

Unredacted notes of the attached below "NotesForShaneGetsonMeeting.pdf" were sent to:
Shane Clayton Getson UCP Chief Whip: January 31st, 2024
Glen Motz MP for Medicine Hat and retired Police Officer: February 8th, 2024
Mike Ellis UCP Deputy Premier and Minister of Public Safety and Emergency Services: February 16th, 2024
The facts in this document were known to Freedom Lawyers as early as December 2021
This information was unlawfully obstructed by all involved and is the reason that Premier Danielle Smith has unlawfully blocked me on her Social Media (Twitter) contrary to the Levant vs. Guilbeault decision in Sept 2023.

Meeting follow up

David Dickson
To: Shane Getson

You forwarded this message on 2024-02-08 04:27 PM.
This message was sent with High Importance.

NotesForShaneGetsonMeeting.pdf 2 MB
DataManipulation.pdf 2 MB

Good afternoon, Shane,

Thank you for meeting yesterday. To assist in your first action to address the criminal manipulation of the reported COVID data (Cases, Deaths, Hospitalizations, ICU, Recoveries) and the OAG report on Care Homes for 2020, I am attaching some historical correspondence and updated information.
See: [DataManipulation.pdf](#)

As part of the follow up to yesterday's meeting, I wanted to provide a copy of the material you read. This relates to critical evidence that appears to be the cause of the Justice Minister's Chief of Staff taking extraordinary steps to prevent the information I provided from reaching the appropriate Ministers. These actions not only involve a senior member of the Justice Minister's office but, as you are aware, multiple licensed practicing lawyers in Alberta. This information was and is critical to all Albertans having fully informed consent prior to any COVID vaccination and is, of itself, evidence of criminal behavior by these individuals and senior people within AHS and beyond. As you are aware, this is but a small part of the evidence I have amassed over the last four years and have attempted to have addressed by the appropriate persons in authority.
See: [NotesForShaneGetsonMeeting.pdf](#)

Looking forward to speaking again soon.

David & Karen

RE: Evidence of a COMPROMISED JUSTICE MINISTERS OFFICE

David Dickson
To: Motz, Glen - M.P.

You forwarded this message on 2024-02-15 04:05 AM.
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COVIDwithAlberta-NewDashboard.pdf 654 KB
NotesForShaneGetsonMeeting.pdf 2 MB
DataManipulation.pdf 2 MB
1stPrenierFeb2024.pdf 2 MB

Thanks for responding Glen,

This is going to take more than Facebook posts as you know. I have over 200Gb of documents (government lab reports, government data, government reports), verifiable statements, witnesses, data and more all proving crimes on both sides of the equation (including those connected to the Freeman on the Land side who seem intent on a civil war).

I almost secured a meeting with the Chief of Police in Edmonton and the Justice Minister until those alleging to protect Smith knew they would be exposed in the process. If Smith is not aware, then she needs to be made aware. She can end this. If not her, then one of the Chiefs can and has a duty to do so.

All I need is a coffee or better an official audience with any of the Chiefs here in Alberta. I would rather have handed it all over to the Chiefs and Chiefs, but I will take anything right now. You must still be in contact with someone in authority here in Alberta.

That is all I am asking. If this is ever to be exposed, it starts and ends here in Alberta.

Please, help me end this.

I have attached some additional material in confidence.

David

FW: Evidence of a COMPROMISED JUSTICE MINISTERS OFFICE

David Dickson
To: mikedick@assembly.ab.ca

You forwarded this message on 2024-02-16 05:55 AM.
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Mike, I am sending this just to you. I will send it to your office later this morning.

Please see the above and attached in CONFIDENCE. Only you, Glen Motz (ex Medicine Hat Police) and Shane Getson have copies of these documents at this time. All provided in CONFIDENCE. There is a name shown on the [REDACTED] statement so you can see I have a witness. One of many. I am requesting an URGENT meeting/call today with you without further delay. If I continue to receive no response, I will assume you are taking the 'protect the party' approach and putting politics above the lives of Albertans. I cannot allow that to stand. My oath will not allow me to stand by while people die because of political games.

At the end of every road, I find a politician and a lawyer behind the cover ups.

Do better, Mike. The uniform and the oath cannot be sullied by politics while people die.

David

As part of the follow up to yesterday's meeting, I wanted to provide a copy of the material you read. This relates to critical evidence that appears to be the cause of the Justice Minister's Chief of Staff taking extraordinary steps to prevent the information I provided from reaching the appropriate Ministers. These actions not only involve a senior member of the Justice Minister's office but, as you are aware, multiple licensed practicing lawyers in Alberta. This information was and is critical to all Albertans having fully informed consent prior to any COVID vaccination and is, of itself, evidence of criminal behavior by these individuals and senior people within AHS and beyond. As you are aware, this is but a small part of the evidence I have amassed over the last four years and have attempted to have addressed by the appropriate persons in authority.

In order to protect the identity of this particular witness, I am providing extracts from her evidence.

"My job involved reviewing immunization records of school aged children in grades 1-9 and assessing their eligibility for vaccines based on their vaccination history, as per the CDC guidelines."

"When the school closures occurred in March of 2020 due to the COVID-19 Pandemic, I was deployed from my normal position to assist at the Redacted triage centre. I assessed clients with COVID-19 symptoms, took vital signs and used my critical thinking skills to determine if the client needed to see a physician for further assessment (depending on severity of symptoms) or if I needed to swab for COVID-19 and send them home with instructions to self isolate.

Once the Redacted temporary triage closed, I was deployed to the swabbing sites for several months. I always wore the required PPE..."

"In January of 2021 I was deployed to administer the COVID-19 vaccines to our seniors, our most vulnerable. I drove to several sites in the city..."

