

This is the Canada Health Alliance Weekly Report published on Saturday May 10, 2025

Executive Director's Message

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This has been such a busy week. Coming out of the CHA AGM we held in Alberta two weeks ago now there is a great deal going on.

We have our next CHA Spring Training Course on 'CPR FOR KIDS' starting on Tuesday (see the promotional poster below...). The first of the three sessions will be discussing Harm Assessment and Rapid Recovery Strategies, and for any parent or grandparent of a struggling child, teen or young adult it is going to be incredible. At just \$25 it could be the best investment you ever make!

After this three-part series our next course will be on food and supplements presented by Dr. Barry Breger which will start on June 2nd and will really teach us what 'let food be thy medicine' really means. Then, in August and September I will be hosting a three-part series of training courses on 'The Rise of Light, Sound, Energy & Frequency Healing & How it Can Help You.'

Reserve your spot on any of these unique, engaging and informative training courses by simply emailing info@canadahealthalliance.org.

Over this last week I have also been watching how, both in Canada with Carney meeting Trump, and in the USA with all the numerous political and health developments, decisions and discussions going on, each side is so venomously opposed to the other, no matter what they do or say.

It seems to me that as humans we are pre-programmed for conflict and destruction. Yet it doesn't have to be that way.

Just because we so easily fall into the trap of division and suspicion that only serves the interests of those lording over us doesn't mean we have to continue this primitive and self destructive behaviour. Yet, the level of rage and, dare I say it, hatred, seems to only be getting more extreme, violent and unforgiving.

What is the reason for this and why are people always being hyped into attacking each other, and pulling things down, even in cases where seemingly the right decisions are made to actually benefit society? It sometimes just seems to be destruction for the sake of destruction.

Sadly more often than not this is due to the power and money interests of those pulling the strings behind the curtain.

Commenting on this a few days ago the Brownstone Institute wrote, "*It happened last week: the HHS and NIH announced that vaccines will now be subjected to placebo-controlled trials. The industry and its spokesmen blew up in a fury, which is strange. If you have complete confidence in your product and the methods by*

which it comes to be administered to the public, you should welcome such a tightening of standards.

This wasn't the only change. Petroleum-based dyes in foods are slated to end. Nor will taxpayer dollars be subsidizing junk food in the name of helping people, a move that has caused enormous industry protest too. The secret is out of the bag: food stamps have always been an industrial subsidy.

This is just the beginning. Dramatic changes are on the way, many of them representing a huge correction from the fake science that came to rule the world five years ago. The New York Times is panicked about the upending of government as we know it. It's a wild exaggeration but there is no question that the ground is shifting. When you deploy fake science backed by agency power to lock people in their homes and cancel religious holidays, what did you think would happen?"

The Brownstone Institute is correct. The Truth is finally coming to light and those trying to oppose or stop it are revealing their real motivations, which are clearly not in the best interests of the public at large.

And benefiting not just the public at large, but our immediate communities, has to be our prime motivation going forward.

Everything is mired in exploitation, politics and profit and nothing is ever as it seems. We may never really know what the true motivations are behind things like the relationship between Trump and Carney, between Ford and Poillivre, or between Smith and Moe, and if truth be told, do we really need to?

Instead we need to look beyond the short-term maneuvering and fighting over the spoils and think about how we can help ourselves and our communities to rise up to a higher level. Ultimately we need to improve our health and happiness and help ensure humanity not only survives, but thrives in love and light to get us through these challenging times.

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Wins of the Week

This week we have narrowed down our 'Wins' to the following shortlist...

- 1) In a televised statement to all Albertans earlier this week Premier Danielle Smith said, "We just want to be free." Now isn't that something we have been waiting for more than 5 years for any political leader anywhere in the Western World to say! It really mirrors exactly what the public sentiment has been since before the Freedom Convoy, and now, with all the renewed talk of censorship and 'emergency powers' the yearning for political, personal and health freedom is right back at the fore once again. That single statement alone is likely to further drive up the level of internal migration to Alberta over the next few months.
- 2) On Monday, Donald Trump banned all foreign gain-of-function research. The executive order signed at the beginning of this week halts all federal funding for dangerous virus experiments overseas and temporarily suspends high-risk US research involving infectious pathogens and toxins. Pity they didn't ban it before the whole lab-leak Covid disaster, but better late than never I suppose. See the article below detailing the White House's admission that Covid was indeed leaked from the US funded gain-of-function laboratory in Wuhan.
- 3) Steven J. Hatfill, a virologist who promoted hydroxychloroquine (HCQ) as an effective early treatment for COVID-19, now holds the top pandemic prevention position in the US Department of Health and Human Services (HHS), according to The Washington Post. This was a quiet appointment no doubt approved for Robert Kennedy Jr. as he continues to 'clean house' at the HHS to make sure that at least America does not make the same mistakes that we saw during the Covid era ever again.
- 4) Talking of RFK Jr., in a recent town hall meeting he stated that, "*Part of the responsibility of being a parent... is to not*

