

**From:** David Dickson

**Sent:** Friday, April 28, 2023 7:42 PM

**To:** Health Minister <Health.Minister@gov.ab.ca>; Office of the Premier <Premier@gov.ab.ca>

**Cc:** DraytonValley.Devon@assembly.ab.ca

**Subject:** RE: COVID-19 Data and Masking

**Importance:** High

Dear Mr. Copping.

There are many issues with your response, but I will separate them into two areas.

1. Masking Directive at AHS.
2. COVID Deaths reported in Alberta.

### Masking Directive at AHS.

In my opinion, your response that AHS is responsible for their own policies, ones which negatively impact the health and wellbeing of Albertans and is clear evidence of willful discrimination is an abdication of your duties as the Health Minister under the Provincial Health Act.

61) "12) Section 2.1 of the Communicable Diseases Regulation gives the regional health authority (i.e. Alberta Health Services) the statutory authority to implement distribution of a vaccine as well the requirement to ensure that employees who administer vaccines are trained to do so."

62) Section 2(1) as provided in the attachment from the Crown does not mention Regional Health Authorities or AHS. In fact, it clarifies that healthcare is the domain of the Crown through the Minister of Health.

"2(1) The Minister may

(a) provide health promotional, preventive, diagnostic, treatment, rehabilitative or palliative services, supplies, equipment and care and any drugs, medicines and biological agents for the prevention, treatment or modification of communicable diseases, and

(b) with respect to the services or things referred to in clause

(a), determine"

After this the Act states:

"(i) the persons eligible to receive those services or things,  
(ii) the persons who may administer those services or things,  
(iii) the conditions under which those services or things may be provided and administered, and  
(iv) the methods and protocols respecting distribution and, where applicable, storage and handling of those services and things."

63) However, Section 2.1(1) states "shall provide", 'as directed/authorised/required/established BY THE MINISTER'

"2.1

(1) A regional health authority shall provide

(a) health promotional, preventive, diagnostic, treatment, rehabilitative or palliative services, supplies, equipment and care for the prevention, treatment or modification of communicable diseases, and

(b) any drugs, medicines and biological agents provided by the Minister under section 2(1)(a), as directed by the Minister."

"(2) A regional health authority shall, with respect to the provision of those services and things referred to in subsection (1),

(a) implement distribution, storage and handling methods and protocols as directed by the Minister.

(b) provide data, records or reports at the times and in the form and manner required by the Minister.

(c) create and maintain the data and records required by the Minister, and

(d) monitor as directed by the Minister, the health and safety of persons to whom the services or things are provided."

"(3) A regional health authority shall ensure that employees and other persons who provide or administer those services and things referred to in subsection (1) under its authority are trained to do so in accordance with any requirements established by the Minister."

"(4) A regional health authority shall not charge for the services or things referred to in subsection (1) that are provided by the regional health authority, its employees or other persons acting under its authority under this section, or provided by the Minister under section 2(1)(a), unless authorized to do so by the Minister."

[https://dksdata.com/Court/DavidDicksonPackage/25-AffidavitInResponse\\_Filed\\_Redacted.pdf](https://dksdata.com/Court/DavidDicksonPackage/25-AffidavitInResponse_Filed_Redacted.pdf)

<https://dksdata.com/CourtUpdate>

[https://kings-printer.alberta.ca/1266.cfm?page=1985\\_238.cfm&leg\\_type=Regs&isbncln=9780779833382](https://kings-printer.alberta.ca/1266.cfm?page=1985_238.cfm&leg_type=Regs&isbncln=9780779833382)

As Health Minister and also as a Human Rights advocate, the fact that you appear to have completely bypassed the information I provided for you in relation to children is deeply concerning. Then again, Human Rights have been abandoned in Alberta since 2020, with just one word. COVID. (see <https://dksdata.com/DavidDicksonAHRC>).

Can I ask, did you even watch the video linked in the AHS document?  
<https://www.youtube.com/watch?v=OaDKF5HK5hU&vl=en>.



<https://dksdata.com/MASKS#TargetChildren>

## 7. Masking Requirements for Pediatric Patients

- 7.1 As a general principle, patients from three (3) to 18 years of age are expected to wear masks to appointments at AHS facilities (including emergency departments, urgent care centres, and outpatient clinics) or when visiting others at risk.
  - a) Wearing a mask may not be appropriate or tolerated for a small percentage of children. The health care team should work collaboratively with the parent/guardian to find the most appropriate and safest solution for the situation.
  - b) For those children over three (3) years of age who can tolerate a procedure mask, provide a child-appropriate procedure mask or an adult procedure mask adjusted to fit the child. As child-sized masks will be limited in availability, adult-size masks should be used for older/larger children and 'solutions' such as in this video can be used to adjust adult masks to fit a child.
- 7.2 For infants and toddlers who are two (2) years of age and under, masks are not recommended. For these children, consider alternative strategies to keep them calm, safe (e.g., in a stroller, infant carrier, parent's/guardian's arms), and faced towards the parent/guardian to minimize droplet spread.
- 7.3 Families should maintain two (2) metres of physical distance from others and try to prevent children from wandering.

Moreover, the fact that you directed me to the same link I sent you in my question, suggests you haven't even read the email or the attachment. This is a common theme with all politicians. This is a de facto dereliction of your duties as Health Minister. As this directly impacts the health and safety of the residents of Alberta, you have a responsibility to do better. The healthcare of Albertans falls directly under your authority as per the Provincial Health Act. It is therefore unacceptable for you to continue to ignore the issues being raised. Even in your prior role as Labour & Immigration Minister, there is a question relating to masks and AHS. You authorised KN95 masks for which Health Canada had removed their authorisation two weeks earlier due to issues related to health.



ALBERTA  
LABOUR AND IMMIGRATION  
Office of the Minister

**MINISTERIAL  
ORDER  
No. 2020-21**

- (c) P2 respirators meeting the standards of the Council of Standards Australia/Council of Standards New Zealand (AS/NZS 1716:2012),
- (d) Korea 1st class respirators meeting the standards of Korean Food and Drug Administration (KMOEL - 2017-64), and
- (e) DS respirators meeting the standards of the Japanese Ministry of Health, Labour and Welfare (Japan JMHLW-Notification 214, 2018).

This Order comes into effect on the date set out below.

This Order lapses, unless it is sooner continued by an order of the Lieutenant Governor in Council under section 52.81(3) of the PHA, at the earliest of the following:

- (a) 60 days after Order in Council 080/2020 lapses under section 52.8(1) of the PHA;
- (b) when this Order is terminated by the Minister under section 52.81(2) of the PHA because the Minister is satisfied that this Order is no longer in the public interest; or
- (c) when this Order is terminated by the Lieutenant Governor in Council under section 52.81(1)(c) of the PHA.