"Once the second doses were completed at the sites, I was sent to the mass COVID-19 injection sites. The vaccines we were administering at the time were Pfizer, and Moderna. "

"...there were no existing long-term studies on the safety of the vaccines for pregnant or breastfeeding women, autoimmune disorders, organ transplant recipients, or persons with bleeding or clotting disorders."

"I was instructed by AHS CDC (Communicable Disease Control) nurses to screen all persons attending for a COVID-19 injection appointment to ensure that none of these above health conditions applied. I was told to defer from offering the injections to any of these clients, based on the lack of scientific data or long-term side effects."

"The very next day, I reported for work and was told by the CDC nurse that if anyone shows up and wants the vaccine, regardless of if they are pregnant, breastfeeding, have autoimmune disorders, received organ transplant, have bleeding or clotting disorders, to go ahead and administer the COVID-19 on hand.

I asked for an explanation and the rationale for the change overnight. I expressed concern on the safety of the clients as no long-term studies had been completed on any persons with these health conditions."

"I observed people having immediate reactions to the vaccines. Some people were experiencing chest pain, and several people had anaphylactic reactions. Each day that I

worked at the COVID-19 injection sites, it was a regular occurrence that 911 was called, and ambulances would arrive, and transport people to the hospital.”

“One day ([April 16th, 2021]), 4 ambulances were called simultaneously to the same site Redacted

“Our vaccine supply was running low, and we were told to extend the dosing from 21-28 days as per manufacturer requirements to 12-16 weeks.”

“When we received more vaccine supply, Dr. Hinshaw, and Jason Kenney changed the messaging again, and urged the public to come in for their second dose as soon as possible.”

“I was instructed to administer a prefilled syringe to clients with the apparent vaccine. I was told a team of Nurses and Pharmacists were doing the reconstitution of the Pfizer vaccine and it would help us with efficiency to give a preloaded syringe to save time of the immunizing Nurse not needing to mix and draw up their own vaccine”

“I expressed my concerns about giving a vaccine that I did not draw up. I called my licensing body and asked what to do. This has never been acceptable practice or deemed safe to administer a drug I did not mix. I was told by my licensing body Redacted and my Union AUPE that if AHS was telling me to do it, then to go ahead and give it.”

“I was also told that we might need to extend the expiry date by 2 months of the COVID- 19 vaccine vials. Again, this has never been common practice. We have always returned expired vaccines to the vaccine depot for disposal.”

“In the late afternoon of November 30, during a school team meeting at Redacted , I was told that I would be needed to administer school program vaccines at Redacted school which is a K-9 school the next Day on December 1, 2021.

I spoke to my CDN regarding entry/access into the school without being able to provide a QR code/vax pass at the door. I was instructed to follow my fellow school team members in the door. If they were not asked to provide a QR code/vax pass at the door, I would just enter the school directly behind them. If my coworkers were asked to produce a QR code/Vax Pass at the door, I was instructed to turn around and leave the school. It was understood by me and management that I may not be granted access that next day at the school, but a risk I was instructed to take. I felt nervous and embarrassed that I may not be granted access into the school. Can you imagine AHS management instructing an employee to sneak into a school?”

“I then called NACI (number from their website) on my own time, and phone before I started work. I did not reveal where I worked. I was told by NACI that the current recommendation was to wait for 14 days before receiving the FLU vaccine after receiving the COVID-19 vaccine, but they could not offer any recommendations regarding spacing of COVID-19 vaccines and other vaccines.

AHS’s practice during this time was to offer COVID-19 vaccines and FLU vaccines simultaneously in different arms, outside of the NACI recommendations.”

“On the evening of Sunday December 12,2021 I received a call from Lawyer Redacted. He indicated he was in a court case representing a few Physicians and asked if I would read an

affidavit he had prepared. He indicated it was time sensitive, and he needed me to read it and sign it and return it to him ASAP.

His colleague and Lawyer **Redacted** (who I never previously met or spoke to) sent me a prepared affidavit to my personal email address. I have no experience in the court of law, and I was not aware at the time of what an affidavit even was. I read the affidavit, and I felt rushed and pressured, to sign it.

I asked the lawyer if there would be any additional repercussions by signing this. He indicated there was no reason to believe there would be any form of discipline, as the Physicians presented in the case were not disciplined. I trusted him, and in blind faith, I signed it. I believed at the time that my signed affidavit was only to be used and share with the Physicians named on the affidavit. I did not realize it was going to be forwarded to AHS lawyers.”

“I spoke to **Redacted** immediately after receiving my termination letter on December 31, 2021. He laughed and told me that he was not surprised I was terminated! At this point I was crying. How could he find this funny?”

Notes from meeting with Nurse:

- Coerced to go into schools without a vax pass to inject children (threatened) – Entering as a trespasser.
- Told to give AZ after it was pulled from most countries because they were afraid of running out of mRNA vaccines.
- Extended the vaccine expiry by two months.
- Moved to pre drawn syringes so nurses didn’t even know what they were injecting (for efficiency).
- Nurses never saw the frm21765 Vaccine Consent Form (so neither did the recipients of the vaccine).
- 911 calls and a steady stream of Ambulances to COVID clinics (times and dates available).
- Sudden deaths and clear vaccine reactions from Care Homes throughout.
- Staff told to not vaccinate a group of people one day due to a lack of information on safety (i.e. none for those groups), then to vaccinate them all the next day.
- EMS knew, **Redacted** knew, JCCF (Keith Pridgen) knew, **Redacted** knew, AHS knew. They all covered this up

Redacted and his colleague drafted a statement from nurses notes that excluded critical items from the above.

