

DRUTHERS

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Government Aims to Obliterate Natural Health Care

By Shawn Buckley

Sabine struggled for consciousness. How long had it been since she had been aware? Time, like everything else, was lost in the drug-induced fog. Sabine's children, husband, and former life were only shadows in the fog.

Sabine suffered from severe bipolar disorder. She wrestled with a powerful and constant desire to die. To prevent Sabine from killing herself, she would be involuntarily committed to the psych ward and doped up on drug cocktails. For three years she was confined to bed for 20 hours a day. When she grew accustomed to the drugs, she would become suicidal again and be committed to the psych ward. A new drug cocktail would envelop Sabine in the mental fog, buying her a little longer to live.

Persons as severe as Sabine do not live long. For Sabine and others like her, our Health Canada-approved drugs are merely a tortuous interlude before death.

But Sabine learned about treating severe bipolar disorder with a combination of vitamins and minerals called EMPowerplus. She knew this was experimental but she tried it. And it saved her life. She resumed her life as a mother, a wife, a friend and a professional.

Sabine went from facing a death sentence to having a full life. She was free, or so she thought. But there was one last demon hiding in the shadows. This demon was hell-bent on ensuring that she and the thousands of others that were only alive because of EMPowerplus, would no longer be able to access it. This demon was Health Canada.

Sabine was about to learn a lesson in Canadian drug regulation. She was about to learn that our drug regulations are not about health, they are about money.

The effect of our drug regulations is that it is only legal to treat serious health conditions with chemical drugs. We require any drug for a serious health condition to go through the new-drug approval process. This process is so detailed and so onerous that even simple applications can cost hundreds of millions of dollars. It is so expensive that **only chemical drugs with patents** go through it. Only if you have a patent can you charge an inflated price to recover the cost of the application process.

So, we have deliberately structured our drug regulations to have the effect that it is only legal to treat serious health conditions with chemical drugs that had a patent when approved. This is not by accident, it is by design. Our drug regulations protect intellectual property rights, they do not protect health.

The problem facing Sabine was that there was no patent. You cannot patent vitamins and minerals. Because of this, you cannot raise the funds necessary to go through the new-drug approval process. The effect of our drug regulations is that vitamins and minerals cannot become licenced for serious health

conditions and therefore are illegal for serious health conditions. Because EMPowerplus was illegal Health Canada removed it from the market.

Health Canada asked the company (Truehope) to stop selling. Truehope had psychiatrists, doctors, and patients write to Health Canada to explain there would

right to decide to do whatever they want to their body. I think we should have the right to decide how to treat ourselves in all situations, not just life and death ones.

Unfortunately, Health Canada is doubling down on its efforts to ensure that we only have access to chemical drugs. It is bringing in the *Self-Care Framework*

(the "SCF") which will remove our access to most natural health products ("NHPs"), our only alternative to chemical drugs. This is the second of a two-step process to ensure we only have access to chemical drugs. The first step happened in 2004 when our natural products were moved half-way into the chemical drug model. Before 2004, our natural products were unregulated. The drug regulations were meant for "chemical" drugs. Natural treatments we had effectively been using for hundreds or thousands of years were not subject to the drug regulations

But as natural products became more popular in the late 1980s both Health Canada and the U.S. Food and Drugs Administration ("FDA") started driving natural products off the market by applying the drug regulations to them. In the U.S. there was a citizen

rebellion which resulted in NHPs being classed by law as foods, not drugs. In the U.S. NHPs are deemed by law to be safe and can be sold without any government pre-approval.

In Canada, we did the opposite. We classed NHPs as drugs, not foods. We deem NHPs to be unsafe and require government pre-approval to sell them.

This was a halfway move into the chemical drug model. We were only halfway as we could still use traditional use evidence to show a NHP worked (as opposed to expensive clinical trials). We also did not have to pay the licencing fees the chemical drug companies have to pay.

Under the SCF, Health Canada moves us entirely into the chemical drug model, intending to harmonize regulation for NHPs and over-the-counter chemical drugs. Harmonization highlights include losing the right to use traditional use evidence to prove efficacy, licencing fees, no licensing for conditions for which you would seek the advice of a health care practitioner, \$5,000,000 a day fines (up from \$5,000 per offence), increased regulatory burden (to match those of the chemical drugs), and increased inspections, with the censoring of truthful health information.

