



REALity

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PARENTS ARE BEING PUSHED OVER A CLIFF

“Parents are being steadily pushed away from making important decisions about their children’s lives. ... The emotional, psychological, moral and intellectual development of the children have fallen mainly into the hands of the state, which is determining, ultimately, their child’s destiny.”

Parents are being steadily pushed away from making important decisions about their children’s lives. Strangers, usually employed by the state, are making decisions for them, molding them to accept the values of the state, as determined by its “experts”, politicians and bureaucrats.

In short, impressionable children are being deliberately separated from their parents’ influence and values on such matters as sexuality, climate change, and the lack of significance of tradition, culture and religion in their lives.

The consequence of all this is that parents are losing their children to the state and, figuratively speaking, are being pushed over a cliff, giving parents no role other than providing for the physical care of their children, such as housing, clothing and nourishment. The emotional, psychological, moral and intellectual development of the children have fallen mainly into the hands of the state, which is determining, ultimately, their child’s destiny.

If this sounds extreme, consider the following:

A MINOR’S CONSENT TO MEDICAL CARE

A minor is an individual under the age of majority. Some provinces have set the age of majority by legislation, as in Quebec, where the age of majority is 14 years. New Brunswick sets the age of majority at 16 years of age, as does Manitoba. The remaining provinces have established that the age of consent for a minor’s medical care is to be determined by common law (judge-made law).

In these provinces, the judge-made law application provides that a child at any age is capable of providing consent, providing:

1. The child has the maturity, intelligence and capacity to understand the nature and purpose of the proposed healthcare, and;

2. The child has the ability to appreciate the reasonable, foreseeable consequences of such a decision.

If a child meets these requirements, parents cannot override their child’s decision. If the child does not meet these requirements, only then is the consent of the parent required before medical care can be provided to the child.

The Problem Determining a Minor’s Capacity for Consent

The problem with determining the capacity of a minor to understand the nature and consequences of a medical procedure is that this critical fact is determined by a healthcare provider, usually a physician, who also usually carries out the proposed procedure. Unfortunately, all too frequently, the physician may have only recently met the child for a brief time, doesn’t know the child’s background or medical history (neither does the child!) and also, in such controversial matters as abortion or sex-change therapy, has a direct financial incentive to carry out the procedure. A physician or a medical team doing this work (obviously) has a bias in support of such procedures. Their position is in contrast to the parents who, in most cases, intensely love and care for their child as no other individual can and who have a superior protective instinct commonly understood to flow naturally from the parent-child relationship.

PROVINCIAL LEGISLATION THAT UNDERMINES PARENTAL RIGHTS

It is acknowledged that there are instances when the state must step in to protect the safety, security and well-being of a vulnerable child. In such situations, it is in the child’s best interests that the state be allowed to do so. Some provinces, however, have enacted legislation that permits the state to intervene in parental rights that far exceeds what is reasonable to protect the child. That is, some provinces pro-

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vide excessive and inexplicable power to the state to remove the child from the home and parental care.

Examples of this include:

- Newfoundland's Children, Youth and Families Act

This legislation provides in section 10(g) that if a parent refuses to consent to "essential" medical, psychiatric, surgical or remedial care or treatment to a child when recommended by a qualified medical practitioner, the state may take the child away from the parents' care.

Who is to say that a medical practitioner's judgement is superior to that of a parent? The decision of a physician, for the reasons outlined above, is not infallible. Also, it's not merely a medical decision that is being made, but rather a decision that can have lifelong implications to the child's future, economically, socially and psychologically. Who knows better than a parent what these ramifications might be?

- The Nova Scotia Children and Family Services Act:

This legislation provides, in section 3(2)(ga), that the "best interests" of the child include the consideration of the child's "sexual orientation, gender identity and gender expression" and sections 22(c) and 22(k) provide that, should a parent refuse to consent to or co-operate with the provision of treatment to alleviate "harm" to the child, the child may be removed from the parent's care. That is, the state determines the "harm" and parents must co-operate or lose their child.

- Ontario Child, Youth and Family Services Act

This legislation includes a provision that the child's "best interest" must include the consideration of the child's "sexual orientation, gender identity and gender expression".

- Alberta's Child, Youth and Family Enhancement Act

This legislation provides, in section 1(2.1)(b), that a child is in need of intervention by the state if it is believed that the safety, security, or development of the child is in jeopardy and the parent is unwilling to permit "essential,

medical, surgical, or other remedial care that is 'necessary' for the health or well-being of the child."

Who decides what constitutes "essential medical care"? The state does.