WHEREAS the Lieutenant Governor in Council made Order in Council 080/2020 under section 52.1(1) of the *Public Health Act* (PHA) on March 17, 2020 declaring a state of public health emergency in Alberta due to pandemic COVID-19 and the significant likelihood of pandemic influenza;

WHEREAS Order in Council 080/2020 has effect for 90 days following March 17, 2020 under section 52.8(1)(a) of the PHA;

WHEREAS section 52.1(3) of the PHA authorizes the Minister responsible for an enactment (Minister), to make an order without consultation, to

- (a) suspend or modify the application or operation of all or part of an enactment, subject to the terms and conditions the Minister prescribes, or
- (b) specify or set out provisions that apply in addition to, or instead of, any provision of an enactment

if the Minister is satisfied that doing so is in the public interest; and

WHEREAS I am satisfied that it is in the public interest to make such an order in respect of the Occupational Health and Safety Code (Code) to approve respirators from a range of suppliers for use at Alberta work sites;

NOW THEREFORE, I, Jason Copping, Minister of Labour and Immigration responsible for the Occupational Health and Safety Code, pursuant to section 52.1(2) of the *Public Health Act*, do hereby order that:

1. The Code is amended as follows:

(1) The following is added after section 246:

**246.1** Notwithstanding section 246, the following respiratory protective equipment is approved for required use at a work site:

- (a) FFP2 respirators meeting the European Committee for Standardization (CEN) Standard (EN 149:2001+A1:2009),
- (b) KN95 respirators meeting the National Standard of the People's Republic of China (GB2626-2006),

DATED at Edmonton, Alberta this 3<sup>rd</sup> day of May, 2020.

Jason Copping  
Minister of Labour and Immigration

## Important information about KN95 medical respirators

The United States Food and Drug Administration (FDA) issued a [revised guidance](#) on May 7, 2020. The revised guidance indicates that certain filtering face-piece respirators, including KN95 medical respirators from China, may not provide adequate respiratory protection. Learn more about the [new guidance](#).

Health Canada will continue to encourage manufacturers to seek authorization of KN95 medical respirators in Canada through the [medical device interim order authorization](#) pathway. As of May 7, 2020, Health Canada will request test results from accredited testing facilities to validate the effectiveness of these respirators.

The masks used currently by AHS don't even meet the basic standards of authorisation for safe use. The AHS published information seems to be nothing less than fraudulent in this area.

<https://dksdata.com/MASKS#AHSAC>

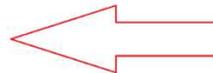
<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-options-adapt-hcp-pt-comm-chal.pdf>

Options and Adaptations for Healthcare Providers to Address Patient Communication Challenges in Acute Care, Ambulatory Care and Community Settings

Created: 2022-10-14 11:03:02 AM	Modified: 2022-10-14 11:49:55 AM
Mask Procedure with Window ASTM Level 2 MFTW-25-M2	 <ul style="list-style-type: none"> <li>• Available from inventory</li> <li>• ASTM Level 1 rated for fluid but passes filtration rates of level 2/3</li> <li>• Tried by speech language and audiology departments at one sites with positive results</li> <li>• For ordering, contact your local site services staff. Ordering numbers will vary by zone/area</li> </ul>
Created: 2023-02-22 3:08:12 PM	Modified: 2023-02-28 2:02:35 PM
Mask procedure with window	 <ul style="list-style-type: none"> <li>• Available from inventory</li> <li>• Tried by speech language and audiology departments at one site with positive results</li> <li>• For ordering, contact your local site services staff. Ordering numbers will vary by zone/area</li> </ul>

***THIS IS AGAINST  
HEALTH CANADA  
REGULATIONS.***

***AHS NOW ADMITTING  
THESE MASKS  
ARE NOT CERTIFIED!!!***



Considering AHS' direction on masking children using a Chinese YouTube influencer video, coupled with the above, AHS should not be making decisions on masking for anyone. Most other provinces and countries have removed this requirement due to the known ineffectiveness and harms caused by masking.

As per the COVID-19 Scientific Advisory Group Rapid Evidence Report - Continuous Masking Policies (4 July 2022).  
<https://dksdata.com/MASKS#AHSSAG>  
<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-continuous-masking-policies.pdf>

### **There is little to no evidence to support mask use!**

*"The evidence identified in this review cannot definitively show specific effect of continuous masking which started at the same time as multiple protective measures healthcare settings, and the level of evidence is not strong."*

### **They cause known harms.**

*"...however, continuous masking may have some unwanted physical, emotional, and communication effects as well as environmental, and financial implications that should be considered."*

*"Continuous masking could have physical impacts on individuals as well as nonphysical impacts on inter-personal communication and the emotional elements of patient care..."*

### **Masks are nothing more than virtue signalling.**

*"the optics of a universal mask policy are also important..."*

But this was never about safety. Unless of course it was for a photo opportunity.

<https://dksdata.com/Court/CapitalCare.pdf>  
<https://dksdata.com/Court/CapitalCareandRAH-Masks.pdf>

This is no different than the refusal of an ambulance for a 60-year-old lady some months back and the confirmation by EMS management that paramedics will not transport a patient who does not wear a mask. As I am unable to wear a mask, that negates my ability to call an ambulance in the event of a medical emergency. This is a service I pay for. Do remember though, this isn't just about me. This is about all Albertans. What other disabled groups will EMS, Capital Care and AHS decide are not worthy of healthcare? The unvaccinated? Oh yes, we are already there despite the fact that the Alberta Transplant Institute states they do not require a COVID vaccine for transplant patients. They, like you, deflect to AHS (despite the NACI reports, manufacturer's lack of test data and AHS Consent forms for COVID vaccine contradicting that direction). See <https://rumble.com/v1ww07s-transplants-damned-if-you-do-damned-if-you-dont.html>.

### **Just who is responsible for healthcare in this Province?**

Federal legislation and the Provincial Health Act state it is currently your remit. Yet you and others keep deflecting to AHS. In a Court filing back in October 2021, the Alberta Justice department tried to argue the exact same point, but even they conceded (deciding on other nefarious means to deflect their duties also). See:

[https://dksdata.com/Court/DavidDicksonPackage/25-AffidavitInResponse\\_Filed\\_Redacted.pdf](https://dksdata.com/Court/DavidDicksonPackage/25-AffidavitInResponse_Filed_Redacted.pdf)  
and <https://dksdata.com/CourtUpdate> for more details on that.