They told the nurse there would be no ramifications from providing a witness statement to the lawyers.

- **Redacted** sent the statement to the AHS lawyers and the nurse was immediately fired for Breach of Privacy.
Nurse called **Redacted** and **Redacted** stated he thought that would happen and laughed at her.
- JCCF (Keith Pridgen) represented the nurse against her college complaint and arranged for the nurse to sign a nondisclosure, take courses and agree to the information she had being hidden in return. This is a standard offer all colleges were (and still are) providing to ensure the evidence of crimes during COVID is never seen by the public or the police. This is technically a conspiracy to pervert the course of justice between the lawyers and Colleges.

Note that the college agreement confirmed (as did AHS) that the issue was not that the nurse

lied, but that the evidence she provided was “Private” and therefore TRUE but AHS (and the lawyers) did not want the public to be aware. Many harms including death have occurred because of this willful destruction/hiding of evidence.

College Agreement – relevant item:

It was determined [redacted] nursing practice and/or behaviours constituted “unprofessional conduct” as defined in the HPA. [redacted] nursing practice and/or behaviours were below the expected Standards of Practice and Code of Ethics of an LPN providing a professional service in Alberta. The evidence in the investigation report supported [redacted]:

- ***On or about December 12, 2021, breached AHS Protection of Information Policy #1177, AHS policy regarding Privacy and AHS Code of Conduct in an affidavit.***

This is just one of many statements I have with verifiable facts.

Relates to:

Professional misconduct accusations withdrawn against nurse who shared information about Covid-19 vaccinations

POSTED ON: APRIL 5, 2023 FEATURED NEWS RELEASES

CALGARY, ALBERTA: The [**Justice Centre for Constitutional Freedoms**](#) is pleased to announce that a Canadian nurse is now able to resume her nursing career after being accused of unprofessional conduct for publicly sharing her experiences administering Covid-19 vaccinations and witnessing high rates of Covid-19 vaccination injuries. In early 2022, a provincial nursing regulator received a complaint from a public health authority that this nurse, whose name is being withheld to protect her privacy, had allegedly violated privacy policies by publicly sharing her experiences with the Covid-19 vaccines. Her lawyer, Keith Pridgen, was able to resolve the matter without any admissions of wrongdoing or any restrictions on her license to practice.

The Justice Centre was contacted by this nurse in mid-2022, after she was notified that the nursing regulator had received the complaint. The complaint alleged that she had, while administering Covid-19 vaccines, provided honest answers to her patients' questions, and had conducted her own investigation into Covid-19 vaccine research and development. The complaint also alleged that she had unlawfully breached the health authority's privacy policy by disclosing instances where mass Covid-19 vaccination clinics had resulted in significant numbers of vaccination injuries, including serious injuries requiring multiple ambulances to be called to the vaccination clinic.

“Canadian nurses deserve better than to be threatened with discipline for telling the truth to the public,” said Mr. Pridgen. “Professional regulators must stop this nation-wide inquisition against doctors and nurses who simply choose to uphold their ethical obligations to obtain meaningful informed consent”, he further added.

Although this witness statement was filed into court it, the case is no longer before the courts.



C122447



Justice Armstrong
JST
Dec 17, 2021

Form 49
Alberta Rules of Court
Rule 13.19
Clerk's Stamp

COURT FILE NO. **Redacted**

COURT COURT OF QUEEN'S BENCH OF ALBERTA

JUDICIAL CENTRE CALGARY

PLAINTIFFS **[REDACTED]**

DEFENDANTS ALBERTA HEALTH SERVICES and DR. VERNA YIU
IN HER CAPACITY AS CHIEF EXECUTIVE OFFICER
OF ALBERTA HEALTH SERVICES

