David Dickson

From: David Dickson
Sent: October 7, 2022 1:54 PM
To: Danielle Smith; Danielle Smith
Subject: RE: Visitation for REDACTED - COVID 19 and Care Homes - A plea for help

Congratulations Danielle, will you actually do something now?
You ignored my email in 2020 regarding the care homes and Jerry Dunham. Will you act now or is it just all for show?
You do know that all the restrictions are still in place for Care Homes (and hospitals). That this 'Focussed Protection' approach is what killed most of the people in Alberta (before the vaccine took hold).

CANADA APPROVES PFIZER AGAIN.

12 years old and up (meaning 'nearly 12' in Canada!).

" a thorough and independent scientific review of the evidence..." - 8 MICE AND THEY ALL CAUGHT COVID WHEN EXPOSED!
https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/06-COVID-Miller-508.pdf

Everything "is expected..." because they do not know.

"MOSTLY MILD side effects"

Like the other approvals I fought against last year. "more data from...real-world use..."

REAL WORLD USE IS EXPERIMENTATION WITHOUT CONSENT ON THE POPULATION. THIS IS A CRIME.

I filed this into Court in Alberta in October 2021 regarding the 5-11 Pfizer shot.
"Real-world evidence in large pediatric populations is required to provide risk estimates of myocarditis/pericarditis and any other AE..."
https://dksdata.com/Court/DavidDicksonPackage/25-AffidavitInResponse_Filed_Redacted.pdf

WHERE WERE YOU, DANIELLE SMITH !? YOU GOT ALL THE INFORMATION ALL THE WAY BACK TO 2020 AS YOU KNOW.

https://covid-vaccine.canada.ca/comirnaty/product-details

https://www.canada.ca/en/health-canada/news/2022/10/health-canada-authorizes-covid-19-vaccine-booster-targeting-the-omicron-ba4ba5-subvariants.html

David

David T. Dickson
C.E.O. DKS DATA *(*www.dksdata.com*)*
Consulting C.I.O.
Management/Legal Consultant
Privacy and Cybersecurity Expert.

Email: *david.dickson@dksdata.com*

Microsoft Partner

PRIVACY NOTICE: This e-mail message and any attachments are intended only for the named recipient(s) above and may contain information that is privileged confidential and/or exempt from disclosure under applicable law. If you have received this message in error or are not the named recipient(s) please immediately notify the sender and delete this e-mail message. Note: DKS DATA is not a Law firm and does not provide Legal Advice but can provide business advice on legal topics. If you require Legal Advice we can recommend one of our partnering Law Firms.

From: David Dickson
Sent: September 6, 2020 2:01 PM
To: Danielle Smith <71daniellesmith@gmail.com>
Subject: RE: Visitation for REDACTED - COVID 19 and Care Homes - A plea for help

Thanks for your response, Danielle.

As you can see from all I have sent, I have exhausted every avenue currently available to me. I hoped, based on what you talk about daily and how this impacts your fellow Albertans, you would be interested in pursuing this to shine some sunlight on this tragedy.

It might be time to consider why the RT-PCR tests being pushed at such a ferocious and irrational level when they are known to be useless. AHS themselves state in their own guidelines that these tests "CANNOT BE USED TO INFER **POTENTIALLY** INFECTIOUS STATUS". They don't even consider it valid as a presumption, let alone a confirmation! That test, known to have no value due to the large number of false positives, is being used to drive 'Cases'. These cases are being used to close businesses, care homes and destroy lives.
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

© 2020, Alberta Health Services, COVID-19 Scientific Advisory Group   August 7, 2020

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.

These 'Cases' are also the criteria that drive the three levels of control on you, me and all other Albertans.
https://www.alberta.ca/maps/covid-19-status-map.htm

> ***"Open***
> *low level of risk, no additional restrictions in place **less than 50** active cases per 100,000*
> ***Watch***
> *the province is monitoring the risk and discussing with local government(s) and other community leaders the possible need for additional health measures at least 10 active cases and **more than 50 active cases per 100,000***

Enhanced
risk levels require enhanced public health measures to control the spread informed by local context"

Due to the lack of follow up and automatic assumption that any symptom of COVID can only be COVID, we will see very few Flu cases this season as everything is assumed to be COVID. Unlike Flu, the protocol for COVID is to isolate and ignore. How many more will die of untreated bacterial pneumonia, PE (lung blood clot) and more due to this deliberate misdiagnosis in the coming months?

