HolisticUs International

HUMAN SERVICES SOLUTIONS

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URGENT NOTICE TO ALL PUBLIC HEALTH UNITS, NETWORKS, AGENCIES AND HEALTHCARE PROFESSIONALS IN CANADA

Conditions known as Invasive Candidiasis, Covid-19 Associated Pulmonary Aspergillosis and Covid-19 Associated Mucormycosis, often interchangeably referred to as fungus, mold and yeast appear to be generating a potential health crisis in Canada and much of the world!
https://www.medscape.com/viewarticle/969086
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9751001/
https://pubmed.ncbi.nlm.nih.gov/6388935/
https://www.outlookindia.com/website/story/india-news-black-fungus-vs-white-fungus-cause-symptoms-and-cure/383391
https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment/aspergillus.html
https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(16)00013-8/fulltext

The World Health Organization, the CDC, and various pharmaceutical companies such as Pfizer have been issuing notices about invasive fungal infections but public health officials in Canada don't seem to have a cohesive stance on the matter.
https://ucalgary.ca/news/ucalgary-study-offers-new-insight-deadly-fungal-invasion-lungs
https://www.mcgill.ca/newsroom/channels/news/no-more-sugar-coating-invasive-fungus-256594
https://pubmed.ncbi.nlm.nih.gov/28161745/

At any rate, Pfizer informs that:

> *"The novel coronavirus has recently been linked to two serious fungal infections: COVID-19 associated pulmonary aspergillosis (CAPA) and COVID-19 associated mucormycosis (CAM). The resurgence of these rare fungal infections has medical personnel concerned.*
>
> *A 2021 study found that more than 47,000 cases of CAM were reported in just three months in India. And with the Delta variant spreading worldwide, reports suggest that the number of cases is likely much higher.*
>
> *Aspergillosis and mucormycosis, which is often, mistakenly, referred to as "black fungus", existed before COVID-19, though it is rare and primarily affects people with severe illnesses—such as bone marrow transplants or acute myeloid leukemia—and people in the ICU with damage to the lungs. However, it has been exacerbated with COVID-19.*
>
> *<u>Common misconceptions</u>*
> *The term "black fungus" has been used by the public to describe mucormycosis; however, according to Jay Aram, MD, Global Medical Affairs Lead, Anti Infectives at Pfizer, black fungus is actually a different category of fungus that is not associated with CAPA or CAM. Instead of black fungus, the medical community prefers to use "mucor fungi."*

Another common misconception of CAPA and CAM is that they are contagious. "This is not true," says Aram. "These infections develop due to exposure to the fungal spores—primarily in the air. People do not produce these spores and cannot spread them to others."

What are CAPA and CAM?
CAPA and CAM are opportunistic secondary infections caused by fungi in patients with severe COVID-19. According to Aram, these infections are considered opportunistic because they are more common in people with an impaired immune system or who have developed lung damage such as acute respiratory distress syndrome.

Both fungal infections are considered rare, however, they can be fatal if left untreated. Of the two, reports indicate that CAM is usually associated with more severe cases as well as a higher mortality rate. "If left untreated, mortality associated with aspergillosis, or CAPA, may be up to 80 percent," says Aram. "In mucormycosis, mortality is nearly 100 percent if untreated."

How does a person get infected with CAPA and CAM?
Fungi, especially the spores of aspergillosis, can be found everywhere in the environment: it can be found in soil, decomposing plant matter, plants, air, food, and water. According to Aram, aspergillosis (which is found in household dust, building materials—in addition to soil, plants, food, and water) is approximately10 times more prevalent than the mucor fungi associated with mucormycosis (which are found in the environment as well—such as in soil and decaying organic material.) "We live with them every day, and as immune-competent people, we usually do not have a problem with that," he says.

These spores can enter the body in several ways: by inhaling them, swallowing them in food or medicines, or by spores entering wounds and contaminating them. Inhalation is the most common way of coming into contact with these fungi that cause systemic infection.