- In 2017, the former NDP government in Alberta amended the School Act to allow students in every school (Public, Catholic, Christian, etc.) to set up Gay-Straight Alliance (GSA) clubs if it was demanded by any child from kindergarten upwards. This was supposedly to provide a welcoming, caring, respectful and safe environment for students. However, even members of the LGBT community have acknowledged that the purpose of the GSAs is to promote the homosexual/transgender agenda within the school system.

This legislation also prohibited the principal or teachers from disclosing to the parents whether the child was a member of the GSA as well as any information on the club's activities. The legislation also gave students the sole legal authority to bring in outside speakers to provide sexual information to kindergarten to grade 12 children without parental knowledge or consent.

When the United Conservative Party (UCP) was elected in 2019, this controversial legislation was amended to allow teachers and principals to inform a parent of a child's participation in a GSA. The latter clubs, however, were permitted to continue operating in the schools.

- The B.C. Family Law Act

This legislation broadly defines what constitutes "family violence" (section 38) and what is the child's best interests (section 37).

In the 2019 case of A.B. v. C.D. and E.F., a judge in the lower B.C. Supreme Court, considered the situation of a 14 year old girl who decided she wanted to become a boy, and who sought a protection order to restrain her father from interfering with this decision. Section 17 of the B.C. Infants Act provides that healthcare providers have the responsibility to determine whether the child has the capacity to consent to medical care. Parents have no authority over this matter.

Judge Francesca Marzari held that the father's conduct, in refusing to agree with his daughter's transition to be a male and his attempt to convince his daughter to abandon treatment for her gender dysphoria, was harmful to the child and constituted "family violence", contrary to the child's "best interests". Judge Marzari also stated that the father's actions, in objecting to this change, and speaking out publically to several conservative outlets about the situation, had made the child an unwilling poster child for the father's "cause". (It is significant that the child's name was kept anonymous under court order and never publicly disclosed). The judge granted the child a protection order that prohibited the father from, among other actions, attempting to persuade the child to



stop treatment, addressing the child by her birth name and referring to her as a girl, using female pronouns or speaking publically about the matter.

On appeal, the father argued that this court order infringed on his freedom of speech and expression and interfered with his parental role. The B.C. Court of Appeal, in a decision on January 10, 2020, concluded that identifying the father's actions as "family violence" was inconsistent with the parenting role. It stated that family disagreement was not violence, and that the child, as a mature minor, should have the ability to listen to opposing views.

The Appeal Court also stated the father was entitled to his views and entitled to communicate his views to his child and that the child's consent did not remove all his parental involvement from the medical decision.

However, the Court did order the father to refer to his

child as male, to use male pronouns, to identify his child by "his" male name and that he not publish information publically on the case.

The Court did not deal in any depth with the father's rights and freedom of opinion, dismissing them, stating that the Court order did not prevent the father from expressing his opinion in private conversation with family and friends.

Effect of the Decision

The decision of a provincial court is not binding nationally, only in the province where the decision was made. If this decision is appealed to the Supreme Court of Canada, then it would be binding in all of Canada. The problem is that should a court challenge arise in another province on parental rights, it is likely that a judge would follow this decision as a precedent. This case, therefore, is a danger lurking on the books for all parents. †

NO SCIENTIFIC EVIDENCE TO SUPPORT TRANSGENDERISM

"There is no medical definition of transgenderism. No blood tests, genetic testing or brain imaging scans can confirm or deny the condition. Yet medical professionals are prescribing harmful puberty blockers and performing harmful surgeries. ... These procedures sterilize the patients for life, and require them to have a lifetime of medication..."

The problem with transgenderism is that there is no scientific evidence to support it. The usual standards for medical therapy, such as proof of effect, absence of complication in bench studies, animal experiments and human trials are absent. Instead, the procedures that supposedly change an individual into another sex have been based on "clinical consensus", which is the opinion of the "experts", those who are performing the procedures

The mainstream narrative on transgenderism is that it is well-studied, and that there is academic consensus on its effectiveness. In reality, the literature is fraught with study design problems, including convenience sampling, lack of controls, cross-sectional design, small sample size, short study lengths, and enormously high drop-out rates among participants. Very few studies on transition escape these issues.

PARENTAL CONSENT

There have been numerous cases from around the world of authorities subjecting children to gender re-assignment contrary to their parents' wishes. In fact, an article pub-

lished in the Journal of Medical Ethics in the British Medical Journal (December 2019) included an article entitled "Medically assisted gender affirmation: when children and parents disagree". The authors of this article give priority to the autonomy of transgendered youths over their parents' wishes. In order to remove a child from the parents' control, the authors recommended dealing with uncooperative parents by accusing them of "neglect" for refusing the procedure.

