worldwide nightmare and tragedy called Fentanyl.

But not enough people know these two dreadful facts:

1. Of the people who die of a Fentanyl overdose, 20% of them are methadone users. Whoops! How well is that idea working?
2. Emergency Response Team members, most of whom are suffering massively from PTSD (Post-Traumatic Stress Disorder) having to attend to addicts in overdose too often, will tell you that they are mightily tired of reviving a guy named Eddie 5 times a day. The problem with the mythical Eddie is that no one is allowed to revive him and then *take him to a recovery centre so that he could start the hard and honorable work of getting away from his addictions.* And the reason that EMT (Emergency Medical Response) folks cannot take that extra step is because we, as a society believe that it is Eddie's Charter given right to keep being a fool, hang the cost to the public purse.

Now, I have worked successfully with addicts for many years now and I can't imagine bringing Eddie back to life and NOT taking that extra step.

It is important at this juncture to recognize that addictions are not only a problem and a scourge and a tragedy and a stain on our lives, but they are also very Big Business.

The Harm Reductionists, who at the moment are in the driver's seat, are exactly like the addicts they fail to help. The addict wants to simplify the challenges and exigencies of daily life. Instead of dealing with the mortgage, the spouse, the business partner, the kids, the neighbour or the guy whizzing by at dangerous speeds, the addict has a drink or a line of coke or a needle or a pipe. He or she bottles and encapsulates all of life's problems. Simple. The Harm Reduction people also want a simple answer to a complex problem. We'll give them a substitute drug and a place to use and call it a day. This might work if the substance was the issue. It is not. The substance is the symptom of a much larger and puzzling malaise. Work and time are the solutions.

The people who are running the great official addictions enterprise now actively and openly denigrate 12-step programs and residential treatment. They claim, in what is a classic example of psychological projection, that folks like

me and my colleagues are ideologues and that they in their wisdom are great evidence based scientists. They are hauling in and spending many billions of tax dollars with little or no demonstration of any clean or sober citizen clients. They are building corrals of drugged up, stunned human beings forever dependent on the largess of these clever men and women. A dystopian and ugly scenario. Note how much of their 'research' and funding comes from Big Pharma. Harm Reduction has the microphone for the moment. May the return of what one great Canadian called 'sweet reasonableness' be upon us sooner than later.

Harm reduction and Insite are palliative. They both spring from a deeply cynical and arrogant world view—You are an addict and you are hopeless. We will keep you "comfortable" while you continue to die.

This is a curious position considering the millions of men and women who admit that they are addicts and choose every day not to pick up their poison. We know thousands of such clean and sober citizens.

We as a body politic owe one another a chance at dignity. To offer less is not only costly, it is monstrous. †

MESSAGE BOARD

- **Membership Renewal:** There is a reminder notice in this issue to renew your annual membership fee. This is due the first of January, every year. We do not send out individual reminders on an annual basis, in order to reduce our costs. Memberships can be renewed [on-line](#) or by mailing \$30 to our Ottawa National office. Please let us know if you prefer to receive REALity by e-mail (monthly) or by Canada Post (bi-monthly).
- **New membership campaign:** This campaign is ongoing. Membership packages, at no charge, are available to members who wish to extend a personal invitation to a friend or relative to join REAL Women of Canada. Please let our Ottawa office know how many packages you would like. They contain a letter of invitation, written on REAL Women letterhead and signed by the National President, a membership form, a return envelope addressed to REAL Women, a pamphlet explaining REAL Women and a business envelope. Adding your own personal note of endorsement is always a nice touch.
- **Writing your will:** Have you ever considered including REAL Women of Canada as a beneficiary in your will? Bequests from generous patrons have been an extremely important source of revenue for us. We are ever so grateful (<http://www.realwomenofcanada.ca/donate/bequest/>).

WHY AREN'T HOMOSEXUALS HAPPY?

One would think that with all the many advantages and special rights homosexuals have acquired over recent years, they would be a happy lot. Such is not the case. Many homosexuals are not even taking advantage of their newly acquired benefits, such as legal “marriage”.

THE MYTH OF SAME-SEX MARRIAGE

Statistics indicate that the majority of homosexuals are staying away from same-sex marriage. Only 10.5% of the homosexual population has chosen to marry since marriage was re-defined by Liberal Prime Minister Paul Martin in 2005. This is based on 2016 Statistics Canada’s most recent estimation of the homosexual population at 1.7% of Canadians between the ages of 15 and 59.