As we enter flu season, you might want to consider what is going to happen. We will enter a full lockdown unlike any we have seen to date. This will be enforced and the Government has made preparations for this. Why will they move us into lockdown? On top of the 50 or so per 100,000 false positives driven by the expansion of the testing program (as part of a deal to have Loblaws enforce masks on all their properties) we will have the usual 'Case' load of Flu. That ranges from 179 to 215 per 100,000 in the last few years (even with a vaccine that has been around for over a decade). Add that to the 50 PCR COVID 'Cases' and we are over 5 times that for a 'Watch' in Alberta. Think this government won't use this fear mongering to lock down the population? I know you know better than that.

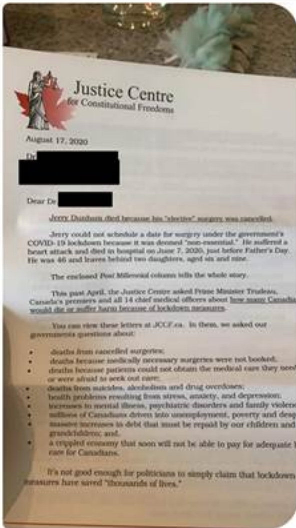
(see page 3)
https://open.alberta.ca/dataset/9044e65d-a97e-43cb-8357-9c890422f069/resource/dcd1cc27-57c2-4cf4-8078-3869f19b6390/download/health-influenza-summary-report-2018-2019.pdf

Finally, I would suggest not promoting the JCCF. Unlike lawyers such as REDACTED they are not what they promote. I have contacted them a number of times about this issue and the response is a joke (only not a funny one) – See attached.

They took Jerry Dunham's story and used it for fund raising, without telling the family. Their response to Jerry's partner and family was 'we can't help you'. Know how they found out about it? This is a message she shared with me in the last couple of weeks.

This is an ethical breach bordering on criminal (obtaining money by deception). I am doing what I can to help Krista and Jerry's children through this trying time for them… but again no-one seems to care. Note the Dr. who received this request for donations under false pretences was shocked to say the least, but not as much as poor Krista was.

I opened a letter and saw this:



Justice Centre
for Constitutional Freedoms

August 17, 2020

Dr

Dear Dr

Jerry Dunham died because his "elective" surgery was cancelled

Jerry could not schedule a date for surgery under the government's COVID-19 lockdown because it was deemed "non-essential." He suffered a heart attack and died in hospital on June 7, 2020, just before Father's Day. He was 46 and leaves behind two daughters, aged six and nine.

The enclosed Post Millennial column tells the whole story.

This past April, the Justice Centre asked Prime Minister Trudeau, Canada's premiers and all 14 chief medical officers about how many Canadia[ns] would die or suffer harm because of lockdown measures.

You can view these letters at JCCF.ca. In them, we asked our governments questions about:

- deaths from cancelled surgeries;
- deaths because medically necessary surgeries were not booked;
- deaths because patients could not obtain the medical care they need or were afraid to seek out care;
- deaths from suicides, alcoholism and drug overdoses;
- health problems resulting from stress, anxiety, and depression;
- increases to mental illness, psychiatric disorders and family violence
- millions of Canadians driven into unemployment, poverty and desp
- massive increases in debt that must be repaid by our children and grandchildren; and
- a crippled economy that soon will not be able to pay for adequate care for Canadians.

It's not good enough for politicians to simply claim that lockdown measures have saved "thousands of lives."

Are they representing you?

No, they're not actually...

No representation at the moment

Jccf tried to direct me to other lawyers a couple months ago. Then, those redircted as well.

I would like to think you would want to make a difference and hopefully by having this additional context, you will. You are a voice for Albertans right now and can reach the 'powers that be' in a way others cannot.

I can be reached anytime and will do whatever I can to get this story out. Again, a plea for help from the people in Care Homes and those dying and dead due to the avoidable atrocities this government has forced upon us with no actual scientific evidence to back up their actions.