The effect of these changes will be to remove most of our NHPs. This will also remove the health practitioners who rely on NHPs to treat us. There will be low-dose vitamins, minerals and single-ingredient products. Our multi-ingredient life-saving products will be gone. Innovation will end. We will find ourselves with only one treatment modality: chemical drugs.

This is a freedom issue. This speaks to who controls your body. Is it you? Is it Health Canada?

This is also a propaganda issue. Health Canada
See 'Bill C-47' p 5



be deaths if Truehope stopped selling. These pleas for mercy fell on deaf ears. Health Canada raided the company with armed police. Shipments from the U.S. were seized at the border. And then there were deaths. Ron LaJeunesse, the former President of the Alberta Branch of the Canadian Mental Health Association (the "CMHA"), held a press conference every time a CMHA member died. The deaths and suffering Health Canada was causing became public. So they backed down and allowed shipments to cross the border again.

But Health Canada was not done. They charged the company for selling without a licence. This also failed. The Court acquitted Truehope on the defence of necessity. In other words, the Court agreed that it was legally necessary for Truehope to continue selling EMPowerplus to avoid harm (*R. v. Synergy Group of Canada Inc.*, 2006 ABPC 196). This is an exceptional case. We cannot expect the Courts to go against the law which effectively makes it illegal to treat serious health conditions with anything but chemical drugs.

This brings us to a legal-philosophical question. Our law is paternalistic. The citizen has no right to decide to take a treatment that Health Canada does not approve. And, Health Canada drives unapproved treatments off of the market so the citizen has no choice. Health Canada decides what treatments you are allowed to take. They have complete control. In effect, our legal-philosophical position in Canada is:

Health Canada has the sole right to decide what treatments are available to you. If the "approved" treatments do not work, you have no right to try anything else. All non-approved treatments have been driven off the market.

I believe that people like Sabine, for whom the approved treatments were a death sentence, have the

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Severe Health Care Restrictions Coming to a Province Near You

Unless we do something to stop this

By Ingrid Pincott
(in collaboration with BC Rising & CSSEM)

On November 24th 2022 the Province of BC passed one of its largest bills ever, into law: Bill 36 now known as The Health Professions and Occupations ACT /HPOA. John Rustad, MLA for Vanderhoof, was the ONLY MLA who voted against the Bill and who was responsible for bringing this to the attention of those concerned citizens. The BC Rising and Canadian Society for Science and Ethics in Medicine (CSSEM) groups have since then devised a public campaign to educate not only the citizens of BC but also the professionals. NO ONE seems to know about this ACT and its severe implications until this campaign was launched in April of this year.

The HPOA is comprised of 645 sections that when printed is 3 inches thick! Only 232 clauses were read in the BC Legislature and the remaining 412 sections were not discussed or debated before the ACT received royal assent. This violated the BC government's own Standing Orders 84 (1) and (2) of the BC Constitution Act 1996, s45. Premier David Eby invoked this early closure denying politicians, health-care providers and concerned constituents the ability to voice their concerns.

The new Act compresses 15 Health Professional Colleges into more or less 6 College boards, with all board members being directly or indirectly appointed by the minister. When challenged, Health Minister Adrian Dix replied: "The Minister appoints because the Minister appoints". Previously approximately 50% of these College boards were health professionals elected by their membership and now 100% will be appointed. This makes the board ripe for political interference.

The Act allows the government to suddenly seize a patient's records, close a doctor's office without investigation, and persecute a doctor based on an anonymous complaint. This will affect doctors, naturopaths, nurses, chiropractors, dentists, optometrists, and all other health-care professionals in BC.

The BC Health Minister Adrian Dix says that 4000 Health Care professionals were consulted throughout BC over those past years through the Harry Cayton Report. For example Doctors of BC were given a time frame for stakeholders submission of two weeks during a holiday period. They got 56 responses which are not representative of the membership.

Why be concerned?

Under the guise of "modernization" and "streamlining", the new Act made sweeping changes, which ultimately violates the doctor-patient relationship threatening an already disintegrating healthcare system in BC.

We need to remember that Governments are in place to only provide funding for health care. Governments have no education or background to ban or mandate medical treatments or procedures.

Healthcare workers and colleges need to be regulated but not to be interfered with by politicians, bureaucrats and lobbyists. Health care needs to be provided by health care professionals who are trained in their science of medicine to provide informed consent and personalized health care for their patients and their families for the best outcome of the patient. This is the definition of personalized medicine.