DOCUMENT **Affidavit of [REDACTED]**

ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT **Redacted**

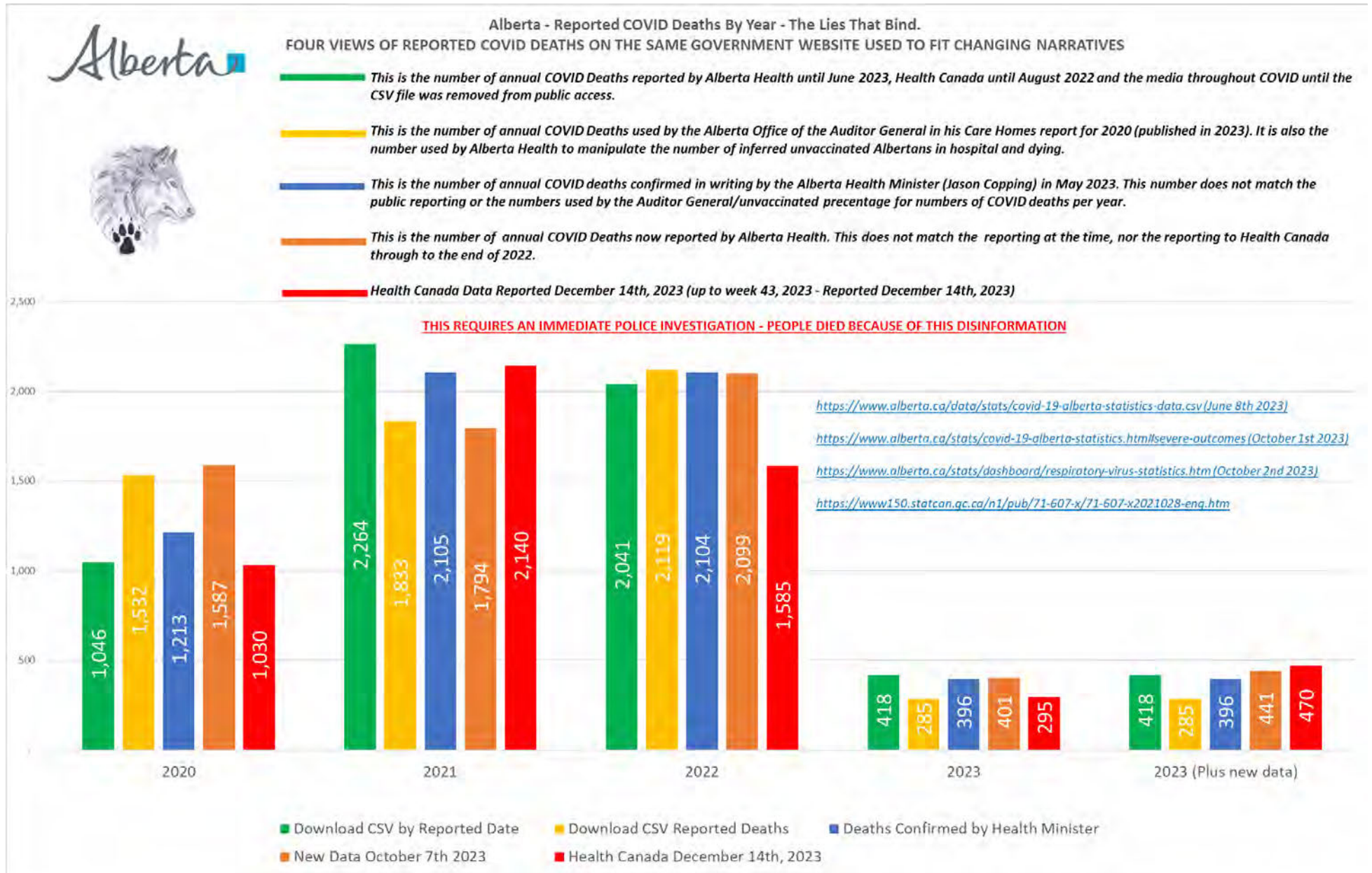
AFFIDAVIT OF Redacted

SWORN ON DECEMBER 12, 2021

I, **[REDACTED]** of **Redacted** in the Province of Alberta, do **SOLEMNLY SWEAR THAT:**

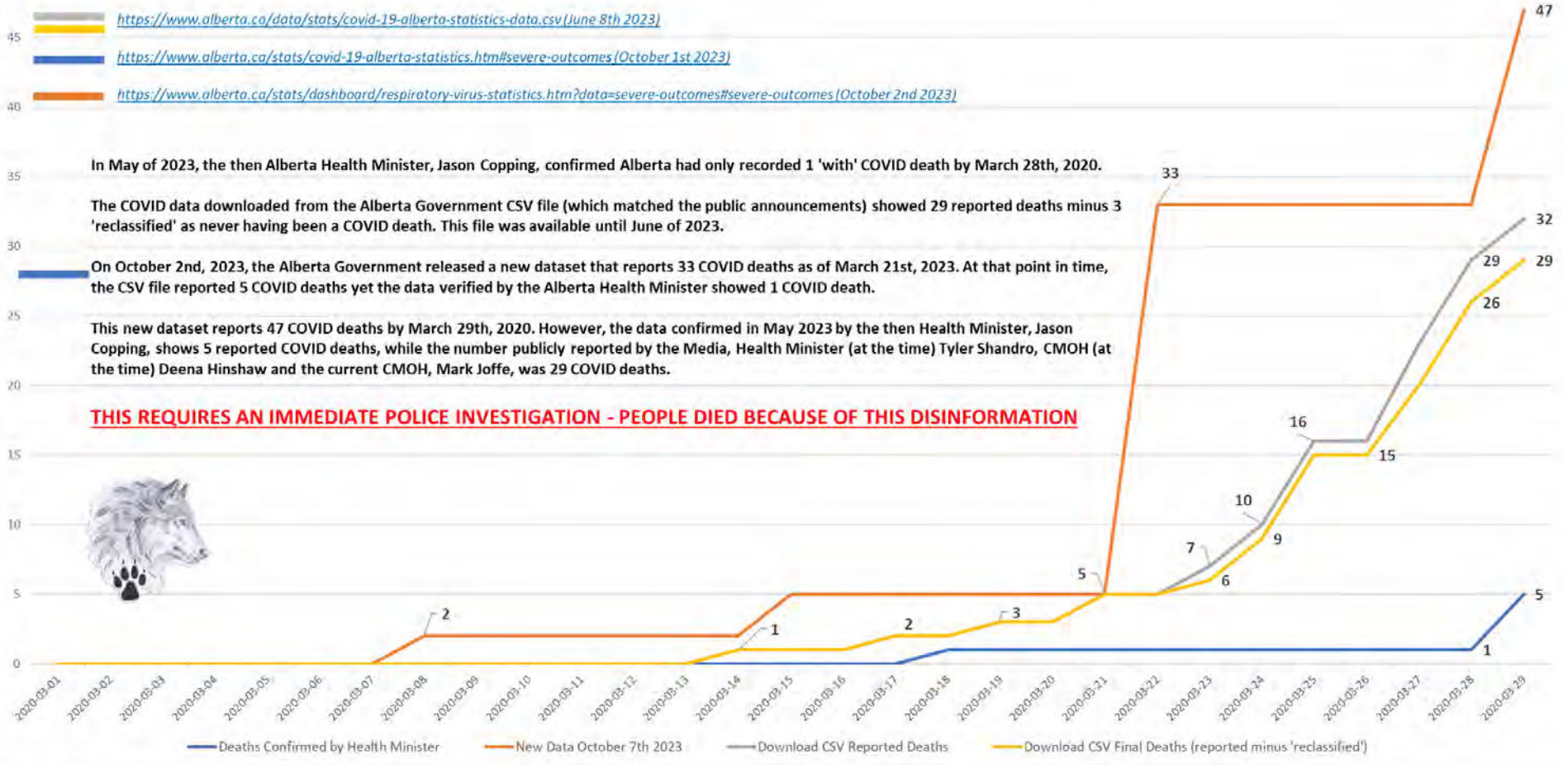
1. I am a **Redacted** Nurse ^{Redacted} employed by Alberta Health Services (AHS). As such I have personal knowledge of the facts and matters hereinafter deposed to, except where stated to be based on information and belief, in which case I believe the same to be true.
2. In the spring of 2020, up to June 2021, I was moved from my position as Public Health School Nurse to assist with the Alberta COVID vaccination program performing different duties at various locations:
 - a. **Redacted** Temporary Triage Centre for assessment of COVID symptoms;