I do find it interesting that the rules on continuous masking for the safety of those 'at risk' appears to be quite fluid and inconsistent for a safety Directive at AHS and Capital Care. For more on that, please see the attached that will be familiar to you <https://dksdata.com/Court/CapitalCare.pdf>. Also see the social media posts by AHS, Capital Care and Edmonton Police Service who appear, like you, to be immune to the very AHS Directive that has stopped me visiting my mother in law for over three years (<https://dksdata.com/Court/CapitalCareandRAH-Masks.pdf>) despite being her medical proxy that requires in person access to her at all times. Maybe if I set up a photo opportunity or media event, I will be allowed into my mother in law's Care Home or into a Hospital unmolested. It appears photo opportunities and media events work to deter COVID for VIPs' like you and EPS, nurses and select children. Surely you are smart enough to know you are wearing the mask because you might be asymptomatic! Maybe you could look at my article on that point of hypocrisy. See <https://dksdata.com/Articles/COVArticles/Article8.html>

At this point, it appears that the Alberta Government have handed over the Province to AHS and may have done so for the last three years or more. As most AHS senior management (including those recently appointed by Premier Smith) are NDP supporters and in many cases appointees, it would seem that an election at this point is clearly moot. The NDP already controls the most critical part of Albertan's future (healthcare) and has for many years.

Maybe this point explains the deaths over the last three years in Alberta from all causes, including those identified as COVID related. Your department removed access to the Vaccine Status data, Co-Morbidity data and more that was so critical to informed consent in this province, despite it being freely available at AHS on their daily dashboard. Why are AHS the only ones holding this information which is critical to the wellbeing of Albertans? What are AHS, and by extension, the Alberta Government covering up?

Please provide all of this data (including the historical data (co-morbidities, age range, hospitalizations, deaths etc. including vaccine status by dose) immediately and before the election. Anything less can only be construed as gross negligence causing ongoing harm at the very least.

**COVID Deaths reported in Alberta.**

Moving on to COVID related deaths reported in this Province over the last three years. In my original email, attached, I specifically asked a question related to the download file that has been available on the Alberta Health website since May 2020. Instead of responding to that question, you referred me to another piece of data on the Alberta Health website. Despite being available since December 2020 (in an almost unusable format for analysis), that particular data does not align with **any** COVID death reporting in the media, by Alberta GoA representatives such as yourself, Dr. Deena Hinshaw, Minister Shandro. Premier Smith, Premier Kenney, Dr. Joffe, Dr. Yiu, by AHS, by Health Canada or by the Alberta Auditor General. As I am sure you can understand, this is most troubling. The reported COVID deaths have driven public health policy and more for over three years. Considering how AHS identifies a COVID death along with the clear manipulations and/or apparently fraudulent death dates, I have to ask, how many people actually died **FROM** COVID in this province and when? This information has been used to terrify a population, deny healthcare (leading to the deaths of many) and has had a catastrophic impact on Albertan society from which we may never recover. What is worse, is it is still going on for people in care homes (<https://dksdata.com/Care>) and people like me, Sheila Annette Lewis and too many others.

Taking last week as an example. The number of deaths reported was 14 in both the download file and the 'Severe Outcomes' web page. However, the dates of death were very much not the same. So, I ask again, what does the 'Date Reported' mean in the download file that has been used as the source of reporting COVID related deaths since early 2020?

Is this the right information with 6 deaths last week, as you have suggested in your last response to me?

**Alberta Health Data: By SEVERE OUTCOMES - Fig 8**

Reported April 26th, 2023 - 14 new for 2023 (6 in the reporting week)

Count	Date reported	Previous Deaths	New Total	Change	Sub Totals
2	2023-03-30	3	5	2	8
3	2023-04-02	1	2	1	
5	2023-04-05	3	5	2	
6	2023-04-08	2	3	1	
7	2023-04-13		1	1	
8	2023-04-16	3	4	1	
10	2023-04-18		2	2	
12	2023-04-19		2	2	6
13	2023-04-20		1	1	
14	2023-04-22		1	1	

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#severe-outcomes>

Or is it 2 as the download file would suggest when using the logic applied by the Alberta Auditor General and on the Vaccine Outcomes page in 2021/2022 (before that too was removed)?

**ALBERTA REPORTED COVID DEATHS: 14 Deaths listed in the download file.**

**Reported April 26th, 2023 - 14 new for 2023 (2 in the reporting week - as Auditor General reports deaths)**

Count	Date reported	Alberta Health Services Zone	Gender	Age group	Death status	Case type	Not Present	Reported Dead	Days to report	Sub Totals	
1	2023-02-18	Calgary Zone	Female	80+ years	Died	Confirmed	2023-04-17	2023-04-24	65		
2	2023-02-19	Calgary Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	64		
3	2023-03-15	Calgary Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	40		
4	2023-03-19	Edmonton Zone	Female	80+ years	Died	Confirmed	2023-04-17	2023-04-24	36		
5	2023-03-20	Calgary Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	35		
6	2023-03-21	Edmonton Zone	Female	80+ years	Died	Confirmed	2023-04-17	2023-04-24	34		
7	2023-03-23	Calgary Zone	Female	70-79 years	Died	Confirmed	2023-04-17	2023-04-24	32		
8	2023-03-23	Central Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	32		
9	2023-03-24	North Zone	Female	80+ years	Died	Confirmed	2023-04-17	2023-04-24	31		
10	2023-03-30	Calgary Zone	Male	70-79 years	Died	Confirmed	2023-04-17	2023-04-24	25		
11	2023-04-08	Edmonton Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	16		
12	2023-04-17	North Zone	Male	70-79 years	Died	Confirmed	2023-04-17	2023-04-24	7		12
13	2023-04-19	Central Zone	Male	80+ years	Died	Probable	2023-04-17	2023-04-24	5		2
14	2023-04-19	South Zone	Male	70-79 years	Died	Confirmed	2023-04-17	2023-04-24	5		

<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

Or is it 14, using the logic applied in the daily reporting and supported by the Health Canada data until August 2022?