Thanks,

David

David T. Dickson
C.E.O. DKS DATA *(*www.dksdata.com*)*
Consulting C.I.O.
Management/Legal Consultant
Privacy and Cybersecurity Expert.
Cell: Redacted
Fax: Redacted
Email: *david.dickson@dksdata.com*

Microsoft Partner

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)
PRIVACY NOTICE: This e-mail message and any attachments are intended only for the named recipient(s) above and may contain information that is privileged confidential and/or exempt from disclosure under applicable law. If you have received this message in error or are not the named recipient(s) please immediately notify the sender and delete this e-mail message. Note: DKS DATA is not a Law firm and does not provide Legal Advice but can provide business advice on legal topics. If you require Legal Advice we can recommend one of our partnering Law Firms.

From: Danielle Smith <71daniellesmith@gmail.com>
Sent: September 6, 2020 8:03 AM
To: David Dickson <david.dickson@dksdata.com>
Subject: Re: Visitation for REDACTED - COVID 19 and Care Homes - A plea for help

I think you need to send this to the Justice Centre for Constitutional Freedom. They have taken on access cases in Ontario (I've seen several press releases) but I've not seen a case here. Maybe you could start one.
If it matters, I agree with your analysis of the risk.
It is clear COVID is more deadly to frail elderly people in care. But being imprisoned without human contact is equally deadly.
Let me know how it turns out.
Danielle

Sent from my iPhone

> On Sep 5, 2020, at 9:33 AM, David Dickson <david.dickson@dksdata.com> wrote:
>
> Two of seven.
>
> Please treat as confidential.
>
> ---
>
> **From:** David Dickson
> **Sent:** August 12, 2020 10:46 AM
> **To:** Dane.Lloyd@parl.gc.ca; SpruceGrove.StonyPlain@assembly.ab.ca; Edmonton.Castledowns@assembly.ab.ca
> **Cc:** Ziad.Aboultaif@parl.gc.ca; Scott.Aitchison@parl.gc.ca; Dan.Albas@parl.gc.ca; Omar.Alghabra@parl.gc.ca; Leona.Alleslev@parl.gc.ca; Dean.Allison@parl.gc.ca; William.Amos@parl.gc.ca; Anita.Anand@parl.gc.ca; Gary.Anandasangaree@parl.gc.ca; Charlie.Angus@parl.gc.ca; Mel.Arnold@parl.gc.ca; René.Arseneault@parl.gc.ca; Chandra.Arya@parl.gc.ca; Niki.Ashton@parl.gc.ca; Jenica.Atwin@parl.gc.ca; Taylor.Bachrach@parl.gc.ca; Vance.Badawey@parl.gc.ca; Larry.Bagnell@parl.gc.ca; Navdeep.Bains@parl.gc.ca; Yvan.Baker@parl.gc.ca; Tony.Baldinelli@parl.gc.ca; John.Barlow@parl.gc.ca; Michael.Barrett@parl.gc.ca; Xavier.Barsalou-Duval@parl.gc.ca; Jaime.Battiste@parl.gc.ca; Mario.Beaulieu@parl.gc.ca; Terry.Beech@parl.gc.ca; Rachel.Bendayan@parl.gc.ca; Carolyn.Bennett@parl.gc.ca; Bob.Benzen@parl.gc.ca; Candice.Bergen@parl.gc.ca; Stéphane.Bergeron@parl.gc.ca; Luc.Berthold@parl.gc.ca; Sylvie.Bérubé@parl.gc.ca; Lyne.Bessette@parl.gc.ca; James.Bezan@parl.gc.ca; Marie-Claude.Bibeau@parl.gc.ca; Chris.Bittle@parl.gc.ca; Daniel.Blaikie@parl.gc.ca; Bill.Blair@parl.gc.ca; Yves-François.Blanchet@parl.gc.ca; Maxime.Blanchette-Joncas@parl.gc.ca; Rachel.Blaney@parl.gc.ca; Steven.Blaney@parl.gc.ca; Kelly.Block@parl.gc.ca; Kody.Blois@parl.gc.ca; Michel.Boudrias@parl.gc.ca; Alexandre.Boulerice@parl.gc.ca; Richard.Bragdon@parl.gc.ca; John.Brassard@parl.gc.ca;