Healthy people can usually clear these spores from the body. It becomes a problem when either our immune systems are weakened, or there is damage to the natural human defenses in tissues or the lungs—for instance, with a COVID-19 infection—which can cause an infection to spread.

What are the risk factors?
Poorly controlled diabetes was reportedly the most common underlying risk factor in patients with CAM in India, where diabetes is more widespread and often left untreated. People with diabetes have high blood sugar. This, researchers believe, makes the body a more conducive environment for fungi to grow.

Another risk factor is the use of corticosteroids, which are strong immunosuppressants used to treat severe cases of COVID-19. Corticosteroids have been known to impair the ability of phagocytes (cells that consume harmful bacteria in the body), therefore leaving a person more vulnerable to fungal infections.

The environment is also at play. Tropical climates, where it is hot and humid, are prime breeding grounds for fungi to grow. And evidence suggests that in India, these mucor fungi are more prevalent, making exposure more likely than in other areas of the world.

Treatment options
Early intervention is critical for both CAPA and CAM. Health care teams and hospital staff are being urged to increase their awareness of these fungal infections. "The earlier you can screen the patient and spot the infection, the better," says Aram. Screening can include a test that measures galactomannan, a molecule found in the cell wall of Aspergillus fungi. A computed tomography (CT) scan is used to confirm a diagnosis. "Pending confirmation, doctors should treat a patient immediately."

Research shows that combination medical therapy may be needed.1,5 This includes using antifungal medication in addition to controlling blood sugar and the immediate removal of any dead tissue. While antifungal medicines have been an effective treatment option for CAPA, there are fewer medicines that work as effectively in CAM.

Future outlook
Due to the spread of the Delta variant, countries could potentially see an increase in fungal infections—not only in India but worldwide. It is important for health care providers to have greater awareness and to be prepared, especially for high-risk patients. Quicker diagnoses, better treatment methods, and more research are needed to control these fungal infections."
https://www.pfizer.com/news/articles/the_truth_about_covid_19_and_black_fungus

We learn from the CDC that:

"COVID-19-associated fungal infections can lead to severe illness and death. Symptoms of certain fungal diseases can be similar to those of COVID-19, including fever, cough, and shortness of breath. Some patients can have COVID-19 and a fungal infection at the same time. Laboratory testing is necessary to determine if a person has a fungal infection, COVID-19, or both.

COVID-19 likely increases the risk for fungal infections because of its effect on the immune system and because treatments for COVID-19 (like steroids and other drugs) can weaken the body's defenses against fungi. The most commonly reported fungal infections in patients with COVID-19 include aspergillosis, invasive candidiasis, and mucormycosis (sometimes called by the misnomer "black fungus". Fungal infections

resistant to antifungal treatment have also been described in patients with severe COVID-19.

Awareness of the possibility of fungal co-infection with COVID-19 is essential to reduce delays in diagnosis and treatment in order to help prevent severe illness and death from these infections.

<u>COVID-19-associated pulmonary aspergillosis</u>
Scientists are still learning about aspergillosis (infections caused by the fungus Aspergillus) in people with severe COVID-19. In the past, scientists thought aspergillosis occurred almost entirely in people with severely weakened immune systems. However, aspergillosis has been increasingly reported in patients without weakened immune systems but who have severe respiratory infections caused by viruses, including influenza. Several recent reports describe
COVID-19-associated pulmonary aspergillosis (CAPA).

Available information indicates that CAPA:

- *Usually occurs in patients with severe COVID-19 (e.g., patients on ventilators in ICUs)*
- *Can be difficult to diagnose because patients often have non-specific symptoms and testing typically requires a specimen from deep in the lungs*
- *Can cause severe illness and death*

Clinicians should consider the possibility of aspergillosis in patients with severe COVID-19 who have worsening respiratory function or sepsis, even if they do not have classical risk factors for aspergillosis. Testing for CAPA usually involves obtaining specimens from patients' lower respiratory tract, which are tested for Aspergillus galactomannan antigen and fungal culture. The treatment of CAPA includes antifungals like voriconazole, posaconazole, and isavuconazole. Therapeutic drug monitoring should be considered when using these antifungals in CAPA treatment.

