

COERCION IS NOT CONSENT

Care Homes are a perfect example of implied consent through coercive processes & the imbalance of power dynamics. Wash & repeat worldwide from 2020 to 2024.

Entering an Alberta Care Home (or hospital) on 'Outbreak' in 2024, and you are greeted by one of the fear inducing "STOP - OUTBREAK" signs.



In 1961 Stanley Milgram coerced people to do something they would not normally do with;

1. "Please continue". 65%+ complied
2. "The experiment requires you to continue".
3. "It is absolutely essential that you continue".
4. "You have no other choice but to continue." – no one complied.



Since 2020, this psychology has been deployed to 'Ask' people to "Save Grandma"; "Test"; "Put on a Mask"; "Do Not Leave Your Room"; "Isolate"; "Take a shot".

ALL WITHOUT INFORMED CONSENT – COMPLIANCE BY COERCION, FEAR OR SHAME.

Misleading signs on Unit doors designed to suggest you cannot enter without complying.

Heavy Closed Fire Doors – to a disabled resident, these are no different than LOCKED DOORS – UNLAWFUL CONFINEMENT (and a fire code violation)

When this sign was challenged i.e. Masks and Face shields could not be forced on Residents or Visitors, the Site Director agreed to 'change the sign'.

What followed clearly demonstrated the coercive processes & imbalance of power dynamics that Milgram demonstrated so many decades ago. When 'asked' to do something by a 'superior' authority for 'the greater good', people not only comply but become engaged in the experiment.

This is defined as 'Engaged Followership' (Stanley Milgram).

<https://dksdata.com/PSArticles?1>

Once others are seen complying - Social Conformity rules – fit in at any cost. (Solomon Asch)

<https://dksdata.com/PSArticles?2>

After 4 / 12 years of fear & coercion – Voting, Donating and Waiting for a False 'Profit' to save them, people are left slow walking to their own doom (Curt Richter). ALL the rats died, waiting to be saved.

<https://dksdata.com/PSArticles?3>

Now we enter Learned Helplessness. "But I am Just one Person, what can I do?", said 7 Billion People.

<https://dksdata.com/PSArticles?4>

Now a population has been Micro Pushed & Behaviorally Primed through Social Engineering. Bombarded daily with programming absorbed through Perception Without Awareness, there is nothing beyond the scope of what comes next – even getting the population to turn on each other.

<https://dksdata.com/SGArticles?7>, <https://dksdata.com/SGArticles?11>

The 'changed' signage included a separate piece of paper saying 'STAFF' - taped to the top of the "Masks and Face Shields Beyond this Point" STOP sign.

This does **NOT EXPLICITLY STATE THIS DIRECTION APPLIES TO STAFF ONLY**. Further, it does **not instruct staff that they must not obscure their face when dealing with people with cognitive or hearing issue**.

To add to the coercive process, a second page is pasted to the CLOSED doors stating "VISITORS: FACE MASK AND FACE SHIELD IS [sic] AVAILBLE" (note the misspelling).

This infers there is a requirement to wear these improper & dangerous medical devices.

Outside these doors is a cart with Masks, Face Shields and more to add to the coercive process.

And once past those illegally 'Closed' fire doors...

We are back to the worst of the COVID response insanity – still in full 'FORCE' in 2024.

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-droplet-and-contact-sign-CC.pdf>


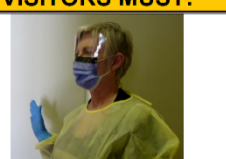
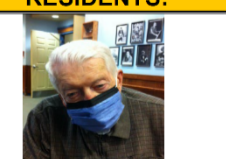
STOP

DROPLET and CONTACT PRECAUTIONS CONTINUING CARE

SINGLE ROOM RECOMMENDED WITH DEDICATED EQUIPMENT

EVERYONE MUST:

Clean hands when entering and leaving room

STAFF MUST:	VISITORS MUST:	RESIDENTS:
 <ul style="list-style-type: none"> ✓ Wear mask, eye protection, when within 2 metres or 6 feet of resident ✓ Wear gown and gloves when providing direct care ✓ Discard ALL PPE on leaving room 	 <ul style="list-style-type: none"> ✓ Check with nursing staff before entering room ✓ Wear mask, eye protection, when within 2 metres or 6 feet of resident ✓ Wear gown and gloves when providing direct care ✓ Discard ALL PPE on leaving room 	 <p>When residents must leave their room:</p> <ul style="list-style-type: none"> ✓ Wear clean clothing and procedure mask

DROPLET and CONTACT PRECAUTIONS CONTINUING CARE

USE IN ADDITION TO ROUTINE PRACTICES

Additional Information – Also see Droplet and Contact Precautions Information Sheet

- Single room and bathroom recommended whenever possible. If room sharing: ensure separation of at least 2 metres between residents and between beds; dedicate a bathroom or commode for each resident; pull privacy curtains between residents.
- Door may remain open.
- Dedicate equipment to the isolated resident or clean and disinfect shared equipment after use.
- Do not share items (e.g., puzzles, books, and electronics) that cannot be cleaned and disinfected.
- Rooms should contain a dedicated linen bag. Do not overfill bags. Double bag only if leaking.
- All high touch surfaces in the resident's room must be cleaned at least daily with facility-approved products and procedures.

Some Organisms Requiring DROPLET and CONTACT Precautions (not all inclusive)

- | | |
|---|--|
| <ul style="list-style-type: none"> • Adenovirus • Influenza (see reminder below) • Rhinovirus • Enterovirus | <ul style="list-style-type: none"> • Parainfluenza • Respiratory Syncytial Virus (RSV) • SARS CoV2 (COVID-19) |
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Remember!

- If the resident has diarrhea it is recommended that soap and water be used for hand hygiene after removing gloves instead of alcohol-based hand rub. (AHS Hand Hygiene Procedure, May 2024)
- As per the [Joint Statement](https://www.albertahealthservices.ca/assets/news/nr/ne-nr-2020-03-27-joint-statement-covid-19.pdf) (https://www.albertahealthservices.ca/assets/news/nr/ne-nr-2020-03-27-joint-statement-covid-19.pdf): "There may be situations where a health care worker, based upon their IPC RA or their assessment of all known and foreseeable risks and hazards, may choose to wear a medical mask instead of an N95 respirator."

[Exception: Always use fit-tested N95 respirator for residents with suspected or confirmed viral respiratory infection with current or anticipated AGMP (including but not limited to intubation, open tracheal suctioning, CPR, bronchoscopy, sputum induction, BiPAP, high-frequency oscillatory ventilation, tracheostomy care, aerosolized medication administration.)]

- The room door is to remain closed during AGMP.



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For more information, contact Infection Prevention and Control IPCSurvStdAdmin@albertahealthservices.ca



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