Once enacted fully, Bill 36 will be the final nail in the BC healthcare coffin. Already practitioners are taking stress leave, forced retirement and leaving the province to be able to practice autonomously. BC will not be able to attract health care professionals due to these penalties.

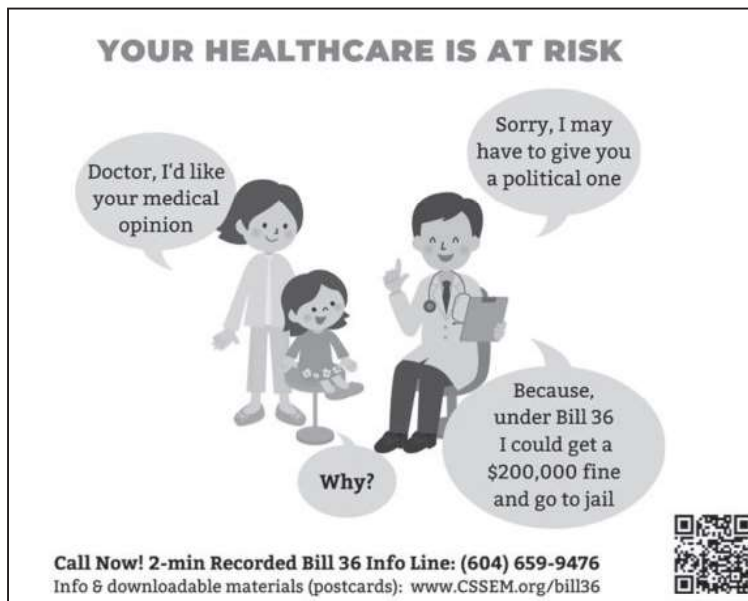
Offices and walk-in clinics are closing, while the long wait times in BC Emergency Departments, struggling to remain open, are causing patients to leave without being seen by a physician. In Dec 2022 (a CBC report) claimed that rural Emergency Rooms around BC were closed for an equivalent of 4 months.

Despite irrefutable evidence that Covid shots do not prevent transmission, it is estimated that 5000 fewer nurses and care aids have not returned to practice due to sick leave, disability or vaccine status, while every other province, except Nova Scotia, has welcomed back their unvaxxed workers. In May 2023, ER doctors at the Surrey Memorial Hospital wrote an open letter warning of the dire hospital conditions and advised patients not to come to their ER for treatment. In a show of progressive action, Adrian Dix, the BC health Minister, arranged signage and a ground-breaking ceremony for new Surrey facilities. All equipment and signs were quietly removed 2 days later.

While the BC government continues to deceive the province with promises of cash infusions, the fast track-

ing of foreign workers, and shipping cancer patients to the US for costly treatment because of understaffing, there is pushback by BC Rising and the Canadian Society for Science and Ethics in Medicine (CSSEM). These two organizations, comprised of lay persons and doctors respectively, have created something effective: The Bill 36 Postcard Campaign.

So far over 3000 postcards have been signed and mailed by BC citizens to their MLA, demanding that Bill 36 be repealed or, at a minimum, allowed to be debated in the Legislature. More cards are being sent in daily as people realize that Bill 36 will prevent them from seeing a doctor



or any healthcare practitioner to receive high-quality, private, personalized advice. We need thousands more.

The term Bill 36 has continued to be used because it was also part of the recall Premier David Eby campaign that took place earlier this year so the public is familiar with the term. However the Bill has now been passed but NOT yet enacted, to form the HPOA. It is felt that with huge public pressure that the Government of BC can be forced to bring HPOA back to the table or better yet scrap it entirely and garner the support and input from all of the Health Care Professionals in BC to draft a new one.

Campbell River based Aaron Gunn in his documentary "Waiting to Die" states that in Canada we already have a 50- tiered Health Care system and explains the reasons why patients are dying while waiting for Health Care. It expertly explains how 27 other countries with Universal Health Care have highly effective hybrid systems combining public and private pay, which is NOT the US based system. These are some of the solutions that are being provided to the politicians.

Patients are Less Safe:

Here are some of the concerns: (see references to clauses in the Bill 36 in Cover Letter www.cssem.org/Bill36)

The entire Bill is open to interpretation and does not define the terms "misinformation, misleading or false information" and who decides? The government is allowed to define and influence "false or misleading information". The minister may unilaterally make regulations regarding what information must be provided by health care providers to both patients and the public.