<u>COVID-19-associated mucormycosis</u>
Often called by the misnomer "black fungus," COVID-19-associated mucormycosis is a major public health problem in India. COVID-19-associated mucormycosis cases have also been seen outside of India, including in the United States, although much less commonly. Uncontrolled diabetes and overuse of steroids for COVID-19 treatment are important risk factors.

Biomarkers for diagnosing invasive aspergillosis, such as beta-d-glucan and galactomannan, are typically negative in patients with mucormycosis. The treatment for mucormycosis frequently involves aggressive surgical intervention and treatment with antifungals, including amphotericin B, posaconazole, or isavuconazole. Voriconazole is not recommended for treating mucormycosis. Providers should consider therapeutic drug monitoring during COVID-19-associated mucormycosis treatment.

The risk of COVID-19-associated mucormycosis may be decreased by encouraging vaccination against COVID-19, prescribing steroids for COVID-19 treatment based on guidelines, and controlling the blood sugar of patients with diabetes who have COVID-19. Early diagnosis and treatment are key to improving outcomes for patients with COVID-19-associated mucormycosis. Clinicians should consider the possibility of mucormycosis in patients with COVID-19 even when patients lack classic risk factors for this disease.

<u>Increased spread of Candida auris during COVID-19 pandemic</u>
Candida auris (C. auris) is an emerging fungus that can cause outbreaks of severe infections in healthcare facilities. In the United States, it has most commonly spread in long-term care facilities caring for people with severe medical conditions. However, since the start of the COVID-19 pandemic, outbreaks of C. auris have been reported in COVID-19 units of acute care hospitals. These outbreaks may be related to changes in routine infection control practices during the COVID-19 pandemic, including limited availability of gloves and gowns, reuse or extended use of these items, and changes in cleaning and disinfection practices. Screening for C. auris colonization, an important part of containment efforts, has been more limited as healthcare facilities and health departments have been responding to COVID-19.

<u>Invasive candidiasis in patients with COVID-19</u>
Patients hospitalized for COVID-19 are at risk for healthcare-associated infections (HAIs), including candidemia, or bloodstream infections caused by Candida. Patients with COVID-19 who developed candidemia were less likely to have certain underlying conditions and procedures commonly associated with candidemia and more likely to have acute risk factors linked to COVID-19 care, including medicines that suppress the immune system.

<u>Fungal pneumonias can resemble COVID-19</u>
Other fungal diseases, such as Valley fever (coccidioidomycosis), histoplasmosis, and blastomycosis, can cause fever, cough, and shortness of breath, similar to COVID-19 and bacterial pneumonias. These fungi live in soil. People become infected by breathing in fungi present in the air. Clinicians should consider fungal pneumonias as a possible cause of respiratory illness, particularly if COVID-19 testing is negative. It is important to note that these fungal diseases can occur at the same time as COVID-19."

The CDC suggests that vaccination is a treatment option for invasive fungi, yet, it would seem that vaccination is a potential problem in itself considering that some of today's vaccines are mediated with genetically engineered fungi through a process known as agrobacterium mediation. Can the reader discount this as mere coincidence when aspergillus, for example, is used in the production of vaccines and other medicines while the rate of fungal infections continues to skyrocket?