**ALBERTA REPORTED COVID DEATHS: 14 Deaths listed in the download file.**

**Reported April 26th, 2023 - 14 new deaths reported (as AHS/Media/CMOH reported deaths)**

Count	Date reported	Alberta Health Services Zone	Gender	Age group	Death status	Case type	Not Present	Reported Dead	Days to report	Sub Totals
1	2023-02-18	Calgary Zone	Female	80+ years	Died	Confirmed	2023-04-17	2023-04-24	65	
2	2023-02-19	Calgary Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	64	
3	2023-03-15	Calgary Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	40	
4	2023-03-19	Edmonton Zone	Female	80+ years	Died	Confirmed	2023-04-17	2023-04-24	36	
5	2023-03-20	Calgary Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	35	
6	2023-03-21	Edmonton Zone	Female	80+ years	Died	Confirmed	2023-04-17	2023-04-24	34	
7	2023-03-23	Calgary Zone	Female	70-79 years	Died	Confirmed	2023-04-17	2023-04-24	32	
8	2023-03-23	Central Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	32	
9	2023-03-24	North Zone	Female	80+ years	Died	Confirmed	2023-04-17	2023-04-24	31	
10	2023-03-30	Calgary Zone	Male	70-79 years	Died	Confirmed	2023-04-17	2023-04-24	25	
11	2023-04-08	Edmonton Zone	Male	80+ years	Died	Confirmed	2023-04-17	2023-04-24	16	
12	2023-04-17	North Zone	Male	70-79 years	Died	Confirmed	2023-04-17	2023-04-24	7	
13	2023-04-19	Central Zone	Male	80+ years	Died	Probable	2023-04-17	2023-04-24	5	
14	2023-04-19	South Zone	Male	70-79 years	Died	Confirmed	2023-04-17	2023-04-24	5	

<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

This matters greatly. Why? Because it significantly changes not just the daily updated figures but also the annual figures that have been used in the communication terror campaigns we have suffered for over three years.

How about September 17<sup>th</sup>, 2020 to September 23<sup>rd</sup>, 2020 (before the Severe Outcomes chart was first published in December 2020)? AHS reported to staff that 7 people had died between those days.

Seven Albertans passed away between Sept. 17 and Sept. 23. We extend our deepest sympathies to the families of these individuals, and to all who have lost loved ones during this time. In total, since the start of the pandemic in this province, 261 Albertans have died from COVID-19. Of all the deaths, as of Sept. 21, 74 per cent had three or more underlying conditions, while three percent had no comorbidities.

The download files between those days had 7 people listed as died (as AHS reported and as was reported in the media).

**ALBERTA REPORTED COVID DEATHS: 7 Deaths listed in the download file.**

**Reported between September 17th and September 23rd (inclusive), 2020 - 7 new deaths reported  
(as AHS/Media/CMOH reported deaths)**

Count	Date reported	Alberta Health Services Zone	Gender	Age group	Death status	Case type	Not Present	Reported Dead	Days to report	Sub Totals
1	2020-09-16	North Zone	Female	50-59 years	Died	Confirmed	2020-09-17	2020-09-18	2	7
2	2020-09-19	Calgary Zone	Female	70-79 years	Died	Confirmed	2020-09-18	2020-09-21	2	
3	2020-09-08	Edmonton Zone	Male	80+ years	Died	Confirmed	2020-09-21	2020-09-22	14	
4	2020-09-12	Calgary Zone	Male	80+ years	Died	Confirmed	2020-09-21	2020-09-22	10	
5	2020-09-21	Calgary Zone	Female	80+ years	Died	Confirmed	2020-09-22	2020-09-23	2	
6	2020-09-21	North Zone	Female	70-79 years	Died	Confirmed	2020-09-22	2020-09-23	2	
7	2020-09-21	Calgary Zone	Male	80+ years	Died	Confirmed	2020-09-23	2020-09-24	3	

<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

But the 'Date Reported' in the file show only 4 deaths between those dates. These are just a couple of examples of the concerns.

**ALBERTA REPORTED COVID DEATHS: 7 Deaths listed in the download file.**

**Reported between September 17th and September 23rd (inclusive), 2020 - 7 new deaths reported  
(as Auditor General reports deaths)**

Count	Date reported	Alberta Health Services Zone	Gender	Age group	Death status	Case type	Not Present	Reported Dead	Days to report	Sub Totals
1	2020-09-16	North Zone	Female	50-59 years	Died	Confirmed	2020-09-17	2020-09-18	2	7
2	2020-09-19	Calgary Zone	Female	70-79 years	Died	Confirmed	2020-09-18	2020-09-21	2	
3	2020-09-08	Edmonton Zone	Male	80+ years	Died	Confirmed	2020-09-21	2020-09-22	14	
4	2020-09-12	Calgary Zone	Male	80+ years	Died	Confirmed	2020-09-21	2020-09-22	10	
5	2020-09-21	Calgary Zone	Female	80+ years	Died	Confirmed	2020-09-22	2020-09-23	2	
6	2020-09-21	North Zone	Female	70-79 years	Died	Confirmed	2020-09-22	2020-09-23	2	
7	2020-09-21	Calgary Zone	Male	80+ years	Died	Confirmed	2020-09-23	2020-09-24	3	

<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

I go into this in more detail in the referenced PDF [https://dksdata.com/COVIDLatest/How\\_many\\_Deaths.pdf](https://dksdata.com/COVIDLatest/How_many_Deaths.pdf).

This raises the question; **In 2020 did 1,046, 1533 or 1213 Albertans die related to COVID?** This critically impacts the reported calculation of 'unvaccinated' deaths in 2021 and beyond.

Did they even die of COVID based on the fact that a COVID death requires a reliable COVID case (of which there are few). And the mechanism used for declaring both COVID cases and COVID deaths seems to border on the criminal.

## Alberta Health Data: By File Date/Media Reported

<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

Comparing 2020, 2021 to 2023 (Year on Year)							
From	To	Reported COVID Deaths	Reversed COVID Deaths	Finalized COVID Deaths	Days	Deaths Per Day	Reversed Per Day
2020-03-20	2020-12-31	1,103	57	<b>1,046</b>	286	3.86	0.2
2021-01-01	2021-12-31	2,334	70	<b>2,264</b>	364	6.41	0.2
2022-01-01	2022-12-31	2,242	<b>201</b>	<b>2,041</b>	364	<b>6.16</b>	0.6
2023-01-01	<b>2023-04-24</b>	<b>403</b>	<b>55</b>	<b>348</b>	<b>113</b>	<b>3.57</b>	<b>0.5</b>
<b>Total</b>		<b>6,082</b>	<b>383</b>	<b>5,699</b>			
<b>Alberta Dashboard</b>				<b>5,699</b>			

# Alberta Health Data: By 'Date Reported' Row In File

<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

Comparing 2020, 2021 to 2023 (Year on Year)							
From	To	Reported COVID Deaths	Reversed COVID Deaths	Finalized COVID Deaths	Days	Deaths Per Day	Reversed Per Day
2020-03-20	2020-12-31	1,648	115	<b>1,533</b>	286	5.76	0.4
2021-01-01	2021-12-31	1,923	90	<b>1,833</b>	364	5.28	0.2
2022-01-01	2022-12-31	<b>2,297</b>	170	<b>2,127</b>	364	<b>6.31</b>	0.5
2023-01-01	<b>2023-04-24</b>	<b>214</b>	<b>8</b>	<b>206</b>	<b>113</b>	<b>1.89</b>	<b>0.1</b>
<b>Total</b>		<b>6,082</b>	<b>383</b>	<b>5,699</b>			
		<b>Alberta Dashboard</b>		<b>5,699</b>			