Married homosexuals and lesbians represent only 0.16% of the adult Canadian population (15 years and over) according to this 2016 Census. In 2005, the Liberal government, with the support of the NDP and Bloc parties, won this highly publicized battle to dispense with marriage as it has always been understood by Canadians and Western Civilization. The fruit of their ideological aggression was to overturn dozens of laws pertaining to what has always been understood as marriage. But only an infinitesimal 0.16% of the Canadian adult population is in a “same-sex marriage” since, so few homosexuals seem interested in it.

This is the same situation in the US since the US Supreme Court legalized same-sex marriage in June 2016. The demand for same-sex marriage has been anemic there. In fact there has been a greater increase in lives lived singly than lives lived as gay “spouses.” If the numbers of cohabiting gays and gay “spouses” are combined, the total of such arrangements has slipped dramatically from 20.7% to 16.6%.

HOMOSEXUAL LIFE-STYLE

Homosexuals themselves admit that their behaviour is the source of their many health problems. We know this because they laid a complaint with the federal Human Rights Commission in February 2009, claiming they were experiencing lower life expectancy than the average Canadian, a high suicide rate, and high rates of substance abuse, smoking and depression. They complained about inadequate access to care for HIV/AIDS and cancer treatment—both anal cancers and those caused by the exposure to human papillomavirus, which lead-especially to head, throat and neck cancers due to homosexual sexual practices. Violence and bullying are also problems prevalent in homosexuals/lesbian relationships.

These health and social problems are of homosexuals’ own making. It is obvious that two men together and two women together are not physically designed for sexual connection. That is why their sexual acts are unnatural. They are only an improvisation of nature’s competently designed sexuality, and this is why they experience so many health and psychological problems. That is, because these sexual acts are a bizarre imitation of natural, male-female sexuality, same-sex activity results in medical and psychological prob-

lems for those who insist on engaging in these activities.

Homosexuals and lesbians, themselves, admit this, but they never acknowledge the stark truth that most of their problems would cease if they didn’t engage in their unnatural sexual behaviour. Many persist in doing so and are demanding that the government pick up after them, by paying out millions of dollars to cover their resulting problems.

Homosexual activists argue that “homophobia” (oppression and repression in the past) has caused their health problems, not just physically, but also emotionally, as reflected in their high rates of depression and drug abuse. In effect, these activists are claiming that it’s all the government’s and the public’s fault that they are facing health and other problems. They want to continue their harmful behaviour and lifestyle but expect all taxpayers to give them, as their entitlement, extra funding to deal with them.

There is a major flaw with their thesis in that countries like the Netherlands and Sweden, where homosexual rights, including same-sex marriage, have been the law of the land for years, homosexual men remain three times more susceptible to mood disorders and three to ten times more likely to engage in suicidal self-harm.

The obvious conclusion is that it is the homosexual life-style, itself, that is destroying their lives. Monogamous partnerships are rare exceptions in a homosexual’s life. Consequently, homosexuals, in later years, experience isolation and anxiety because of a lack of close family ties. It is a fact that smart-phone hookup apps lead to exploitative and casual encounters that undermine homosexuals’ sense of self-worth and fulfillment because of the impermanence of the encounter, which is sexual only. That is, the homosexual lifestyle of promiscuous sex and short-lived relationships results in no one to care for them when they grow old.

According to a policy brief from the University of California, Los Angeles (UCLA), older gay and bisexual men are also 45% more likely to report psychological distress and 50% more likely to rate their health as fair or poor. Half of older, gay and bisexual men live alone, compared with 13.4% of older, heterosexual men.

Older lesbian and bisexual women experience higher rates of diabetes and hypertension, compared with straight women of their age. They also report significantly more physical disabilities and psychological distress. They were 26% more likely to say their health was fair or poor. More than one in four live alone, compared with only one in five heterosexual women. *The gay culture tends to be youth-driven, and the aging community network doesn’t usually think about gay and lesbian elders.*

In short, the constant pursuit of casual sex and unnatural sex acts results not only in health and emotional problems, but also in leaving many homosexuals and lesbians with no permanent life partners or adult children to care for them in their old age. To be old and alone is part of the homosexual culture and lifestyle.

Why aren’t we telling our youth about this? Instead, our youth are told that homosexuality is equal to heterosexuality. It isn’t. We are abusing our children by failing to disclose to them the truth about homosexuality. †

PRESIDENT'S MESSAGE



Dear REAL Women of Canada supporter:

On behalf of our National Board of Directors and our dedicated administration support staff, I extend to you and your families all the blessings of this joyous Christmas season. Amongst the excitement and activities, may we all remember and give thanks for the "Reason for the Season".