Medicago, a Canadian based vaccine manufacturer, was producing plant-based CoVLP vaccines approved for use in Canada, however, confusion and controversy surround the relationship between Canada and the company known as Medicago and it's difficult to understand what's actually occurring on that front.
https://www.canada.ca/en/innovation-science-economic-development/news/2023/12/agreement-reached-on-retaining-medicagos-strategic-research-and-development-assets-in-canada-and-recovering-payment-from-medicago.html
https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/medicago.html
https://www.cbc.ca/news/science/canadian-vaccine-candidates-covid-coronavirus-1.5764874
https://www.cbc.ca/news/health/covid-vaccines-canada-profiles-1.5708240
https://www.cbc.ca/news/health/health-canada-to-start-real-time-review-of-medicago-covid-19-vaccine-1.5999559
https://www.cbc.ca/news/health/medicago-s-homegrown-plant-based-covid-19-vaccine-approved-by-health-canada-1.6362745

CoVLP vaccines that Medicago was developing were produced with the use of agrobacterium.There's much more literature available on the CoVLP vaccines but to keep matters simple we'll rely here on a blurb from Wikipedia that tells us, for the most part, how CoVLP vaccines are produced:

> *"The virus-like particles are produced by creating a bacterium engineered with genes of the virus, then introducing the bacteria into Nicotiana benthamiana plants. The plants take up the bacteria virus-derived genetic material, producing in its leaves the virus-like particles, which are then harvested and extracted.*
>
> *In use since the 1990s, the method of using a plant like N. benthamiana has been called "molecular farming" or a "plant-based factory", having vaccine manufacturing advantages of rapid, low-cost production of proteins, large scalability for production, and safety of using plants for pharmaceutical production. It has been proposed specifically for production of COVID-19 vaccines."*
> https://en.wikipedia.org/wiki/CoVLP

Aside from the matter of vaccination, the World Health Organization (WHO) has issued a report on fungal pathogens that public health professionals must urgently acquiesce to at this time!

The abstract for the WHO report on fungal pathogens reads as follows:

> *"The WHO fungal priority pathogens list (WHO FPPL) is the first global effort to systematically prioritize fungal pathogens, considering their unmet research and development (R&D) needs and perceived public health importance. The WHO FPPL aims to focus and drive further research and policy interventions to strengthen the global response to fungal infections and antifungal resistance. The WHO FPPL list is divided into three categories: critical, high and medium priority. The report presents these categories and proposes actions and strategies for policymakers, public health*

professionals and other stakeholders; targeted at improving the overall response to these priority fungal pathogens including preventing the development of antimicrobial resistance. Three primary areas for action are proposed, focusing on: (1) strengthening laboratory capacity and surveillance; (2) sustainable investments in research, development, and innovation; and (3) public health interventions."
https://www.who.int/publications/i/item/9789240060241

Now we have conditions like Invasive Aspergillosis emerging like we've never seen before!

An article found on the Penn Medicine website indicates that Aspergillosis is:

"Aspergillosis is an infection or allergic response due to the aspergillus fungus," and that

"Aspergillosis is caused by a fungus called aspergillus. The fungus is often found growing on dead leaves, stored grain, compost piles, or in other decaying vegetation. It can also be found on marijuana leaves.

Although most people are often exposed to aspergillus, infections caused by the fungus rarely occur in people who have a healthy immune system.

There are several forms of aspergillosis:

Allergic bronchopulmonary aspergillosis is an allergic reaction to the fungus. This infection usually develops in people who already have lung problems such as asthma or cystic fibrosis.

Aspergilloma is a growth (fungus ball) that develops in an area of past lung disease or lung scarring such as tuberculosis or lung abscess.

Invasive pulmonary aspergillosis is a serious infection with pneumonia. It can spread to other parts of the body. This infection occurs most often in people with a weakened immune system. This can be from cancer, AIDS, leukemia, an organ transplant, chemotherapy, or other conditions or medicines that lower the number or function of white blood cells or weaken the immune system."