trust everything your doctor says. Doctors have been co-opted by the medical cartel... The medical schools are now run by pharmaceutical companies. So your job in a democracy... is to do your own research. And that's hard to do, but you need to do it to protect your child."

- 5) The head of the US Food and Drug Administration (who reports in to RFK Jr.) said on Tuesday that the agency is considering whether to approve COVID-19 vaccines for this winter, citing a lack of data on booster shots. Dr. Marty Makary said, *"Look, 85% of healthcare workers declined the latest Covid booster vaccine last fall. Should we accept that and just keep pounding on parents to get their healthy 12-year-old daughter a 7th Covid jab this fall? Or should we make evidence-based recommendations based on a meaningful study showing a clinical benefit today?"* The FDA has received *"a bunch of applications"* from Covid-19 vaccine manufacturers for their 2025 booster products, Makary said: *"I can't comment on any particular application. ... I think there's a void of data. And I think rather than allow that void to be filled with opinions, I'd like to see some good data."*
- 6) Representative Shane Mekeland has introduced the mRNA Bioweapons Prohibition Act in the Minnesota Legislature! It is the intent of the legislature to designate mRNA injections and products as weapons of mass destruction and to prohibit possession or distribution of the mRNA injections and products in the state. Although this Bill is still to be passed it is a fantastic step in the right direction!

Quote of the Week

"The day science begins to study non-physical phenomena, it will make more progress in one decade than in all the previous centuries of its existence."

Nikola Tesla

The Collapse of Medical Ethics

By Dr. Mark Trozzi

During the COVID-19 response, trusted medical institutions and regulatory bodies not only failed to protect the public but actively silenced dissent, misled families, and facilitated large-scale harm—especially to children. What was marketed as a unified health initiative was, in reality, a coordinated campaign of coercion and deception, where ethical standards were abandoned, informed consent was impossible, and those who dared to speak out were punished.

A Genetic Experiment Disguised as a Vaccine

From the outset, the COVID-19 "vaccine" campaign was built on deception. Parents were led to believe they were protecting their children with a traditional vaccine, unaware they were consenting to a genetic experiment. True informed consent was impossible when authorities misrepresented a chemically contaminated, DNA-altering injection as *"safe and effective."*

The Nuremberg Code explicitly prohibits human experimentation that is likely to cause harm—yet that is precisely what occurred. As early as 2020, scientific analysis of the injection's ingredients revealed clear risks: immune system damage, accelerated viral mutations, increased cancer risk, and worsened COVID-19 outcomes. The harm wasn't unforeseen... It was entirely predictable.

Skyrocketing Child Mortality

Before the injections, healthy children faced virtually no risk from COVID-19—approximately one-third of a death per 100,000. After the rollout, that figure exploded to 1 in 1,000. A 15-month study confirmed vaccinated children aged 10 to 14 were 303 times more likely to die from COVID-19 than unvaccinated peers.

Instead of protection, the injections triggered immune dysfunction, leading to higher



rates of RSV, pneumonia, autoimmune diseases, and long-term health complications. The risk of all-cause death increased by 8,100%, while COVID-specific mortality rose by 30,200%. These outcomes were known but ignored, as millions of children were coerced into receiving a harmful product.

Silencing Ethical Doctors

This medical disaster was enforced through institutional corruption. A central regulatory board directed medical colleges across North America to target and punish physicians who warned the public. Doctors were forbidden from speaking against the injections, even when backed by peer-reviewed, randomized controlled studies.

Those who upheld medical ethics faced professional destruction. Regulatory bodies, such as provincial Colleges of Physicians and Surgeons, became instruments of coercion—forcing doctors into compliance and silencing dissent under threat of financial ruin and license revocation.

Demand for Accountability

The ongoing wave of autoimmune disorders, cancers, and organ failure confirms this was not a mistake—it was a crime against humanity. Those in high office who orchestrated, enforced, and covered up this assault must be held accountable. Justice demands an end to medical tyranny and a return to ethical, transparent healthcare grounded in truth, not propaganda.