# Alberta Health Data: By SEVERE OUTCOMES - Fig 8

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#severe-outcomes>

Comparing 2020, 2021 to 2023 (Year on Year)							
From	To	Reported COVID Deaths	Reversed COVID Deaths	Finalized COVID Deaths	Days	Deaths Per Day	Reversed Per Day
2020-03-20	2020-12-31	1,213	-	<b>1,213</b>	286	4.24	-
2021-01-01	2021-12-31	2,106	-	<b>2,106</b>	364	5.79	-
2022-01-01	2022-12-31	<b>2,111</b>	-	<b>2,111</b>	364	<b>5.80</b>	-
2023-01-01	<b>2023-04-24</b>	<b>269</b>	-	<b>269</b>	<b>113</b>	<b>2.38</b>	-
<b>Total</b>		<b>5,699</b>	<b>-</b>	<b>5,699</b>			
		<b>Alberta Dashboard</b>		<b>5,699</b>			

As mentioned, this goes along with the even less reliable COVID Case data, based on the admissions by;

## Premier Kenney

<https://rumble.com/v28lhpw-who-cares-about-false-positives-every-single-case-was-used-to-terrorise.html>

*“Alright Donna Stratton Stratton Tip says I've read about the maker of the PCR test has stated it's about 50% wrong and wasn't designed for what we're using it for. Is that true? And then this. I actually asked for this to come up because I know there's a lot of folks often when I check out the Facebook comments, there's a lot of this stuff about PCR, so PCR is the standard test for COVID-19 in Canada and Alberta and around the world. It's it's true that based on how many cycles the PCR test is does on the sample that that it can generate in many cases does generate a **false positive**...”*

*“So there are, I'll call them covid skeptics, who are claiming that all of the restrictive policies are being wrongly informed by exaggerated COVID case counts because of false positives through PCR testing. In a sense, I mean, who really cares about the false positives?”*

## AHS

*“Why isn't rapid testing an alternative to immunization?”*

There are significant safety and efficacy concerns with rapid testing. Current rapid testing technology is designed for those experiencing symptoms, which creates a large risk of false positives (up to 30 per cent), and this could lead to workers being unnecessarily restricted from work.

- The occurrence of false negatives is even more significant (reported as high as up to 50 per cent) where workers may be entering care environments infected with COVID -19.”

<https://thenationaltelegraph.com/regional/six-million-rapid-testing-kits-for-alberta-kids-despite-safety-and-efficacy-concerns>

13. Why isn't rapid testing an alternative to immunization?

- There are significant safety and efficacy concerns with rapid testing. Current rapid testing technology is designed for those experiencing symptoms, which creates a large risk of false positives (up to 30 per cent), and this could lead to workers being unnecessarily restricted from work.
- The occurrence of false negatives is even more significant (reported as high as up to 50 per cent) where workers may be entering care environments infected with COVID-19.

COVID-19 IMMUNIZATION POLICY

Frequently Asked Questions

Revised Oct. 2021

**Immunization of Workers for COVID-19 Policy**

The following information is meant to address some questions you may have about Alberta Health Services (AHS) Immunization of Workers for COVID-19 Policy. The following document will be updated as additional information is available. We encourage you to check back frequently for updates.

**UPDATED:** All AHS, Alberta Precision Laboratories (APL), Carewest, CapitalCare and Covenant Health employees, medical and midwifery staff, students, volunteers and contracted healthcare providers now have until **Nov. 30, 2021**, to be fully immunized against COVID-19. The deadline to submit your [Got My COVID-19 Immunization Form](#) has been extended to **Nov. 15, 2021**.

We've extended the deadline to ensure as many workers as possible have the opportunity to be immunized and provide full proof of immunization. We stand by this policy, and it will be fully implemented. We must continue to protect our workforce and patients from COVID-19.

**Contents**

**Policy**..... 2

1. What is the purpose of the Immunization of Workers for COVID-19 Policy? .....2

2. Who does this policy apply to? .....2

3. Why is this policy being implemented now? .....3

4. What does it mean to be fully immunized? .....3

5. Why is this policy necessary when we have PPE and other safety measures in place? .....3

6. What is my deadline to become fully immunized? .....3

7. Do I need to provide proof that I've been fully immunized? .....4

8. How do I submit my proof of immunization? .....4

9. Is my immunization information confidential? .....4

10. Will I be able to leave work during my scheduled shift to get immunized? .....5

11. I recently had COVID-19, but I'm better now, so why do I need to be fully immunized? .....5

12. I already work remotely. Why do I need to be fully immunized? .....5

13. Why isn't rapid testing an alternative to immunization? .....5

**Vaccine Safety Concerns**..... 5

14. I have questions about the safety of the vaccine. Where do I find more information? .....5

15. I'm pregnant. Do I still need to receive the COVID-19 immunization? .....6

22-Oct-2021



*“Key Messages from the Evidence Summary*

1. Evidence thus far has not adequately defined or assessed "asymptomatic" individuals who test positive for SARS-CoV-2 by RT-PCR, making much of the current data unreliable

*Therefore a RT-PCR positive result in a currently asymptomatic person is of unclear significance and RT-PCR positive status **cannot** be used to infer potentially infectious status.”*

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-asymptomatic-transmission-rapid-review.pdf>

Key Messages from the Evidence Summary

1. Evidence thus far has not adequately defined or assessed “asymptomatic” individuals who test positive for SARS-CoV-2 by RT-PCR, making much of the current data unreliable. A single positive RT-PCR without current symptoms could be classified as 1) Presymptomatic, 2) Asymptomatic (or paucisymptomatic), or 3) Positive after infection (regardless of symptoms) or rarely, a false positive result (which cannot transmit infection.) Transmission might occur from only the first two types of individuals (pre and asymptomatic infected persons).

- Interpretation of existing data (including that used in modeling studies) is clouded by a lack of clarity in 1) definition of “asymptomatic” (whether defined by Influenza Like Illness screening (absence of cough and fever) or a more comprehensive symptom list was used) and 2) lack of reporting of symptoms for 4 weeks prior to, and 2 weeks after the test.
- There is evolving data on viral kinetics in asymptomatic, pre-symptomatic, and paucisymptomatic SARS-CoV-2 infection. One series documented higher viral loads (by 60 fold) and a longer time to RT-PCR clearance in patients with severe illness, and a median of 24d to become RT-PCR



---

## Asymptomatic Transmission of SARS-CoV-2 • 2

negative (with 32.1% still positive at 1 month post onset). Importantly, other studies have shown that SARS-CoV-2 RT-PCR can remain positive for 4 weeks in patients with milder outpatient managed COVID-19 as well.