"Symptoms of allergic bronchopulmonary aspergillosis may include:

- *Cough*
- *Coughing up blood or brownish mucus plugs*
- *Fever*
- *General ill feeling (malaise)*
- *Wheezing*
- *Weight loss*

Other symptoms depend on the part of the body affected, and may include:

- *Bone pain*
- *Chest pain*
- *Chills*
- *Decreased urine output*
- *Headaches*
- *Increased phlegm production, which may be bloody*
- *Shortness of breath*
- *Skin sores (lesions)*
- *Vision problems*

Your health care provider will perform a physical examination and ask about the symptoms."

"Tests to diagnose aspergillus infection include:

- *Aspergillus antibody test*
- *Chest x-ray*
- *Complete blood count*
- *CT scan*
- *Galactomannan (a sugar molecule shed from the fungus that is sometimes found in the blood)*
- *Immunoglobulin E (IgE) blood level*
- *Lung function tests*
- *Sputum stain and culture for fungus (looking for aspergillus)*
- *Tissue biopsy"*

The Penn Medicine site goes on to state that:

"A fungus ball is usually not treated with antifungal medicines unless there is bleeding into the lung tissue. In such a case, surgery and medicines are needed.

Invasive aspergillosis is treated with several weeks of an antifungal medicine. It can be given by mouth or IV (into a vein). Endocarditis caused by aspergillus is treated by surgically replacing the infected heart valves. Long-term antifungal medicines are also needed.

Allergic bronchopulmonary aspergillosis is treated with medicines that suppress the immune system (immunosuppressive medicines), such as prednisone, typically in conjunction with antifungals."

"With treatment, people with allergic bronchopulmonary aspergillosis usually get better over time. It is common for the disease to come back (relapse) and need repeat treatment.

If invasive aspergillosis does not get better with treatment using medicine, it eventually leads to death. The outlook for invasive aspergillosis also depends on the person's underlying disease and immune system health."

Possible complications, according to the Penn Medicine site:

"Health problems from the disease or treatment include:

- *Amphotericin B can cause kidney damage and unpleasant side effects such as fever and chills*
- *Bronchiectasis (permanent scarring and enlargement of the small sacs in the lungs)*
- *Invasive lung disease can cause massive bleeding from the lung*
- *Mucus plugs in the airways*
- *Permanent airway blockage*
- *Respiratory failure"*

https://www.pennmedicine.org/for-patients-and-visitors/patient-information/conditions-treated-a-to-z/aspergillosis

A strain of filamentous fungi known as aspergillus oryzae is commonly used in the commercial food industry, predominantly, as far as I understand, for fermentation purposes. Regarding A.oryzae, the Canada.ca site states that:

"Although there have been no reports of human, animal or plant disease that are specifically attributed to Aspergillus oryzae strain ATCC 11866, other strains of Aspergillus oryzae have been reported to infect immunocompromised individuals. Aspergillus oryzae strain ATCC 11866 also shares potentially harmful characteristics with the species Aspergillus flavus, which is a known plant pathogen and opportunistic animal pathogen, and is reported to cause sinus and eye infections in healthy humans and fatal lung disease and systemic infection in susceptible individuals (for example, immunocompromised, elderly and newborns).

Aspergillus oryzae strain ATCC 11866 is susceptible to major clinical antifungal drugs."

Canada.ca goes on to state that:

- *"Although Aspergillus oryzae strain ATCC 11866 is not considered to be harmful to human health or to the environment at current levels of exposure, it could become harmful to human health if exposure levels were to increase. Consequently, the*

Government has applied the Significant New Activity (SNAc) provisions of CEPA 1999 to Aspergillus oryzae strain ATCC 11866.