To read the full original post of this article on Dr. Trozzi's substack go to:

<https://www.drtruzzi.news/p/the-collapse-of-medical-ethics>

I would like to acknowledge Dr. Mark Trozzi for not just writing these words, but for being one of those doctors who was severely punished for speaking out. Consequently Dr. Trozzi (along with many of our brave and largely unacknowledged CHA members) faced financial ruin and license revocation. He is therefore clearly speaking with first hand knowledge of this great travesty. Thank you.

The Real Price Of ‘Rationing’ Canadian Health Care Is YOUR Pain And Suffering

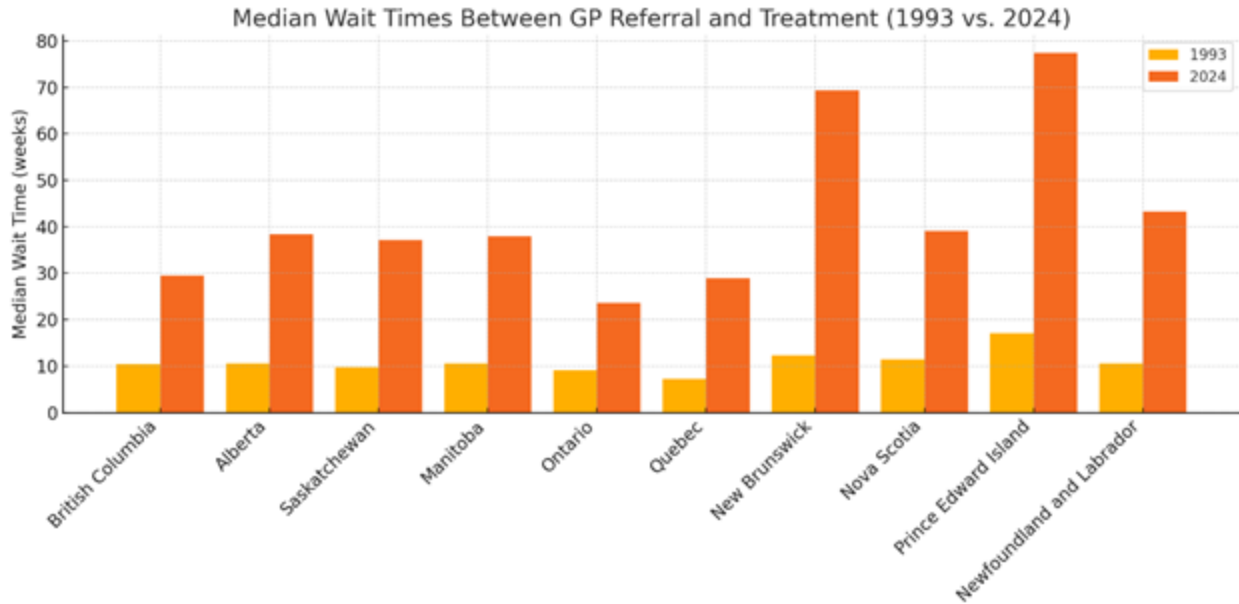


In this newsletter we often talk about how medical wait times are increasing across Canada to the detriment of thousands of people in need of both emergency treatment and chronic care. It has gotten to the point where more and more people are actually dying in the line up, or are getting seen to so late that their condition becomes much more dangerous and sometimes terminal.

Clearly this is a sign that our current healthcare system is unable to deal with the level of demand, and given how chronic conditions are increasing so dramatically since the roll-out of the Covid (and all other mRNA) vaccines we know the situation is only going to get worse, and likely quickly.

This means that we need to start considering a whole new approach to healthcare, especially with regards to preventative health so we can stabilize and hopefully start to reduce demand on the legacy system. This must include things like better integration of public and private services, allowing private paid services to subsidize the old government funded system for those who choose to pay for it and an overhaul of how government funds are distributed (which Alberta is currently introducing).

This issue of costs and cost-subsidies is a major contributor to driving demand due to the perception of Canadian healthcare being ‘free.’ Sadly nothing is free, and although you don’t pay for the services directly you are paying for them



A graph from The Daily Economy showing how medical wait times have dramatically increased over the last 12 years across all Canadian provinces.

through either your taxes (which would theoretically be less if it didn't have to cover so much healthcare), or you pay for it through your pain and suffering. Neither are really acceptable, and even with high taxes and lots of unnecessary pain and suffering, wait times for specialists and surgeries have more than doubled (and in some places have increased four fold) across ALL Canadian provinces over the last 12 years.