On November 3 and 4, REAL Women of Canada participated in the Life Canada National Conference in Ottawa, "True North Strong for Life". Our exhibit table, enjoyed a fair amount of traffic, in a very central location, for which we are very grateful. We were assisted at our table, by Patrick Redmond, who, along with Gwen Landolt, co-authored the book " Pierre Elliott Trudeau's Great Betrayal". He sold several copies at our table. Thanks, Pat!

Monday, December 11, 2017, 4 federal by-elections will take place in Canada, <http://www.elections.ca/content>, in Newfoundland, Ontario, Saskatchewan and BC. If you belong to one of these ridings, please find out who the pro-life candidate is and VOTE for him/her. HINT: The supportable candidate will not be running for the Liberals nor the NDP, as both these parties are officially pro-choice and do not accept any candidates who will vote for pro-life legislation.

In August 2018, the Conservative Party of Canada will be holding its Policy Convention in Halifax. If you would like to see the Party adopt pro-life and pro-family friendly policies at this convention, which will influence the next federal election in 2019, please consider volunteering for your local Conservative Riding Association, now referred to as Electoral District Association (EDA), and serving on the policy committee. There is an article in REALity August 2017, providing more background. <http://www.realwomenofcanada.ca/future-conservative-party-canada/>

In November, REAL Women released two Alerts. On November 3, we released an Alert concerning Motion M-103 on Islamophobia. <http://www.realwomenofcanada.ca/motion-m-103/>. We urged readers to contact the Standing Committee on Canadian Heritage, which is meeting to make recommendations based on M-103. On November 9, we released an ALERT concerning the legalization of Marijuana, Bill C-45. We urged readers to contact their MP's to voice their objection to the impending legalization of marijuana, which may occur as early as December 15. This Bill is being fast-tracked by the Liberal majority. <http://www.realwomenofcanada.ca/legalization-marijuana-bill-c-45/>

With much gratitude for your financial and moral support,

Pauline Guzik

Pauline Guzik
National President

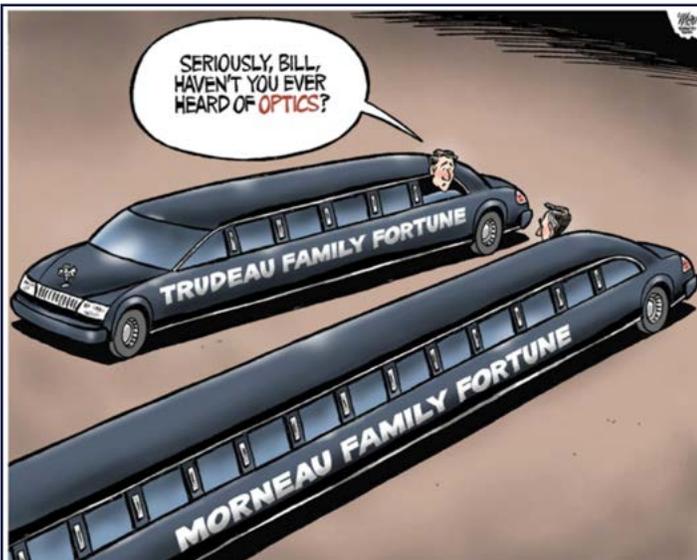
MEMBERSHIP FEES FOR 2018 NOW DUE

This is a reminder that your 2018 membership in REAL Women of Canada is now due. The annual membership fee is \$30.

Enclosed is a self-addressed envelope for your convenience in forwarding your annual membership renewal and fee.

It is your wonderful support that enables REAL Women to continue its work on behalf of the traditional family of mother, father, children, and to promote values that sustain and protect society.

Thank you so much for your faith in us as indicated by your financial and moral support. In return, we promise to remain faithful and diligent in supporting the family and traditional values.



Theo Moudakis, Toronto Star, October 20, 2017.
Two millionaire Liberal politicians meet to discuss the taxation loopholes of the middle class.

SUPPORT REAL WOMEN OF CANADA PLEASE MAKE A CONTRIBUTION TO JOIN OUR WORK TO DEFEND & PROTECT LIFE & THE FAMILY

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Contributions, unfortunately, are not tax deductible.

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Send online at www.realwomenofcanada.ca or by mail. Thank you.

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