

Protection or Persecution – the Toll of COVID Protocols. 5th May, 2023 – Masking and more for the most vulnerable.

I recently met a lady in my mother's care home who has been severely impacted by a stroke. For reasons of confidentiality, I will refer to this lady as Marlene. She has debilitating pain in her legs and arms, which I recognize from that experienced by my mother who also lives with lifelong impacts from a stroke. My mother lost all but odd words. Marlene is fortunate to at least still have a solid command of language. Meeting my mother's care needs when she is hard of hearing, has sight deficits, cognitive challenges (although remarkably improved after over a decade of comprehensive care and oversight from family, her partner and her healthcare team) has been a monumental effort, to say the least. All that was achieved pre the protocols put in place for COVID19. I have no doubt, my mother would never have recovered to her full potential - or worse would have died - had her stroke occurred after 2020.



I first met Marlene as I was walking on a different unit from where my mother lives and I was looking for a care worker. It was late in the evening, and Marlene was facing a huge window staring into the night. Her socks and an old, worn cardigan were discarded on the floor. She saw my reflection pass in the window and cried out to me for help. She couldn't understand a word I was saying behind my mask. I lowered it to talk to her. She explained she was freezing cold and had been waiting for ever for a warm blanket. I went to the warmer and got her one. I then asked if she wanted me to help her put on her socks and cardigan. She said she would. With great care, I did so. Having a mother impaired from a stroke, I knew I could assist her. Before I helped her with her cardigan, I asked her to let me know if any movement I made caused her any discomfort. Her comment concerned me. She said, **"Don't worry if I cry out. I always do this with the staff so they don't hurt me."** Not for a minute do I think there is any wilful abuse involved on the part of the staff. What I believe is that this is a defence mechanism because Marlene is afraid that in their haste to get residents through their routines (short staffing has worsened significantly since COVID protocols were implemented), that this sometimes results in substandard care. Still, it was such a devastatingly sad comment and indictment of the system. I managed her entire redressing without even a murmur of discomfort. When I said as much, she smiled and replied, **"Well, you didn't hurt me."** I stayed and we chatted about her stroke and her time at the centre. She said she was often left waiting for care. At one point, she held my hand and asked me not to leave. Finally, she thanked me profusely for stopping to talk to her and asked me to come by to see her again.

On my second visit, I found Marlene in severe pain, crying in her room. To be fair, the attending RN was in the process of organizing pain medication. I stayed to comfort Marlene as this was being done. She then asked for something other than the same thin cardigan I had put on her the week before. I looked in her closet and found only three pieces of old clothing, nothing that would keep her warm. I noted this to the RN who said Marlene did have family and she would contact them to bring in some more clothing. I left after I saw that her care needs were being met but was deeply saddened at her sorry state. I told Marlene I would see her next week.

On my last visit, I brought clothes for Marlene. Her closet still only had a few more items in it. The attending RN agreed I could go in to see her but warned me that Marlene was naked, angry, and refused to put on clothes. I found Marlene unclothed from the waist down. I tried to talk to her wearing my mask, but she became triggered when she couldn't understand what I was saying. Again, as per the exemption provided in the directive, I lowered my mask to engage with her effectively. She instantly became calm and reasonable. I immediately showed her the housecoat I had brought her and asked if I could cover her with it. She agreed right away and thanked me. The housecoat was like a blanket, made of soft fleece and zipped up the front. She said she wanted to sleep in it as she feels constantly cold. The impacts of the stroke including immobility, poor circulation and advancing age all play a part in this. She was desperate to get relief for the pain she was in. I went to find a staff member who said that she was on light duties and that two staff would be required for Marlene's transfer to bed. A masked care worker then came into the room and tried to put a pillow under Marlene's legs to ease her discomfort. I watched as communication broke down when the positioning did nothing to ease the pain and Marlene couldn't understand what was being said to her because of the mask. Marlene's agitation quickly became verbal abuse towards the staff member trying her best to help. This response was clearly precipitated by pain, frustration for her needs being unmet and a complete breakdown in communication caused by the mask. It should also be noted that her