Last month Vincent Geloso wrote an excellent article published in The Daily Economy detailing this issue of the real cost that YOU are paying for our, clearly struggling, public healthcare system and how limited services are now being 'rationed' to spread it across even more thinly. He writes that:

"Canadian health care is not free and it has two prices: the taxes Canadians pay for it and the wait times that make Canadians pay in the form of service rationing.

Canada's publicly provided health care system actually requires rationing in order to contain costs. Because services are offered at no monetary price, demand exceeds the available supply of doctors, equipment, and facilities. If the different provinces (which operate most health care services) wanted to meet the full demand, each would have to raise taxes significantly to fund services. To keep expenditures down (managing the imbalance from public provision)

and thus taxes as well, the system relies on rationing through wait times rather than prices.

The rationing keeps many patients away from care facilities or encourages them to avoid dealing with minor but nevertheless problematic ailments. These costs are not visible in taxes paid for health care, but they are true costs that matter to people.

All this may sound like an economist forcing everything into the "econ box," but the point has also been acknowledged by key architects of public health care systems themselves. Claude Castonguay, who served as Quebec's Minister of Health during the expansion of publicly provided care, conceded as much in his self-laudatory autobiography. The reality, he explains, is that eliminating rationing would imply significantly higher costs — costs that politicians are generally unwilling to justify through the necessary tax increases.

Multiple government reports also take this as an inseparable feature of public provision — even though they do not say it as candidly as I am saying it here.

To illustrate the magnitude of rationing (and the trend), one can examine the evolution of the median number of weeks between referral by a general practitioner and receipt of treatment from 1993 to 2024, as seen in the above bar graph. In most provinces (except one), the median wait time in 1993 was less than 12 weeks.

Today, all provinces are close or exceed 30 weeks. In two provinces, New Brunswick and Prince Edward Island, the median wait times exceed 69 weeks. For some procedures, such as neurosurgery, the wait time (for all provinces) exceeds 46 weeks."

And there have been numerous studies done over the last decade to determine the true cost of these escalating wait times:

- In 2008, the Canadian Medical Association (CMA) released a study estimating the economic cost of wait times. For the year 2007, the CMA estimated that the cost of waiting amounted to \$14.8 billion.
- In 2013, the Conference Board of Canada found that adding an extra two additional ailments boosted the cost from \$14.8 billion to \$20.1 billion.
- Another study used a similar method, but considered the cost in terms of lost wages and leisure. It arrived at a figure, for 2023, of \$10.6 billion or \$8,730 per patient waiting.
- Another study attempted to estimate the cost of rationing in terms of lives lost. This found that one extra week of delay in the period between meeting with a GP and a surgical procedure increased death rates for female patients by 3 per 100,000 population. Given that the loss of an otherwise productive life is estimated at \$6.5 million, this is not a negligible cost, never mind all the pain, suffering and trauma for the family.

And all of this for what? One could argue that these wait times come with good care once obtained. That is not true either. Canada is the highest spender on public healthcare among a group of 30 comparable developed countries, yet out of these 30 we are one of the lowest performers: Canada ranks:

- 28th out of 30 for doctors,
- 26th out of 30 for CT Scanners,

- 25th out of 30 for MRI units, and
- 24th out of 30 for in-care beds

The reality is that, whatever nuances one wishes to introduce — whether in good faith, pedantically, or simply to troll — the core message is that Canadian health care works well for those who can afford to wait, but that is not the nature of healthcare. When we need care, we need it quickly to prevent further degradation and the development of much more expensive and complex (potentially life-threatening) health issues.

Our current over-stretched and highly 'rationed' system is no longer serving the needs of not just the very sick, but now of average citizens who want – and expect – to receive the treatment and care they have spend their lives paying taxes for, as they were so glibly promised back in the day.

We would like to thank The Daily Economy for this excellent article, and credit Vincent Geloso who is a senior fellow at AIER and an assistant professor of economics at George Mason University who researched and wrote the original article. You can read the full article at: <https://thedailyeconomy.org/article/the-wait-is-the-price-quiet-rationing-in-canadian-health-care/>

We would recommend subscribing to the The Daily Economy and following Vincent Geloso.