Another strategy used by some physicians to overcome parental objection is to interview a child separately from the parents. This may be well-intentioned by a physician who, for example, wants to determine a pattern of child abuse. However, the separation of parents from the child for medical interviews can also be used by physicians to encourage an abortion, birth control and premature sexual activity, or transgenderism. Further, it is not uncommon for physicians to suggest to uncooperative parents that their child may possibly commit suicide if the transgender process is not commenced – "better a transitioned child than a dead child" is their argument. There is little evidence to support this. However, there is much evidence from different parts of the world that establishes an increased risk of suicide in later years following the completion of the transition process.

Recently, two papers were published in medical journals attempting to show that children are less suicidal if they are allowed to be transgendered. An investigation of the data in these papers showed that they were based on the recruitment of people from LGBTQ organizations, who responded to an online survey conducted by the National Center for Transgender Equality. The authors of this survey were all trans activists and none were scientists or physicians.

An important factor in this controversial issue is that children's distress about their gender, in 88% of cases, are resolved without transition, and the children come to accept their biological sex. This occurs by a self-correcting process involving time, growing maturity, and sometimes psychotherapy.

Another important fact about children claiming they were born in the wrong sex is that they also seem to have a high incidence of other psychiatric problems, such as autism, depression and anxiety disorders. Instead of dealing with these underlying problems, these children are being diagnosed with a gender disorder and prescribed puberty blockers, cross-sex hormones, and surgery to mimic their desired sex. This quick assessment of patients by the UK's Tavistock Gender Clinic, Britain's only state funded gender identity clinic, is currently being argued before the British courts. That clinic has lost 35 psychologists and a psychiatric nurse in the past three years, who quit the clinic because of the failure to properly assess the child's problems before commencing transgender medical intervention. In the Netherlands, physicians do not begin treatment until two years after referral, but in Canada, a minor child can be prescribed puberty blockers and other treatments after a 15 minute interview. This should give Canadians pause, regardless of which side of the issue they are on.

There is no medical definition of transgenderism. No blood tests, genetic testing or brain imaging scans can confirm or deny the condition. Yet medical professionals are prescribing harmful puberty blockers and performing harmful surgeries, such as hysterectomies, double mastectomies and penis removal, on confused children. These procedures sterilize the patients for life, and require them to have a lifetime of medication to maintain their desired sex.

PUBERTY BLOCKERS

A puberty blocker is a treatment that works on the brain to stop the eventual release of estrogen or testosterone (the sex hormones that increase during puberty) in order to prevent the development of sex characteristics. Puberty, however, is more than a process of genital maturation. It is also a critical time for bone, pelvis, brain and psychosocial development. All these processes are adversely affected by puberty blockers and these effects may not be readily reversible.

It is noted that the U.S. Pediatric Endocrine Society insists that the effects of puberty blocking medications are reversible, even though there is no scientific evidence to validate this claim. No long term, rigorous studies to establish the absence of harm have been undertaken.

Unfortunately, the U.S. Pediatric Endocrine Society has been taken over by ideologues, as have some other medical associations, such as the American Psychological Association (APA), and, as a result, ideology supersedes scientific evidence. It is significant that the Pediatric Endocrine Society has been endorsed by the organization, World Professional Association for Transgender Health

(WPATH), which was launched, among others, by the notorious sexologist, Alfred Kinsey, to push a political agenda for gender ideology. The guidelines published by the Endocrine Society are essentially a rubber stamp version of the WPATH guidelines on transgenderism.

THE GOOD NEWS ABOUT TRANSGENDERISM

The medical profession and various governments around the world are finally becoming concerned about this developing trend to permit children, who are not even old enough to drive a car, to consent to treatment by surgery and hormones to allegedly become a member of the opposite sex.

Examples of this long overdue investigation of these unscientific procedures include:

- In 2016, the National Health Service in the UK commissioned a report by independent experts to investigate puberty suppressants and cross-sex hormones. This report is to be released this year.
- Seven Swedish physicians demanded, in March 2019, an independent inquiry into transgender treatment. They claim that the young patients often suffer from self-harming, eating disorders, mental trauma, depression and emotional instability, which, along with autism, may be the main underlying problems. Sweden's Board of Health and Welfare ordered a reassessment of the evidence on transgenderism procedures. This report is due on March 31, 2020.
- Australian health minister Greg Hunt has requested the Royal Australasian College of Physicians to undertake a full review of treatment for gender dysphoria in youth. The report is to be based on "objective evidence" only.
- In July 2019, the American College of Pediatricians (ACPed), the Association of American Physicians and Surgeons, the Catholic Medical Association, and the Alliance for Therapeutic Choice, called on the Surgeon General of the United States to issue a call to action by medical practitioners on transgenderism treatment and to issue a warning or advisory regarding these medical interventions being carried out on children.
- In 2017, the U.S. National Institute of Health (NIH) launched a prospective study of 400 transgender adolescents. It is the first study to examine the effects of drugs that block puberty until a teenager's body and mind are mature enough to begin cross-sex hormone treatment.
- Concerns about transgender treatment of children have been raised independently by physicians and specialists in Ireland, U.S., Australia and England.

It is gratifying that the medical community is starting to push back against the transgender wave that has swept through the medical community in the last few years. Hopefully, this will stop the scandal of the social experiment on vulnerable children who cannot understand the consequences of this medical treatment. †

REAL WOMEN OF CANADA NOTICE OF ANNUAL GENERAL MEETING

NOTICE IS HEREBY GIVEN THAT the Annual General Meeting of the Members of REAL Women of Canada (hereinafter called the "Corporation") will be held on,

SATURDAY, MAY 30, 2020 · 1:00PM TO 4:00PM · LIBERTY SUITES HOTEL
7191 Yonge St, 12th floor (North of Steeles Ave, East Side of Yonge St) Thornhill, ON L3T 0C4

TRAVELLING BY CAR: Entrance off Yonge Street, free underground parking, signage "World On Yonge", (don't park in the outdoor plaza), Level P2 (below P1). Register your vehicle licence plate number at the hotel reception on the 12th floor.

TRAVELLING BY SUBWAY AND BUS: If travelling by subway, get off at Finch Station, walk upstairs to street level and go left to YRT Bus Terminal (north east side of Bishop Ave.) and take Bus #2, 5, 77 or 99. Exit bus at Meadowview and Yonge, stay on the right and walk towards RBC Bank. Hotel entrance located on the right side. If travelling by TTC, take Bus #60A, B or C, exit bus on Steeles Ave. and walk north 3-4 blocks.

LIGHT REFRESHMENTS PROVIDED. PLEASE LET US KNOW IF YOU ARE ATTENDING.
RSVP by May 26: 613-236-4001, info@realwomenofcanada.ca

GUEST SPEAKER: BLAISE ALLEYNE

Eastern Outreach Director, Canadian Centre for Bioethical Reform; Vice President of Toronto Right to Life

Presentation: "Changing Hearts and Minds on Assisted Suicide"

With practical, tested techniques, we can use cultural common ground ideas about suicide prevention and human rights in regard to euthanasia and assisted suicide.

ANNUAL GENERAL MEETING

Our Annual General Meeting will be held for the following purposes:

1. The Board of REAL Women of Canada would like to propose a resolution in accordance with section 182 of the Canada Not-for-Profit Corporations Act (S.C. 2009, c.23), which is as follows:

- 1) Members of a designated corporation may resolve not to appoint a public accountant, but the resolution is not valid unless all the members entitled to vote at an annual meeting of members consent to the resolution.**
- 2) The resolution is valid until the following annual meeting of members.**

The above-mentioned resolution is as follows:

Be it resolved that REAL Women of Canada not appoint a public accountant for the fiscal year 2020.

2. To receive the financial statements of the Corporation for the fiscal year ending December 31, 2019, together with the reports of the directors and auditors thereon;

Members may obtain a copy of the Financial Statement available at REAL Women of Canada's Ottawa Office.

3. To elect a Board of Directors:

- a) Advance nominations shall be in writing and shall be submitted by not less than two members in good standing, with the written consent of the nominee, and received by the Nominations Committee at least two weeks prior to the annual meeting (by May 16, 2020). According to our constitution, no nomination can be accepted after that date. A brief resume of the candidate's biography must be submitted along with the nomination. Nominators must vouch that the candidate is a member in good standing, and upholds the philosophy, aims and objectives of REAL Women of Canada, as set out in the membership

**Nominations Chairperson, Diane Watts, REAL Women of Canada, Box 8813, Station "T", Ottawa, ON K1G 3J1
Fax: (613) 236-7203 or email: realwcna@rogers.com**

- b) Only those who subscribe to our objectives and have been voting members of the Corporation for at least 60 days prior to this meeting shall have the right to vote and/or run for office.

- c) New members will be accepted on the date of the meeting, but, must attend as observers, not as voting members. Those members whose memberships have lapsed may renew and will be allowed to vote.