current wheelchair does nothing to adequately meet her frail and failing body and is exacerbating her pain level. As the care worker tried to explain that there would need to be two of them to transfer her to bed, Marlene exploded with rage and frustration, yelling at the care worker to take off her mask so she could understand what she was saying. I translated and she calmed down again. Marlene asked why I was not wearing a mask when the care worker was wearing one. I explained I had taken mine off so she could understand me, but the care workers were required to wear them. She was exasperated beyond limits anyone should be forced to endure. The care worker left the room when Marlene told her to call someone else to help as “she” (meaning me) can’t move her. I helped position her legs with a different pillow arrangement, adjusting them as she directed, but still, it didn’t ease her pain. I resorted to distraction, waiting for staff to attend with pain meds, desperately needed personal hygiene and peri care and to put Marlene to bed. I cradled her and talked about her life pre the centre, her home in Edmonton and job as a banker before she retired. She became engaged and friendly again.

Suddenly, out of nowhere, Marlene rounded on me and yelled for me to get away from her. I moved back quickly and apologized, believing I had offended her in some way. Then she looked petrified as she stared at my unmasked face. Her exact words were: **“Don’t come near me. I might make you sick.”** NOT I might make her sick, but that she might make me sick. Utter horror at hearing her words doesn’t begin to convey how I felt. She saw herself as the risk to another unmasked person. I finally left when Marlene ordered me out saying if I couldn’t help her, I should leave. It felt like a crushing defeat in what has been a three-year war we have waged against the system, one now where protocols are doing nothing but fast tracking the most vulnerable to the grave in the most inhumane way possible.

There is only so much one random stranger who has befriended an old soul has the power to do. Marlene has family; a few clothes did appear after I noted she has almost none in her closet on my second visit. But so many of her care needs are not being met. Unless DSP’s (Designated Support Persons) are actively and consistently involved IN PERSON, these fragile souls fall through the cracks of a broken system worse than ever with COVID protocols still in full force. Without critical oversight and intervention, Marlene will likely have little time left on this earth. And what time she does have will be nothing less than torture.

The perverse psychology perpetrated by the regime that has been masks has convinced the most vulnerable that they are the vectors of disease, that THEY are the risk to their carers. This is the exact same psychology deployed on children, deemed carriers of what was sold as a respiratory contagion, convincing them to mask to protect grandma. Now consider the site director of my mother’s care facility who, in early 2020, stated that she put herself at risk every day working in one of the most high-risk environments. Again, the resident is the threat – when almost every case of COVID in my mother’s facility through 2020 and beyond was in an asymptomatic worker who “*tested positive*” (we have official communications from Capital Care and AHS confirming this). These cases resulted in decimation of staff able to work (put on 10-day isolations) and residents locked down on repeated outbreak protocols, extended at the whim of a zone medical officer.

Continuous masking is still in place in my mother’s facility for all staff and visitors although it has never been a requirement for residents. That fact alone, for what was sold to all as a deadly pandemic, should have raised questions. Built into the Alberta masking directive HCS-267 was the following statement specifically to address those with challenges like Marlene: <https://dksdata.com/MASKS#AHSMasks>

Every protocol put in place for protection for the most vulnerable – from prolonged isolation, masking (of carers and visitors, endorsed even for residents), vaccination, family exclusions by mandate, worsened staffing shortages from isolation protocols, care failures resulting from masking miscommunication, COVID care plans which resulted in antibiotics not being provided, drugs administered KNOWN to cause respiratory distress, inappropriate ventilation and more have and continue to cause incalculable suffering and death.

So many other provinces in Canada have dropped masking protocols and more because, in part, there has been a recognition of damage caused by their implementation. Not so in Alberta where masking in particular is still hindering care and access to essential medical treatment. Isolations also leave residents without the physical and emotional support they need for their very survival.

A full investigation of all measures imposed on the most vulnerable since 2020 is the only justifiable response to what can only be described as government sanctioned genocide.