Other sources for this article include:

<https://www.fraserinstitute.org/sites/default/files/reducing-wait-times-for-health-care.pdf>

<https://www.fraserinstitute.org/sites/default/files/effect-of-wait-times-on-mortality-in-canada.pdf>

<https://www.theepochtimes.com/opinion/the-wait-is-the-price-quiet-rationing-plagues-canadian-health-care-5848867>



White House Confirms Covid Was A Lab Leak As They Move to Ban Future Gain-Of-Function Research



‘Misinformation’ and ‘Disinformation’ have become the dark politically-charged catch-phrases of the 2020’s.

They have become the ‘catch all’ smears to discredit any thought, comment, idea or even intellectual inquiry that may be even fractionally misaligned with ‘Big Brother’s’ dictates. When we step back and think about it we really are in the grasp of a completely Orwellian communist-style dictatorship where any independent thought is viewed as subversive to be stamped out as quickly and as thoroughly as possible. Almost every single questioning since the launch of Covid has been labelled as ‘conspiracy theory’ and subversive ‘misinformation’ and ‘disinformation.’

I can remember being ridiculed by family, friends and work colleagues for questioning:

- The safety of the Covid vaccines
- The health risks of 5G and EMF’s
- The safety of the childhood vaccines

- The effectiveness of masking
- The effectiveness of culling to control bird-flu.
- The intentional supply-chain manipulation of toilet paper
- If there might actually be something harmful in chemtrails, and,
- The likelihood of the mysterious ‘bat-in-the-wet-market’ being the real source of Covid.

All these questions were (and still are to some extent) simply brushed aside as outrageous and dangerous conspiracy theories, and they were never to be spoken of with anything but disdain and veracity.

However, as we have all learnt over the last five years, especially now that a degree of sanity has returned to public discourse (thanks in large part of RFK Jr.), the difference between conspiracy theory and fact is only about 6

months, as shocking truths have been found within every one of the above ‘fantasies.’

For me personally the whole idea that Covid was caused by some naughty little biting bat in the Wuhan wet-market was always highly questionable.

My immediate logic was that a) the Chinese Communist Party always lie about everything, especially if there is any sort of liability or discredit to them and their omnipotent ‘god-like’ image. b) The characteristics of Covid had never been seen in nature before, making it being natural evolution highly unlikely and c) there was a leaky gain-of-function lab tinkering with the exact same type of viruses literally just down the road from the offending market! Hello!!!! Anyone out there???

Now Donald Trump’s administration has admitted that Covid was indeed developed in the US-funded Wuhan lab and it was either accidentally or intentionally leaked, impacting every single person on the planet with massive health, and economic turmoil.

Writing on this admission and the evidence for it, Nicholas Hulscher says in the Focal Points substack that the Proximal Origin of SARS-CoV-2 was used repeatedly by public health officials and the media to discredit the lab leak theory. However...

- 1) The virus possesses a biological characteristic that is not found in nature.
- 2) Data shows that all COVID-19 cases stem from a single introduction into humans. This runs contrary to previous pandemics where there were multiple spillover events.
- 3) Wuhan is home to China’s foremost SARS research lab, which has a history of conducting gain-of-function research (gene altering and organism supercharging) at inadequate biosafety levels.
- 4) Wuhan Institute of Virology (WIV) researchers were sick with COVID-like symptoms in the fall of 2019, months before COVID-19 was discovered at the wet market.

He goes on to say that “by nearly all measures of science, if there was evidence of a natural origin it would have already surfaced. But it hasn’t.

In my opinion, the best part of this official admission is that they acknowledge the suppression and censorship of life-saving information when they say, and I quote: “COVID-19 MISINFORMATION: Public health officials often mislead the American people through conflicting messaging, knee-jerk reactions, and a lack of transparency. Most egregiously, the federal government demonized alternative treatments and disfavoured narratives, such as the lab leak theory, in a shameful effort to coerce and control the American people’s health decisions. When those efforts failed, the Biden Administration resorted to “outright censorship—coercing and colluding with the world’s largest social media companies to censor all COVID-19-related dissent.”

As a result of this admission, President Donald Trump has now signed a sweeping executive order banning foreign gain-of-function (GOF) research — research that makes viruses more dangerous. This executive order takes a broad strokes approach, banning research amplifying the infectivity or pathogenicity of any virulent and replicable pathogen.

While this represents a critical step in preventing another man-made pandemic and a major win for humanity, there are the usual loopholes and caveats in the Executive Order, the most glaring being that it only covers ‘foreign’ GOF research and not GOF research done on American soil. But it is a good start...