The General Meeting is open to members, representatives from member organizations and to co-operating organizations.

4. To hear and vote on resolutions from voting members. Resolutions must be submitted in writing, according to the constitution, 14 days prior to the Annual Meeting (by May 16, 2020), and approved by the Resolutions Committee. Please send such resolutions to:

**REAL Women of Canada, Resolutions Committee, Box 8813, Station "T", Ottawa, ON K1G 3J1.
Fax: (613) 236-7203 or email to realwcna@rogers.com.**

5. To transact such further or other business as may properly come before the meeting or any adjournment or adjournments thereof. †

INTERNATIONAL WOMEN'S DAY MEANS NOTHING TO MOST WOMEN

“Worldwide, forty-three national women’s organizations (including REAL Women of Canada) have come together to form a new organization called Women of the World (WoW) to take back the agenda from radical feminists.”

Women across the globe are uniting against the radical feminist supremacists who, while despising men, pretend they are the authentic voice of women. They are not.

Most women are fed up with the continuous attack on men by radical feminists. Men are not our enemies. They are our partners and allies. Women are equal to men in rights and duties. We do not tolerate having less than men. Men and women are complementarity. There is no supremacy of either sex.

Worldwide, forty-three national women’s organizations (including REAL Women of Canada) have come together to form a new organization called Women of the World (WoW)

MESSAGE BOARD

- **Annual General Meeting and Guest Speaker:** Saturday, May 30, 2020, Liberty Suites Hotel, Thornhill (Toronto), Ontario. 1PM. See this issue for more information. RSVP is required.
- **Anti-Euthanasia Petition:** Please sign this online [petition](#) to oppose federal Bill C-7, which, if passed, will provide Canada with the most permissive euthanasia laws in the world. (<https://citizengo.org/en/177328-reject-bill-c-7>). In addition, drop a line to your MP to express your disapproval of Bill C-7.
- **Action Item: Bill to outlaw Conversion Therapy:** Please [write to your MP](#) to oppose the federal Bill C-8 (similar to, but far worse than the Senate Bill S202), which will make it a crime to give minor Canadians help to overcome same-sex attractions or gender confusion, and also to remove a minor from Canada to seek such help. (<https://www.lifesitenews.com/news/breaking-trudeau-govt-introduces-bill-to-criminalize-therapy-for-those-with-unwanted-lgbt-identity>). Bill C-8 is entitled, “An Act to Amend the Criminal Code (Conversion Therapy)”, put forward by the Canadian Minister of Justice.
- **Two excellent books still available:** For a donation of \$100 or more to REAL Women, you can receive one of the two excellent books that our co-founder, Vice-President and Legal Counsel, Gwen Landolt, has co-authored. One details the history of the abortion issue in Canada and the other is about the Canadian Charter of Rights. If you don’t have a copy yet, now is the time! See <http://www.realwomenofcanada.ca/> for information on how to obtain these books. †

to take back the agenda from radical feminists. WoW believes “Let us be women. Let men be men.”

Feminist supremacists talk a great deal about equality, but demand legislation to provide them with special advantages over men.

In truth, in Canada today, there is little or no discrimination against women. In fact, women are given many advantages over men. They are encouraged and welcomed in the professions. Women are offered special scholarships, and priority in admission to universities, trades and employment.

If there is any discrimination against women, it targets those women who choose to be mothers. They are harassed and made to feel disloyal when they request maternity leave because of the presumption that they are not taking their job seriously. They frequently are resented by supervisors when they return to employment, who regard pregnancy leave as a relaxed and extended holiday advantage. Little do they know or understand! If a woman chooses to raise her children at home, either full or part time, she is regarded by many as being a non-contributing member of society whose efforts are of little value.

Children are the future of our society. Mothers play a significant role in the development of a child’s character and stability. This contributes to the development of businesses and our national economy. Mothers assist in the continuation and betterment of society. Their contribution is invaluable. Feminist supremacists fail to understand this.

The Status of Women ignores the complimentary roles of men and women. This year it advanced the motto for International Women’s Day as “Because of You” (women). How about another motto that says “Because of us”, that is, men and women together who have created a better Canada. This is a far more accurate motto reflecting a truer analysis of what is taking place today. †

SUPPORT REAL WOMEN OF CANADA

PLEASE MAKE A CONTRIBUTION TO JOIN OUR WORK TO DEFEND & PROTECT LIFE & THE FAMILY

Membership \$30/year | Groups \$50/year | Donation _____

Contributions, unfortunately, are not tax deductible.

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

REALity is a publication of **REAL Women of Canada**

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