How many people died 'with' COVID? – The ever changing views.



Alberta - Reported COVID Deaths March 2020 - The Lies That Bind.

FOUR VIEWS OF REPORTED COVID DEATHS ON THE SAME GOVERNMENT WEBSITE USED TO FIT CHANGING NARRATIVES



Alberta Start of Lockdowns - What is the Truth?

TOTAL Reported COVID Deaths vs. TOTAL 'Severe Outcomes' Reported Deaths (Health Minister Copping's Data)



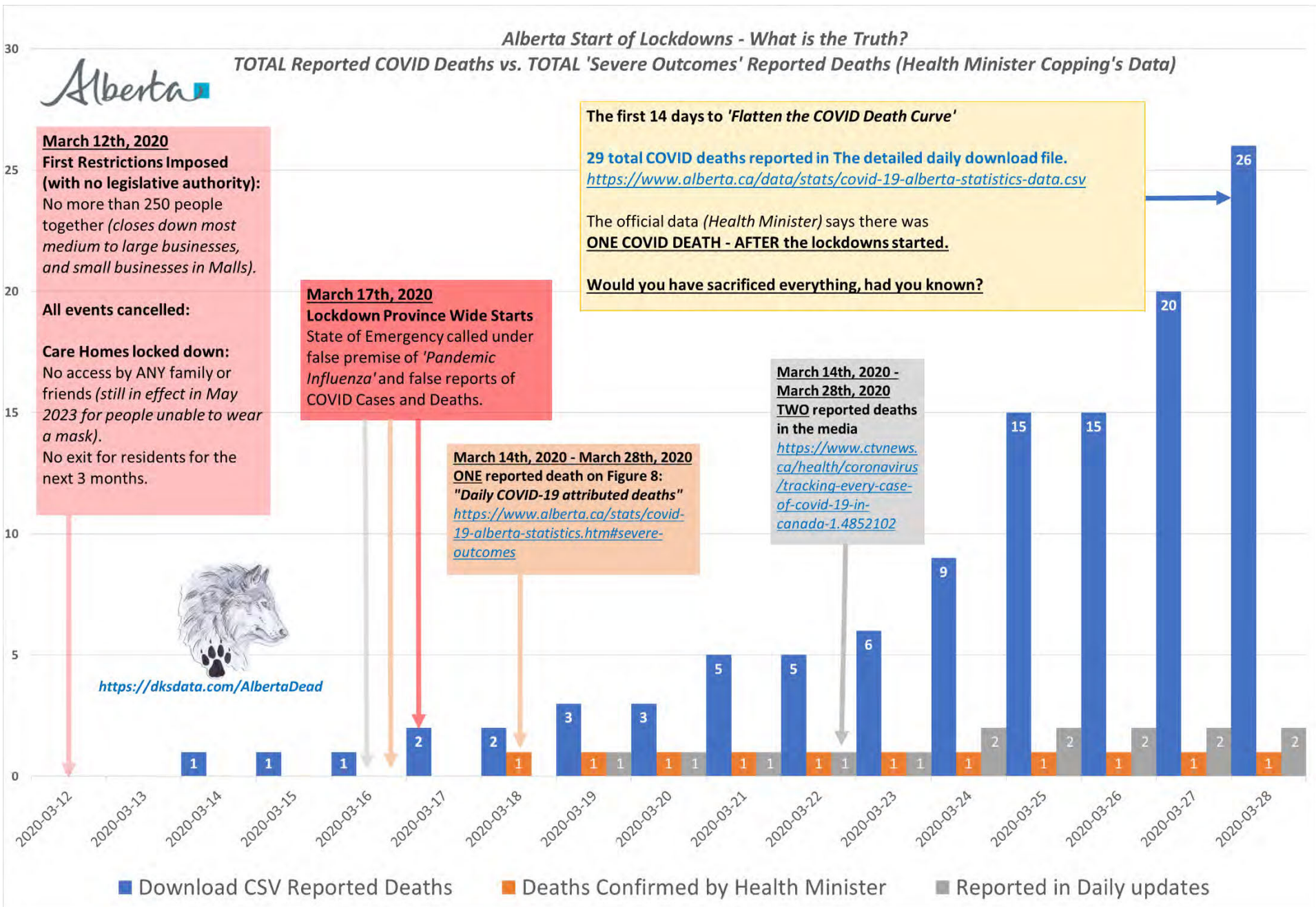
March 12th, 2020
First Restrictions Imposed (with no legislative authority):
 No more than 250 people together (closes down most medium to large businesses, and small businesses in Malls).
All events cancelled:
Care Homes locked down:
 No access by ANY family or friends (still in effect in May 2023 for people unable to wear a mask).
 No exit for residents for the next 3 months.