- *The SNAc provisions require a person (individual or corporation) proposing to use this organism in a health care setting or in a consumer product to submit prescribed information to the Government for assessment of potential risks to human health in relation to the proposed new activity. If risks are identified, the Government can take action to manage them."*
  https://www.canada.ca/en/health-canada/services/chemical-substances/fact-sheets/chemicals-glance/aspergillus-oryzae.html

Meanwhile, nutraceutical companies are using aspergillus oryzae in nutritional supplements, available to the general public. In return it would seem that some individuals are subject to increased amounts of aspergillus oryzae which the Canada.ca website clearly indicates as potentially harmful. An example can be found by reviewing the 'medicinal ingredients' in the link immediately below.
https://ca.naturalfactors.com/products/papaya-enzymes

Invasive fungi is an extremely serious threat not only to humans but also to all animal life and, literally, the entire planet! The matter can not - must not - be minimized or ignored!
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10058615/
https://valdevia.art/portfolio/mycelium-infection/
https://www.smithsonianmag.com/arts-culture/how-deadly-bread-bewitched-a-french-village-123126177/
https://www.cnn.com/2015/07/22/africa/banana-panama-disease/index.html
https://www.sudbury.com/national/bat-fungus-that-causes-fatal-white-nose-syndrome-makes-first-appearances-in-alberta-6366927
https://www.old.frontlinegenomics.com/news/26838/fungus-genetically-modified-to-wipe-out-malaria-carrying-mosquitoes/
https://news.yahoo.com/the-last-of-us-deadly-fungal-threats-climate-change-184617091.html
https://www.ctvnews.ca/health/they-recovered-from-covid-19-only-to-die-of-black-fungus-what-we-know-about-the-disease-sweeping-india-1.5440666?cache=alofdlzml%3FclipId%3D89680%3FautoPlay%3Dtrue

At this time, from my informed perspective, It's critical for public health professionals to get on the same page about invasive fungal infections! I've tried communicating with Canadian public health officials at the federal level but those agencies and so-called professionals consistently fail to respond to my queries. As such, I allege that the federal health authorities are negligent, to say the least, in informing public health professionals about the increasing threat of invasive fungal infections amongst the general populace of Canada.

Immediately below is the correspondence that I sent to the Federal health authorities on June 12, 2022. Although I addressed both Health Canada and the Public Health Agency of Canada, I failed to formally acknowledge the Public Health Agency of Canada in the salutation although I did send the document to both parties. I received no response from either party.
https://www.holisticusinternational.ca/_files/ugd/f57efd_aa981ac4bc8440319668542fac2dac13.pdf

In the correspondence that I emailed to the health authorities the reader will further notice that I speak to what I was mistakenly referring to as the Crown Empire. Since that time, I've learned

that the Crown and the Empire or Commonwealth of nations are two separate entities. The reader, too, should become aware of the differences between the Crown and the former British Empire, now operating as the Commonwealth of Nations in Canada. There are powers behind the Crown that affect the politics and subsequent actual freedom of Canada that, as far as I'm concerned, every person in Canada should be urgently made aware of, however possible!
https://www.holisticusinternational.ca/_files/ugd/f57efd_27115f0764c54f399b9840b15c8dfaf3.pdf
https://www.holisticusinternational.ca/_files/ugd/f57efd_2ba02b0220dd4844b669802c000ac9b7.pdf
https://www.holisticusinternational.ca/_files/ugd/f57efd_47a68b7aef0e4d44b21d22d22981934b.pdf
https://www.holisticusinternational.ca/_files/ugd/1c170a_0ad1670b4e26467f985baa12f2f357e9.pdf

Nevertheless, aside from politics and fungal infections, metabolic and molecular disorders are quickly on the rise as well. So much so in the case of metabolic disorders that 1 in 5 Canadians are estimated to have developed a metabolic syndrome. Cancer rates steadily incline as well while so-called genetic disorders climb. I believe it prudent to ponder what role manipulated or engineered proteins play not only in the infectious disease process but also in the subsequent lead up to many of these steadily inclining, less aggressive disorders and syndromes.
https://www.cmaj.ca/content/183/15/E1127
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7149574/
https://www.cancercenter.com/community/blog/2023/01/why-are-cancer-rates-rising-in-adults-under-50
https://genesdev.cshlp.org/content/18/5/470.full
https://en.wikipedia.org/wiki/Prion
https://en.wikipedia.org/wiki/Proteomics
https://www.novavax.com/insights/what-protein-based-vaccine
https://www.ed.ac.uk/biology/news-events/news-2021/programming-proteins-to-turn-cells-into-molecular
https://doc.raybiotech.com/pdf/Proteins/230-20409-200.pdf