- Therefore a RT-PCR positive result in a currently asymptomatic person is of unclear significance and RT-PCR positive status cannot be used to infer potentially infectious status.

Figure 11



**Date:** March 17, 2021  
**To:** All Health Care Providers  
**From:** Alberta Precision Laboratories (APL) – Public Health Laboratory  
**Re:** Reporting COVID-19 variant of concern test results

**PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE**

**Key messages**

- Starting March 18, 2021, COVID-19 positive samples will have variant of concern test results reported to the ordering clinician as they currently receive reports. Reports will also be available on Netcare and Connect Care (reporting in SCM to follow). See the appendix for example Netcare reports.
- Variant of concern test results will be reported separately from routine COVID-19 diagnostic tests (e.g., COVID-19 nucleic acid tests, the ID NOW test, antigen-based tests) as “COVID-19 Variant Nucleic Acid Test.”

**Interpretation of COVID-19 Variant Nucleic Acid Test results.**

Result	Interpretation
Negative	<ul style="list-style-type: none"> <li>• No variant of concern is detected.</li> <li>• <b>This patient still has COVID-19.</b></li> </ul>
Positive	<ul style="list-style-type: none"> <li>• A variant of concern is detected. The lineage (strain) will be reported as B.1.1.7, B.1.351, or P.1.</li> <li>• “See Lineage Conf” indicates that the lineage result is pending and will be reported later.</li> </ul>
Unresolved	<ul style="list-style-type: none"> <li>• The viral load is too low to perform variant testing.</li> <li>• <b>The strain could potentially still be a variant of concern and should not be treated as negative.</b></li> <li>• <b>This patient still has COVID-19.</b></li> </ul>

- Positive and unresolved results will be reported as abnormal (i.e., with red font in Netcare).
- Infection prevention and control (IPC) precautions continue to be based on symptoms and risk assessment. **These test results should not be used to discontinue IPC precautions.**

**Background**

- Current SARS-CoV-2 variants of concern include B.1.1.7, B.1.351, and P.1. It is anticipated that more variants of concern will be identified over time.

And these are Cases and Deaths (no matter how they are sliced) that never supported the original State of Emergency directed by Minister Shandro when he held your position in 2020.

This is Exhibit "A" referred to in the Affidavit of

Redacted

Sworn before me this 15<sup>th</sup> day of DECEMBER, A.D., 2021

Redacted

A Commissioner for Oaths in and for Alberta

DANIELLE LORIEAU  
A Commissioner for Oaths  
in and for Alberta

My Commission Expires December 21, 2024



Office of the Minister  
MLA, Calgary - Acadia

M.O. 608/2020

WHEREAS COVID-19 is a communicable disease as defined in the *Public Health Act* (the Act) that is being transmitted to persons;

WHEREAS I have received advice from the Chief Medical Officer of Health that COVID-19 presents a serious threat to public health;

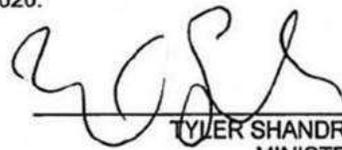
WHEREAS I can make an order under section 15.1 of the Act, on the advice of the Chief Medical Officer of Health, specifying that any provision of the Act and its regulations are applicable in respect of a particular disease, if I am satisfied that the disease presents a serious threat to public health; and

WHEREAS I am satisfied that COVID-19 presents a serious threat to public health;

THEREFORE, I, TYLER SHANDRO, Minister of Health, pursuant to section 15.1 of the Act, do hereby order that:

1. the provisions of the Act relating to communicable diseases apply to COVID-19;
2. section 52.21 of the Act applies to COVID-19 where the pre-conditions set out in the section 52.21(1) are met, as if COVID-19 was pandemic influenza;
3. COVID-19 is a communicable disease prescribed for purposes of section 20(1), 22(1), 23(a)(i) and 24 of the Act, and COVID-19 is deemed to be a notifiable communicable disease within section 6(1) and Schedule 1 of the *Communicable Diseases Regulation* (the Regulation);
4. COVID-19 is a communicable disease prescribed for purposes of sections 39(1), 44(1) and 47(1) of the Act, and COVID-19 is deemed to be a disease for which a certificate, isolation order or warrant for examination may be issued within section 6(3) and Schedule 3 of the Regulation;
5. COVID-19 is a communicable disease for purposes of section 29(2) of the Act, and COVID-19 is deemed to be a pandemic influenza within section 8 and Schedule 4 of the Regulation.

DATED at Edmonton, Alberta this 20 day of March, 2020.

  
TYLER SHANDRO  
MINISTER



Province of Alberta  
Order in Council

O.C. 080/2020

MAR 17 2020

# ORDER IN COUNCIL

Approved and ordered:

Lieutenant Governor  
or  
Administrator

WHEREAS the Chief Medical Officer of Health has provided advice to the Lieutenant Governor in Council under section 52.1 of the Public Health Act that a public health emergency exists due to the presence of pandemic COVID-19 in Alberta;

WHEREAS the Chief Medical Officer of Health has provided advice to the Lieutenant Governor in Council that there is a significant likelihood of pandemic influenza due to the presence of pandemic COVID-19 in Alberta;

WHEREAS under section 52.8(1)(a) of the Public Health Act an order made in respect of pandemic influenza has effect for 90 days; and

WHEREAS the Lieutenant Governor in Council is satisfied that as a result a public health emergency exists and prompt co-ordination of action or special regulation of persons or property is required in order to protect the public health;

  
CHAIR

THEREFORE the Lieutenant Governor in Council declares a state of public health emergency in Alberta due to pandemic COVID-19 and the significant likelihood of pandemic influenza.

---

For Information only

Recommended by: Minister of Health

Authority: Public Health Act  
(sections 52.1 and 52.8)

Further to this are some even more disturbing facts regarding the vaccination program rollout by AHS under the authority and direction of yourself and Minister Shandro.

Note that most of the below isn't just historical; much of it continues in Alberta to this day.