March 17th, 2020
Lockdown Province Wide Starts
 State of Emergency called under false premise of 'Pandemic Influenza' and false reports of COVID Cases and Deaths.

March 14th, 2020 - March 28th, 2020
ONE reported death on Figure 8:
"Daily COVID-19 attributed deaths"
<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#severe-outcomes>

The first 14 days to 'Flatten the COVID Death Curve'
29 total COVID deaths reported in The detailed daily download file.
<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>
 The official data (Health Minister) says there was **ONE COVID DEATH - AFTER the lockdowns started.**
Would you have sacrificed everything, had you known?

March 14th, 2020 - March 28th, 2020
TWO reported deaths in the media
<https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102>



THE LIES THAT BIND

In Alberta, on March 12th, 2020 (without any legislative authority), the Alberta Government Cabinet and Chief Medical Officer of Health (CMOH) Dr. Deena Hinshaw ordered almost all gatherings of **250** people or over **CANCELLED**

(<https://www.youtube.com/watch?v=CmKWIRUmXUQ>)

(https://www.alberta.ca/release.cfm?xID=6980324A5B1B0_BC2C-40A8_A6AD9E30E3189425)

This effectively closed many businesses and leisure facilities overnight. Some never recovered from this.

JUST TWO WEEKS. – What happened in those two weeks?

A total of 486 'Cases' of COVID were reported in Alberta in live updates each day (and through Mainstream and Social Media platforms).

After 2 weeks, the **CMOH**, current **Deputy CMOH Dr. Mark Joffe**, (now **Alberta's CMOH under Premier Danielle Smith**) and Media reported;

(<https://www.youtube.com/live/flqH1qlyVhQ>).

(<https://edmonton.ctvnews.ca/alberta-confirms-67-more-cases-of-covid-19-27-patients-have-recovered-1.4869491>)

*" March 26 – Alberta has **67 more cases** of COVID-19, but the province announced that **27** of the **486 total** patients have **recovered** from the virus."*



Yet, the data from Alberta Health shows **ONE ACTIVE CASE!!!** (485 recovered cases by March 26th, 2020).

Would you have given up everything had you known?

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

As reported in the Mainstream Media and Live Government Updates:

(<https://www.ctvnews.ca/health/coronavirus/tracking-every-case-of-covid-19-in-canada-1.4852102>)

Date	Running Total Cases	Data Reported Recovered Minus Reclassified	Active Cases = Media Cases minus Data reported Recovered
2020-03-05	1	-	1
2020-03-06	2	1	1
2020-03-08	4	1	3
2020-03-09	7	7	0
2020-03-10	14	16	-2
2020-03-11	19	24	-5
2020-03-12	23	26	-3
2020-03-13	29	34	-5
2020-03-14	39	52	-13
2020-03-15	56	62	-6
2020-03-16	74	89	-15
2020-03-17	97	100	-3
2020-03-18	119	131	-12
2020-03-19	146	163	-17
2020-03-20	195	206	-11
2020-03-21	226	238	-12
2020-03-22	259	276	-17
2020-03-23	301	326	-25
2020-03-24	358	388	-30
2020-03-25	419	438	-19
2020-03-26	486	485	1