The Health Minister dictates the construction of health care colleges and appoints directly or indirectly all board

members of these colleges, as well as the director of discipline. At no point is the minister obliged to consult with the front line health care workers in the making of these regulations, appointments and construction of these colleges. If front line workers are not consulted this will ultimately make patients less safe.

This same partisan-appointed director of discipline can independently appoint discipline members, consultants, experts and specialists. Remember, when questioned about this dubious appointment Dix answered: "The minister appoints because the minister appoints."

A complaint can be filed against the Health Care Provider based on a media or a public source and a formal investigation can be initiated even before a complaint has been made against a registrant.

A regulatory complaint with personal and protected information can be disclosed to the public.

Speaking out against policies which lack scientific basis would hold a health care provider liable on conviction of a \$25,000 fine, six month imprisonment, or both.

Bill 36 is destroying personalized health care and informed consent making it so that patients and their families are ultimately less safe.

Freedom of Speech in Medicine is Gone

Dr. Chris Milburn MD runs a yearly conference in Nova Scotia www.FreeSpeechinMedicine.com. He along with Jordan Peterson state that free speech in medicine is gone in Canada. See the video of Dr. Ben Turner MD, President of the Canadian Society for Science and Ethics in Medicine on Bill 36. www.cssem.org/bill36/media. Information about Bill 36 is censored from the Legacy Media and many organizations are refusing to help with dispensing of this important information.

You Can Make a Difference

Go to www.cssem.org/bill36 and print, sign and send in a postcard to your own MLA. Share with 7 or more friends including your own health care professionals. Volunteer at a Bill 36 table event. www.bcrising.ca/committee/Bill-36 Meet with your MLA and express your concern.

HPOA takes censorship to an unprecedented level of control. The government will decide what is "misinformation". The Ministry of Health will unilaterally make regulations regarding which therapeutic options can be provided to patients and will become the sole arbitrator of what is "false or misleading".

There is little doubt that BC will be left with government-controlled potentially pharma-based disease-care medicine on steroids. Where is patient centered care in all this? That is if you can find a family doctor without driving to Alberta. BC is being used to implement a system that can gradually spread to all provinces resulting in severe health restrictions coming to a province near you.

PLEASE DO ONE SMALL THING and become an activist and help get rid of Bill 36/HPOA and bring back "safety" to Health Care. Share this two minute concise message **604-659-9476**.

Ingrid Pincott is a retired Naturopathic Physician. She penned a regular health care column in the Campbell River Mirror for over 20 years and now volunteers for BC Rising and Canadian Society for Science and Ethics in Medicine

Source information: cssem.org/bill36/coverletter

Bill C-47 Attacks Natural Health Care

Continued from p.1

consistently cites the "risk" of natural products to justify ever-stricter regulations. The truth is you are 14 times more likely to be struck by lightning than to be killed by a NHP. Peanut butter is dramatically more dangerous than the entire NHP industry. Would you accept any loss of freedom to be protected from lightning or peanut butter?

And what is the risk of restricting NHPs? For Sabine and the thousands of others relying on EMpowerplus for their lives, the risk is certain death. Health Canada never takes the risk of removing NHPs into consideration. But any risk analysis must be balanced if the goal is to protect health. A one-sided risk analysis by Health Canada is the sure signal that the SCF is meant to protect intellectual property rights rather than to protect health.

We can stop this. The Natural Health Product Protection Association (the "NHPPA") is campaigning to end the SCF and to bring in the *Charter of Health Freedom*. Over 70% of Canadians regularly take NHPs.

We can create a citizens' movement to protect our access to NHPs. But we need your help. Go to nhppa.org and sign up for our newsletters. We use them to let you know about actions you can take. Support us financially. We need funding to run a successful campaign.

The SFC is part of an international movement to harmonize drug regulations. This is why the World Health Organization is now looking into the regulation of natural health products. If there is any issue we can use to inform the Canadian Public that our health regulations are being dictated to us from outside of Canada this is it. We have an opportunity to broaden awareness just as the campaign to peacefully re-take control of our institutions is being organized. Become a part, join the NHPPA.

Shawn Buckley is a lawyer with expertise in the regulation of drugs and natural health products and is also lead counsel for the NCI.