- Healthcare workers (nurses, doctors, EMS etc.) and peace officers/security guards, even police officers, refusing or preventing a patient healthcare for not wearing a mask or being unvaccinated. You have my information on this, but there is so much more, as you know.
- Care home residents (and others) tested, masked and/or vaccinated without informed consent.
- Care home residents isolated or 'quarantined' without informed consent or lawful authority.
- Care home residents or patients otherwise improperly treated because of the COVID policies and refused visitation even by DSP's against the Orders of Dr. Deena Hinshaw.
- COVID Positive patients (symptomatic or not) transferred into Care Homes. Your office (when it was held by Minister Shandro) was directly asked about this and the response was "we would not knowingly do it", despite the fact that AHS has written policies on how to execute this! This happened with COVID positive patients moved into shared rooms with non COVID patients. (see <https://thenationaltelegraph.com/regional/exclusive-alberta-government-transferring-covid-positive-patients-into-care-homes>). Note that we have direct knowledge of this and more.
- Health care workers, health care managers, peace officers/security guards refusing a DSP/visitor access to a patient or care home resident for not wearing a mask or being unvaccinated (or just in general).
- Ambulances (one or more) called (immediately post vaccine) to vaccination sites (mass public vaccinations, schools, care homes, pharmacies, hospitals, vaccine clinics etc.) to transport vaccine injured patients to hospital.
- Healthcare workers, part of the vaccine process, were instructed to give a different vaccine than expected i.e. AZ/J&J instead of Pfizer/Moderna when it was not appropriate i.e. those vaccines had been removed in Canada/other countries due to known risks such as blood clots.
- Albertans given expired vaccines.
- Albertans given vaccines while under the age of authority i.e. 'nearly 12 or nearly 5'. Note that the authority to use was not 'nearly'.
- Vaccines given from pre drawn syringes that the healthcare worker administering was not directly involved in so had no way of knowing what they were administering, contrary to so many regulations and laws and ethical practice.
- Unvaccinated nurses forced to go into locations where QR codes (Vax Passes) were in place even though they were themselves unvaccinated. This was not declared by AHS or the healthcare workers to the operators of the facilities or the persons receiving (or responsible for) medical treatments, including vaccination. Note this action could be considered trespassing, failure to comply with a CMOH Order, a form of aggravated burglary and assault and battery, as a start. Add in conspiracy to commit with the number of parties involved and this is something that must be taken up by the Judiciary and Police Services.
- Albertans (almost all of them) being vaccinated but not having been provided the legally required AHS vaccine consent form (Form 21765 - currently 8 pages long <https://www.albertahealthservices.ca/frm-21765.pdf>).
- Persons who suffered Adverse Events (AEFI) were (and are) prevented from reporting them (despite it being a requirement under law for any healthcare worker to report such an incident within three days of being made aware of said AEFI. Note that this system is a safety signal system designed to capture all potential adverse events to discover potential clusters. It is not a vaccine injury system where an injury needs to be proven first. Note also that the AHS reporting process is not compliant with Health Canada or the Brighton protocols. This is, in part, due to artificial constraints that prevent reporting and thus create serious risk of harm and an inability for anyone to provide Informed Consent. See <https://rumble.com/v1q2jyq-how-hard-is-it-to-report-an-adverse-event-in-alberta.html>).
- Healthcare workers and other professionals were/are disciplined or fired. Their Colleges, AHS and other supervisory parties (under the authority of yourself and Minister Shandro) continue to exert undue pressure to prevent professionals from executing their lawful and ethical duties. This is ongoing.

I know you and many others, including the Courts, are aware of many of the above and attached. Now is time to address face them all head on. There is no more time. There are no more excuses.

I am attaching some additional material for which I am yet to receive a response. This information outlines what appears to be crimes committed in this province leading to untold suffering and death. I would now ask one last time, that you, Premier Smith and representatives of the Police and the Judiciary meet with me to discuss these issues and the ongoing lack of data/data manipulation that is going on along with ongoing abuses and Human Rights issues at AHS and Capital Care.

- <https://dksdata.com/Court/CapitalCare.pdf>
- [https://dksdata.com/PatientRelations/Letter-RAH-DI\\_Redacted.pdf](https://dksdata.com/PatientRelations/Letter-RAH-DI_Redacted.pdf)
- [https://dksdata.com/PatientRelations/letter-Kaye\\_Redacted%20ops.pdf](https://dksdata.com/PatientRelations/letter-Kaye_Redacted%20ops.pdf)
- [https://dksdata.com/PatientRelations/letter-PS\\_Redacted.pdf](https://dksdata.com/PatientRelations/letter-PS_Redacted.pdf)
- [https://dksdata.com/PatientRelations/letter-RAHPhy\\_Redacted.pdf](https://dksdata.com/PatientRelations/letter-RAHPhy_Redacted.pdf)
- [https://dksdata.com/PatientRelations/letter-kaye%20phy\\_Redacted.pdf](https://dksdata.com/PatientRelations/letter-kaye%20phy_Redacted.pdf)
- <https://dksdata.com/Court/ToAlbertaPremierJanuary292023.pdf>
- <https://dksdata.com/Court/ToAlbertaPremierFebruary282023.pdf>
- <https://dksdata.com/Court/ToAlbertaPremierMarch072023.pdf>
- [https://dksdata.com/Court/ToAlbertaPremierMarch302023\\_Redacted.pdf](https://dksdata.com/Court/ToAlbertaPremierMarch302023_Redacted.pdf)
- <https://dksdata.com/Court/ToMLA-MarkSmith.pdf>

**David**

*Disabled Police Officer (retired - injury on duty)*

**David T. Dickson**

**C.E.O. DKS DATA ([www.dksdata.com](http://www.dksdata.com))**

**Consulting C.I.O.**

*Management/Legal Consultant*

*Privacy and Cybersecurity Expert.*

**Email:** [david.dickson@dksdata.com](mailto:david.dickson@dksdata.com)



Microsoft  
Partner

*"The darkest places in hell are reserved for those who maintain their neutrality in times of moral crisis."*

*Dante Alighieri*

*"So whoever knows the right thing to do and fails to do it, for him it is sin."*

*James 4:17*

***Some rules to live by:***

*Always do the best you can by your family.*

*Go to work every day.*

*Always speak your mind.*

*Never hurt anyone that doesn't deserve it.*

*And never take anything from the bad guys.*

*(Mel Gibson: Edge of Darkness 2010)*



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**From:** Health Minister <[Health.Minister@gov.ab.ca](mailto:Health.Minister@gov.ab.ca)>  
**Sent:** Wednesday, April 19, 2023 3:31 PM  
**To:** David Dickson <[david.dickson@dksdata.com](mailto:david.dickson@dksdata.com)>  
**Cc:** [DraytonValley.Devon@assembly.ab.ca](mailto:DraytonValley.Devon@assembly.ab.ca)  
**Subject:** COVID-19 Data and Masking

R 209982

Dear David Dickson:

Mark Smith, MLA, Drayton Valley-Devon, forwarded your correspondence regarding COVID-19 data and masking practices in the province. As Minister of Health, I appreciate the opportunity to respond on behalf of the Government of Alberta.

Regarding your query about COVID-19 data, cases are listed based on the date that laboratory results are reported to Alberta Health. On the COVID-19 Alberta Statistics [dashboard](#), Figure 8 (under the “Severe Outcomes” tab) displays information about the number of deaths based on the date of death reported to Alberta Health. As noted in the [data notes](#), numbers may fluctuate as case information is updated.