Newer syndromes, disorders and diseases are emerging that, from my perspective, today's medical professionals aren't being trained on and are, thus, unprepared to effectively respond to. Therefore, it's imperative, in my opinion, that local health units, networks, associations and professionals take charge and prepare a plan of action in each municipality across Canada with a coordinated effort to inform the community about imminent health concerns and effective ways to respond.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5811176/
https://pubmed.ncbi.nlm.nih.gov/19681520/
https://www.cdc.gov/mis/mis-c.html
https://www.bbc.com/news/health-65266255
https://www.nejm.org/doi/full/10.1056/NEJM198109103051110

Take the syndrome known as Ehlers-Danlos (EDS), as just one example of modern-day medical negligence. In the case of EDS, the majority of healthcare providers, as far as I can tell, are not even aware of the condition, much less ready to respond to such. EDS is a condition that every healthcare worker and first responder in Canada should be thoroughly trained on and yet, here we are, relying on negligent federal health authorities who are most certainly dropping the ball, so to speak, on some of the most serious health concerns in the world today!
https://www.ehlers-danlos.com/what-is-eds/

The Ehlers-Danlos Society is offering Emergency Care training for the general public and medical professionals alike. All health units, networks, associations and professionals in Canada should encourage, if not mandate, EDS training for medical professionals in respective municipal jurisdictions throughout Canada. More about emergency training for EDS can be found through the link found immediately below.
https://www.ehlers-danlos.com/echo/
https://www.ehlers-danlos.com/events/emergency-care/

Beyond EDS, there's a plethora of other disorders that so many of today's medical professionals are lagging in. Again, it's up to local health units, networks, associations and professionals to act in the best interest of the people in respective jurisdictions throughout Canada.
https://www.cmpa-acpm.ca/en/education-events/good-practices/medico-legal-matters/duty-of-care
https://www.cmpa-acpm.ca/en/advice-publications/handbooks/medical-legal-handbook-for-physicians-in-canada#negligence-civil-responsibility
https://www.bccnm.ca/RN/learning/dutytoprovidecare/Pages/Default.aspx

The so-called health authorities at the federal level are, from my perspective, failing the people of Canada. It's up to local community service providers to get the message out to the people of Canada and to prepare in response to a potential fungal pandemic in the coming days.

If and when health professionals and authorities know or ought to know that the general public is at risk and subsequently ill-informed while failing to act in the best interests of the general public, those same professionals risk personal liability under civil law. As such all health agencies in Ontario and the rest of Canada MUST respond to the potential crisis of invasive fungi, NOW!
https://www.cpha.ca/duty-care-checklist
https://en.wikipedia.org/wiki/Tort

Respective municipalities throughout Canada, too, in my opinion, must become informed and prepared to respond to this incredibly serious potential public health pandemic!

There is still time to educate the general public about fungal infections and other emerging health threats before a point of chaos ensues in the collective communities of Canada. Unfortunately, from my perspective, various forms of peril await those who stick their heads in the sand on this matter! Not acting is truly not an option in this matter!