Date	Report
2020-03-05	March 5 – A woman in her 50s from the Calgary area who recently travelled aboard the Grand Princess cruise ship in California was identified as Alberta's first presumptive case of COVID-19 . This case was confirmed on March 6, and the patient is self-isolating.
2020-03-06	March 6 – A man in his 40s in the Edmonton region was announced as the province's second presumptive case after he tested positive upon returning from visiting the United States. He had visited Illinois, Michigan and Ohio before returning home on Feb. 28. The source of his infection is a companion who travelled with him in the U.S. who had previously been a passenger on the Grand Princess cruise ship. This travel companion is one of the confirmed cases in B.C.
2020-03-08	March 8 – Health officials said a man in his 60s from the Edmonton region was the third presumptive case. He had been on the Grand Princess cruise before he returned to Alberta on Feb. 21. The fourth presumed case is a woman in her 30s from the Calgary region. She had been in close contact with someone who had recently travelled in Europe, including visits to Ukraine, Turkey and the Netherlands. This person is also a resident of Alberta, and is currently undergoing tests. Both presumptive cases are recovering in isolation at home.
2020-03-09	March 9 – Alberta health officials announced three additional cases, bringing the province's total to seven. One case involves an Edmonton-area woman in her 70s who had come in contact with the case announced on March 8 who had contracted the virus while on the Grande Princess cruise. The sixth case is a Calgary-area man in his 30s who had travelled in Ukraine, the Netherlands and Turkey who had also been in close contact with the fourth case identified on March 8. The last case is a Calgary-area woman in her 50s who was on the MS Braemar cruise ship from Feb. 11 to March 4. All Alberta cases are now confirmed and the province no longer requires additional confirmation from the National Microbiology Laboratory.
2020-03-10	March 10 – Seven more cases were confirmed by health officials, doubling the number of cases in Alberta. All patients likely caught the virus while travelling. Destinations included France, the Netherlands, Egypt, Iran, Taiwan, Germany, Malaysia, Trinidad and Tobago, Panama, the Philippines and the United States. Several travellers visited more than one country. One individual was also on the MS Braemar cruise. One of the patients had a pre-existing health condition and was transported to hospital. Three are from the Edmonton area, a male in his 70s and a female in her 60s who had travelled together, and a female in her 30s. Four cases are from the Calgary area, involving a man in his 50s, two females in their 30s, and a female in her forties.
2020-03-11	March 11 – Five new cases of COVID-19 were identified in Alberta. All of those cases were linked to travel. One case involved an Edmonton man in his 30s who recently came back from international travel and also visited Misericordia Hospital for an unrelated, previously scheduled treatment prior to being tested and diagnosed. Alberta Public Health was contacting anyone who was in direct contact with him. Alberta's chief medical officer of health said there is no risk to patients at the hospital "at this time." The other four cases are a man in his 20s and three women in their 30s, three of whom are from Calgary and one from the central zone. All five patients recently travelled abroad to countries including Iran, Egypt, Spain, Washington state and Mexico.
2020-03-12	March 12 – Four new cases, all in the Calgary-area, were announced, bringing the provincial total to 23. The cases involved a two-year old child, a man in his 50s, a woman in her 30s and a woman in her 70s. The four recently returned from travel to Jordan, Egypt, France, Germany, and Florida.
2020-03-13	March 13 – Six new cases were confirmed, all involving travel. One was a man from Edmonton who attended a conference in Vancouver where a positive case was identified. The remaining cases were from the Calgary area. One recently returned from Florida, while the others were household contacts of a previously confirmed case.
2020-03-14	March 14 – Ten new cases were confirmed in Alberta, including two in which patients were admitted to intensive care. Six of the new cases were in the Calgary Zone, the other four were in the Edmonton Zone. Eight of the cases were connected to international travel. The province was investigating the other two cases. Both patients admitted to intensive care were in their 60s.
2020-03-15	March 15 – Alberta health officials announced 17 new cases, bringing the total to 56. Two of the new cases were believed to be 'community cases' with no connection to international travel.
2020-03-16	March 16 – There were 18 new cases – the highest single-day tally for the province so far.
2020-03-17	March 17 – Health officials in Alberta announced 23 new cases.
2020-03-18	March 18 – Alberta health officials announced another 22 cases of COVID-19, for a total of 119 cases. Seven of the cases were suspected to be community transmission and three were in Intensive Care Units.
2020-03-19	March 19 – The province had its first death from COVID-19 – a man in his 60s with an underlying health condition – and 27 new cases.
2020-03-20	March 20 – Alberta confirmed 49 new cases, bringing the province's total to 195. As many as 11 of the total cases, all in the Edmonton and Calgary areas, may be community transmitted. Ten patients are in the hospital, half of whom are in intensive care.
2020-03-21	March 21 – Health officials announced 31 new cases of COVID-19 in Alberta, bringing the provincial total to 226. The province believed as many as 16 of the cases were due to community spread. Eleven people were in hospital, six of which were in the intensive care unit. The province also identified that one of the cases originated in a seniors' home.
2020-03-22	March 22 – An additional 33 cases were reported in Alberta. There were 18 people hospitalized, seven of whom were in intensive care.
2020-03-23	March 23 – The province confirmed 42 new cases, with up to 11 suspected to be from community transmissions.
2020-03-24	March 24 – There are 57 new cases of COVID-19 in the province as well as the province's second death due to the disease. The victim is a woman in her 80s in the Calgary zone.
2020-03-25	March 25 – Premier Jason Kenney announced 61 new cases of COVID-19 Wednesday, the largest day-over-day increase yet.
2020-03-26	March 26 – Alberta has 67 more cases of COVID-19, but the province announced that 27 of the 486 total patients have recovered from the virus.



October 11th, 2022 - Alberta Hospitalizations by Vaccination status

Alberta Hospitalizations	Unvaccinated	Partial	Fully (2 doses)	1 Booster	2 Boosters	Vaccinated (1 or more doses)	Fully Vaccinated 2 or more doses	Total
All (ICU + Acute)	151	15	255	383	260	913	898	1,064
ICU	6		4	12	3	19	19	25
All (ICU + Acute)%	14.19%	1.41%	23.97%	36.00%	24.44%	85.81%	84.40%	100.00%
ICU%	24.00%	0.00%	16.00%	48.00%	12.00%	76.00%	76.00%	100.00%

Omicron	B.1.1.529	BA.5	BA.4	BA.2	Total
Currently in Hospital	122	294	7	72	495
% Fully Vaccinated (2 doses)	38.50%	16.70%	14.30%	30.60%	
% Fully Vaccinated (3 doses)	33.60%	36.10%	42.90%	37.50%	
Current ICU	1	10	0	0	11
ICU Fully Vaccinated (2 doses)	100.00%	10.00%	0.00%	0.00%	
ICU Fully Vaccinated (3 doses)	0.00%	30.00%	0.00%	0.00%	

ZONE	Acute	ICU
Edmonton	522	10
Calgary	292	8
Central	170	3
South	61	4
North	19	-
Total	1,064	25

Vaccination Status Alberta Population	
1st	82.14%
2nd	77.69%
3rd	39.52%
4th	10.93%
None	17.86%

Alberta Health Services

Provincial COVID 19 Hospitalizations

Daily Census Counts by Facility and PCU with Age and Gender Stats
For Internal AHS use only, not for dissemination outside of AHS
 ** Hover Over Exclamation Point Icons for Definitions
 Click Download Button to download PDF Copy of Tooltips

Dashboard Last Refreshed: 10/11/2022

Omicron Quick Stats:

	Omicron (B.1.1.529)	Omicron SV (BA.5)	Omicron SV (BA.4)	Omicron SV (BA.2)
Total Hospital Admissions	7,378	1,764	130	4,745
Currently in Hospital	122	294	7	72
% Currently in Hospital - Fully Vaccinated (2 Doses)	38.5%	16.7%	14.3%	30.6%
% Currently in Hospital - Fully Vaccinated with 1 Booster (3 Doses)	33.6%	36.1%	42.9%	37.5%
Total ICU Admissions	748	137	6	316
Currently in ICU	1	10	0	0
% Currently in ICU - Fully Vaccinated (2 Doses)	100.0%	10.0%	0.0%	0.0%
% Currently in ICU - Fully Vaccinated with 1 Booster (3 Doses)	0.0%	30.0%	0.0%	0.0%