With respect to masking practices in the province, all remaining Alberta Chief Medical Officer of Health COVID-19 orders were lifted on June 30, 2022. Alberta Health Services (AHS) has maintained its own masking policies in AHS-operated and contracted facilities. AHS continues to review and evaluate these policies in an effort to balance the safety and preferences of patients, staff, and visitors. For more information, please refer to the [AHS Use of Masks During COVID-19 Directive](#).

Thank you again for writing.

Sincerely,

Jason Copping  
Minister of Health

cc: Mark Smith, MLA, Drayton Valley-Devon

**From:** David Dickson  
**Sent:** Friday, March 17, 2023 4:32 PM  
**To:** Drayton Valley-Devon [draytonvalley.devon@assembly.ab.ca](mailto:draytonvalley.devon@assembly.ab.ca)  
**Cc:** Office of the Premier [Premier@gov.ab.ca](mailto:Premier@gov.ab.ca)  
**Subject:** Questions for the immediate attention and response of the Alberta Health Minister  
**Importance:** High

Dear Mark,

Thank you for meeting with us today. Taking account of the finite timeline you mentioned in our meeting and the critical nature of these questions, here are the two items you were prepared to take to the Minister of Health.

1. Alberta Health published COVID Case/Death data.
  - a. This data is published on the Alberta Health Website (although the button to download was removed from the web page on October 10<sup>th</sup>, 2022).
  - b. This data includes the following pieces of information;
    - i. ID (random reference number)
    - ii. Date reported**
    - iii. Alberta Health Services Zone
    - iv. Gender
    - v. Age group
    - vi. Death status**
      - 1. Active**
      - 2. Recovered**
      - 3. Died**
      - 4. NA**
    - vii. Case type
  - c. There are two dates associated with each piece of information made available.
    - i. The date of publication referenced as the period of time since the last report. i.e. this week's report on Wednesday 15<sup>th</sup>, March 2023 included all the data and changes from Tuesday March 7<sup>th</sup>, 2023 to Monday March 13<sup>th</sup>, 2023 (inclusive).
    - ii. The **"Date reported"** on each line of the report.

**Question 1:**

**As a fixed field of factual data, what does "Date reported" mean for each of the "Death status" items listed above? i.e. Does "Date reported" for Death Status "Died" mean the date first diagnosed with COVID, the date the person Died or the date Alberta Health was notified of the death?**

2. Despite the public statements as regards the known harms of masking children, AHS is still requiring the masking of children over the age of 2 years as visitors or patients in Care Homes and Hospitals, as it has since March 2020. This masking requirement also applies to disabled persons with a written medical exemption such as myself. As this Directive by AHS was just updated on March 6<sup>th</sup> and March 13<sup>th</sup>, 2023 to expand the areas of mandatory masking of children and others and in September 2022 to expand to ANY VIRUS as justification, it is clear that this is intended to become a permanent restriction in Alberta. In addition, the official policy directions for modifying an adult mask for these children and infants (against the manufacturers' guidelines, OH&S and Health Canada safety guidelines) is a video produced by a young mainland China resident YouTube influencer with no formal training in this area. This video was created in April 2020 and still remains as the direction from AHS and thus the Alberta Government and the Health Minister responsible for AHS. See Section 7.1.b of the attached AHS Directive HCS-267. A direct link to the video can be found here:  
<https://www.youtube.com/watch?v=OaDKF5HK5hU&vl=en>.

This Directive, which is being aggressively enforced by AHS staff including Protective Services, resulting in the injury of Albertans and refusal of care for children and disabled persons, is not supported by AHS's own Scientific Advisory Group. After receiving their July 2022 report which acknowledged the harms being done by this masking policy, the Alberta CMOH (Dr. Deena Hinshaw) at the time, removed masking from Alberta leaving most Albertans to assume masking had finally gone for good. Despite Dr. Hinshaw and Health Minister Copping having

the ability to ensure the removal of masks from AHS at the same time, they neglected to do so. As a result, my grandchildren (3 years and 8 years), also in your constituency, cannot visit their great grandmother in her Care Home (for 3 years and counting), visit an emergency department, be transported by ambulance or receive any Health Care at an AHS facility without being forced to wear a mask.

Note that the policy is not applicable to executive and admin staff or staff not in direct view of the public. There are many exemptions (which are not being adopted by many AHS staff) which make this policy even more unacceptable especially when the Government's own panel of experts (from AHS) acknowledge the harms and suggest the policy is more about 'optics' than safety. As you pointed out, regarding some of the COVID government matters we discussed during our meeting, this is more about 'compliance' than 'safety'.  
For reference: [Section 7 of the latest HCS-267 Directive \(attached\)](#).

## 7. Masking Requirements for Pediatric Patients

- 7.1 As a general principle, [patients from three \(3\) to 18 years of age](#) are [expected](#) to wear masks to appointments at AHS facilities (including emergency departments, urgent care centres, and outpatient clinics) or when visiting others at risk.
  - a) Wearing a mask may not be appropriate or tolerated for a small percentage of children. The health care team should work collaboratively with the parent/guardian to find the most appropriate and safest solution for the situation.
  - b) For those children over three (3) years of age who can tolerate a procedure mask, provide a child-appropriate procedure mask or an adult procedure mask adjusted to fit the child. As child-sized masks will be limited in availability, adult-size masks should be used for older/larger children and 'solutions' such as in this [video](#) can be used to adjust adult masks to fit a child.
- 7.2 For infants and toddlers who are two (2) years of age and under, masks are not recommended. For these children, consider alternative strategies to keep them calm, safe (e.g., in a stroller, infant carrier, parent's/guardian's arms), and faced towards the parent/guardian to minimize droplet spread.
- 7.3 Families should maintain two (2) metres of physical distance from others and try to prevent children from wandering.

### Question 2:

**Based on the above information, how can the Minister of Health justify the forced masking of children and disabled persons or targeted discrimination of those unable or unwilling to wear a mask, for the same reasons Premier Smith stated regarding the harms they were causing children at schools and how can he continue to ignore the mental and physical damage caused by this policy including the forced separation of children and other family members from their loved ones in Care Homes?**

**David**

*Disabled Police Officer (retired - injury on duty)*

**David T. Dickson**

**C.E.O. DKS DATA ([www.dksdata.com](http://www.dksdata.com))**

**Consulting C.I.O.**

*Management/Legal Consultant*

*Privacy and Cybersecurity Expert.*

*Email: [david.dickson@dksdata.com](mailto:david.dickson@dksdata.com)*



*"The darkest places in hell are reserved for those who maintain their neutrality in times of moral crisis."*

*Dante Alighieri*

*"So whoever knows the right thing to do and fails to do it, for him it is sin."*

*James 4:17*