In addition to the plight of fungal infections, glyphosate, aspartame and radiofrequency radiation along with many other substances and technologies have found their way onto the possible/probable carcinogen list at the WHO. Canadian health authorities seem to be dropping the ball, entirely, for whatever reason(s), on educating and updating the general public about emerging health concerns due to the use of these substances and technologies. These extremely serious concerns should be immediately acknowledged and further explored by healthcare professionals, municipal authorities and members of the general public alike in each and every municipality in Canada for the sake of community stability and individual longevity!
https://pubmed.ncbi.nlm.nih.gov/28656257/

https://www.who.int/teams/environment-climate-change-and-health/radiation-and-health/non-ionizing/emf
https://www.iarc.who.int/wp-content/uploads/2018/11/QA_Glyphosate.pdf
https://enveurope.springeropen.com/articles/10.1186/s12302-018-0184-7
https://www.who.int/news/item/14-07-2023-aspartame-hazard-and-risk-assessment-results-released

Further yet, with so much conflicting information on the use of fluoride the practice of adding fluoride to the municipal water supplies must be explored by the wider community. Controversy has surrounded the use of fluoride since public fluoridation mandates began, however, in addition to the historical concerns about the genotoxicity of fluoride, newer studies indicate that fluoride may adversely impact the microbiome and we all know or ought to know how critically important good gut health is to optimal health.
https://toothbody.com/fluoride-gut-health/
https://www.who.int/docs/default-source/wash-documents/wash-chemicals/fluoride-background-document.pdf
https://fluoridealert.org/articles/new-deposition-videos-featuring-cdc-oral-health-director/

If so-called authorities are going to add anything to the public water supplies, especially in the uncertain Covid-19 era, I'm not exactly sure why chlorine dioxide isn't being considered, especially given the proven risk to benefit ratio evidenced by other countries who, safely and effectively, employ its use.
https://www.evoqua.com/en/faqs/faqs-for-chlorine-dioxide/
https://www.lenntech.com/processes/disinfection/regulation-eu/eu-water-disinfection-regulation.htm
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8442261/
https://publications.gc.ca/collections/collection_2009/sc-hc/H128-1-08-549E.pdf

For the record, I'm not advocating any particular treatment for any particular health concern, I'm simply suggesting that it's time for intelligent people in respective communities throughout Canada to have conversations about matters that the federal and provincial health authorities don't seem to want to engage in, for whatever reason(s), with the Canadian populace.

Other important topics such as the emergence of the Corona protein and metabolite, nanotechnology and technologies that facilitate radiotrophic fungi need to be realized and further understood by medical professionals in Canada. I'm not against science or technology; I simply believe, and rightly so, in transparency and accountability for those who bring scientific or technological advancements forward for public use.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5233713/
https://pubs.rsc.org/en/content/articlelanding/2020/en/c9en00938h
https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15958-4
https://www.zmescience.com/ecology/chernobyl-fungus-radiotrophic-08122011/
https://en.wikipedia.org/wiki/Radiotrophic_fungus

Finally, from my line of sight, immediate moratoriums must be urgently considered by the health authorities and subsequently urged by the general public in respective municipalities throughout Canada. Waiting for the federal and/or provincial authorities to act or to provide direction on critically important issues like invasive fungus, radiofrequency radiation, nanotoxicity and what have you is not, in my opinion, a viable option for an increasingly at-risk populace!

We've reached a point where choosing one's job, status or reputation over the truth at hand is futile. Fungal infections and other rapidly emerging health concerns will not go away on their own, only festering until each and every one of us becomes detrimentally affected in our own way, no matter our varying orientations and respective walks of life.

The matters at hand must be integrally dealt with, head on, by all health professionals in Canada! Solidarity by healthcare workers and their patients is required now more than ever! At the risk of sounding cliche we truly are 'in this together'!
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1771718/
https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0249455
https://pubmed.ncbi.nlm.nih.gov/28179437/

Every public health unit, network, association and professional in Canada has a moral obligation and professional duty to consider the information herein and to subsequently act upon it, NOW!
https://www.cdc.gov/fungal/diseases/aspergillosis/diagnosis.html
https://www.cdc.gov/fungal/diseases/mucormycosis/diagnosis.html
https://www.cdc.gov/fungal/diseases/candidiasis/invasive/diagnosis.html

Sincerely
Brenda Everall
Belleville, Ontario

*emphasis added by author