You can read all the details of this official admission on the new COVID.gov webpage.

Other sources for this article include:

* <https://www.whitehouse.gov/lab-leak-true-origins-of-covid-19/>

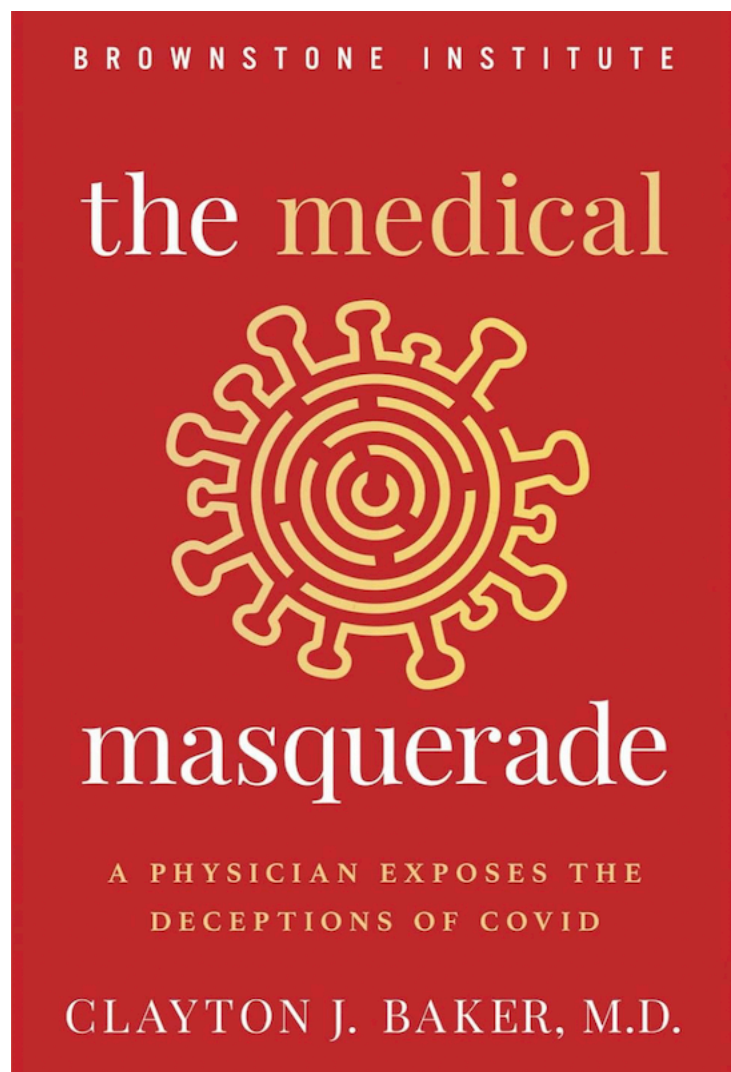
* <https://www.thefocalpoints.com/p/gain-of-function-ban-nears-as-white>



Book of the Week

The Medical Masquerade: A Physician Exposes the Deceptions of Covid

by Clayton J. Baker MD



A Since Covid, the world seems very different. Dr. Clayton Baker's search to understand how and why it all happened took him step by step, further and further, into the labyrinth of lies, corruption, and outright murderousness that lay behind the lockdowns, the assault on civil rights, the monumental suffering, and the millions of deaths

of the Covid era. With almost every step on this journey, the way became a bit darker.

Some of the reviews that have been given on this remarkable book include the following:

"Dr. Baker used his clinical insights combined with exceptional investigative research to uncover a web of legislation, bureaucracy, and corruption that formed the incubator for the disastrous US pandemic response. Now Baker outlines the steps we must take to protect the nation from our next lab-generated public health threat and further harm from the Bio-Pharmaceutical Complex."

Dr. Peter McCullough

"Clayton Baker tackles head-on some of the most pressing and timely issues in healthcare. Whether he's addressing the role of Big Pharma in medical education, the complexities of vaccinology, or our tragic departure from medical ethics, Dr. Baker has remarkable skill in distilling both the meta-issues and the nuances of the topic with humility, clinical insight and humor. His articles and essays are a joy to read!"

Kelly Victory, President of Victory Health

"I love reading work by Dr. Clayton J. Baker. It's always intelligent, insightful and engaging. I highly recommend this collection of essays; you will learn a lot!"

Mary Holland, CEO of Children's Health Defense

You can order this new book from amazon.ca at:
<https://www.amazon.ca/dp/1630692956>



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