Dashboard Filters: Facility Zone: All, Facility Name: All, ICU vs Non-ICU: ICU, Patient Care Unit Service: All, Patient Care Unit: All, Gender: All, Age Group Description: All, Select Date Range: 03-Mar-20 to 31-Jan-24

Admission Totals / Currently in Hospital:

Total Hospital Admissions	Total ICU Admissions	Patients Currently In Hospital Across Province (Including ICU)	Patients Currently in ICU Across Province	% Patients Currently in ICU Across Province
38,457	5,257	1,084	25	2.3%

Covid Type Population Comparisons:

Population	Total Cases	Deaths	Admitted	Admitted with ICU Stay	% Admitted to Hospital	% Admitted with ICU Stay	Admitted - Average Age	% Died
Covid - Variants of Concern	246,897	3,233	20,166	2,990	8.2%	14.8%	61.1	1.3%
Covid - Other/Non VOC	354,659	2,794	12,695	1,867	3.6%	14.7%	58.7	0.8%

Covid 19 Patients Currently in Hospital By Reason for Admission:

Reason for Admission	All (Acute + ICU)	ICU
All (Acute + ICU)	422 (38.9%)	294 (57.8%)
ICU	8 (2.0%)	4 (10.0%)

Covid 19 Patients Currently in Hospital By Covid Type:

Covid Type	All (Acute + ICU)	ICU
All (Acute + ICU)	422 (38.9%)	294 (57.8%)
ICU	8 (2.0%)	4 (10.0%)

Covid 19 Patients Currently in Hospital - Vaccination Status:

Vaccine Status	All (Acute + ICU)	ICU
All (Acute + ICU)	422 (38.9%)	294 (57.8%)
ICU	8 (2.0%)	4 (10.0%)

How many Hospital Beds on average are being occupied daily by Covid 19 Patients?

All Beds (Acute+ICU)	Average # Covid Patients in Hospital - Most Recent Date	Average # Covid Patients in Hospital - 7 Days Ago	% Change from 7 Days Ago
All Beds (Acute+ICU)	1,064	1,090	-2.4%
ICU Beds	25	29	-15.9%

Covid 19 Patients Currently in Hospital by Zone and Facility?

By Zone - Currently in Hospital / Currently in ICU / % Currently in ICU	Edmonton	Calgary	Central	South
Edmonton	10	8	3	4
Calgary	10	2.7%	1.0%	1.0%
Central	3	1.0%	1.0%	1.0%
South	4	1.0%	1.0%	1.0%

Probable Case^D (Only used in outbreaks)

A person who in the last 7 days had close contact with a confirmed COVID-19 case OR was exposed to a known outbreak of COVID-19 OR had laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19

WITH

- Clinical illness^E and NO molecular test or rapid antigen test or the result is inconclusive^F

OR

- No clinical illness^E and one positive rapid antigen test result with NO second rapid antigen test completed

Reporting Requirements

Case Investigator

- The Zone MOH (or designate) shall forward the [COVID-19/Seasonal Influenza Death and Hospitalized Case Report Form](#) to the CMOH (or designate) via CDOM ESR submission.
 - The report form must be submitted within **one week** of notification of hospitalization, discharge from hospital, resolution of the COVID-19 case status, or death.
 - Submit the form for all confirmed cases of COVID-19 that meet the following criteria:
 - Case is admitted to hospital within **30 days** of initial, positive molecular specimen collection date (lab-confirmed COVID-19 infection only).
 - An amended ESR must be submitted for hospitalized cases if there is an increase in severity from the initial report within 30 days of initial, positive molecular specimen collection date.
- Refer to [Appendix A](#) for detailed instructions regarding management of cases from other jurisdictions.
 - The Zone MOH (or designate) shall notify the **First Nation Inuit Health Branch** (FNIHB) MOH (or designate) of any confirmed COVID-19, Severe (Hospitalized or Death) cases who reside on Federal Reserve land using existing processes.

OR

- Case has died (either in hospital or in community) within **60 days** of meeting confirmed case definition (lab-confirmed COVID-19 infection only).

^D All symptomatic close contacts in high-risk settings should be tested where feasible to confirm diagnosis. May use rapid antigen test. The probable case definition should only be used in the rare circumstances when molecular test or rapid antigen test cannot be done or is inconclusive but clinical suspicion is high.

^E Clinical illness: Any one or more of the following: cough, shortness of breath (SOB), sore throat, loss or altered sense of taste/smell, runny nose/nasal congestion, fever/chills, fatigue (significant and unusual), muscle ache/joint pain, headache, nausea/diarrhea

^F An inconclusive result on a real-time PCR assay is defined as:

- An indeterminate result on a single or multiple real-time PCR target(s) without sequencing confirmation or
- A positive result from an assay that has limited performance data available or
- Performed by a laboratory that lacks/has not demonstrated accredited status by the College of Physicians & Surgeons of Alberta (CPSA) [College of Physicians & Surgeons of Alberta \(CPSA\)](#)

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

- 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.

This used to say 6 months instead of 60 days. Although reported deaths from diagnosis of COVID to death were anything up to 2 years...
Then suddenly all the COVID deaths are within 2 months of a COVID 'diagnosis'.
All based on a COVID 'CASE'!
Lies, Damned Lies and Sadistics.



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)

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

Redacted

Sworn before me this 1st day of DECEMBER 1 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



ALBERTA
HEALTH

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

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."