Bob.Bratina@parl.gc.ca; Élisabeth.Brière@parl.gc.ca; Alexis.Brunelle-Duceppe@parl.gc.ca;
Blaine.Calkins@parl.gc.ca; Richard.Cannings@parl.gc.ca; Jim.Carr@parl.gc.ca; Colin.Carrie@parl.gc.ca;
Sean.Casey@parl.gc.ca; Louise.Chabot@parl.gc.ca; Bardish.Chagger@parl.gc.ca; François-Philippe.Champagne@parl.gc.ca; Martin.Champoux@parl.gc.ca; Louise.Charbonneau@parl.gc.ca;
Shaun.Chen@parl.gc.ca; Kenny.Chiu@parl.gc.ca; Michael.Chong@parl.gc.ca; Laurel.Collins@parl.gc.ca;
Michael.Cooper@parl.gc.ca; Serge.Cormier@parl.gc.ca; James.Cumming@parl.gc.ca;
Julie.Dabrusin@parl.gc.ca; Marc.Dalton@parl.gc.ca; Pam.Damoff@parl.gc.ca;
Raquel.Dancho@parl.gc.ca; Scot.Davidson@parl.gc.ca; Don.Davies@parl.gc.ca;
Claude.DeBellefeuille@parl.gc.ca; Gérard.Deltell@parl.gc.ca; Chris.d'Entremont@parl.gc.ca;
Caroline.Desbiens@parl.gc.ca; Luc.Desilets@parl.gc.ca; Sukh.Dhaliwal@parl.gc.ca;
Anju.Dhillon@parl.gc.ca; Kerry.Diotte@parl.gc.ca; Todd.Doherty@parl.gc.ca; Han.Dong@parl.gc.ca;
Terry.Dowdall@parl.gc.ca; Earl.Dreeshen@parl.gc.ca; Francis.Drouin@parl.gc.ca;
Emmanuel.Dubourg@parl.gc.ca; Jean-Yves.Duclos@parl.gc.ca; Terry.Duguid@parl.gc.ca;
Eric.Duncan@parl.gc.ca; Kirsty.Duncan@parl.gc.ca; Scott.Duvall@parl.gc.ca; Julie.Dzerowicz@parl.gc.ca;
Wayne.Easter@parl.gc.ca; Ali.Ehsassi@parl.gc.ca; Fayçal.El-Khoury@parl.gc.ca; Neil.Ellis@parl.gc.ca;
Dave.Epp@parl.gc.ca; Nathaniel.Erskine-Smith@parl.gc.ca; Rosemarie.Falk@parl.gc.ca;
Ted.Falk@parl.gc.ca; Ed.Fast@parl.gc.ca; Greg.Fergus@parl.gc.ca; Andy.Fillmore@parl.gc.ca; Kerry-Lynne.Findlay@parl.gc.ca; Diane.Finley@parl.gc.ca; Pat.Finnigan@parl.gc.ca; Darren.Fisher@parl.gc.ca;
Peter.Fonseca@parl.gc.ca; Mona.Fortier@parl.gc.ca; Rhéal.Fortin@parl.gc.ca;
Peter.Fragiskatos@parl.gc.ca; Sean.Fraser@parl.gc.ca; Chrystia.Freeland@parl.gc.ca;
Hedy.Fry@parl.gc.ca; Cheryl.Gallant@parl.gc.ca; Marc.Garneau@parl.gc.ca;
Randall.Garrison@parl.gc.ca; Marie-Hélène.Gaudreau@parl.gc.ca; Leah.Gazan@parl.gc.ca;
Bernard.Généreux@parl.gc.ca; Garnett.Genuis@parl.gc.ca; Mark.Gerretsen@parl.gc.ca;
Marilène.Gill@parl.gc.ca; Marilyn.Gladu@parl.gc.ca; Joël.Godin@parl.gc.ca; Karina.Gould@parl.gc.ca;
Jacques.Gourde@parl.gc.ca; Tracy.Gray@parl.gc.ca; Matthew.Green@parl.gc.ca;
Steven.Guilbeault@parl.gc.ca; Patty.Hajdu@parl.gc.ca; Jasraj <Singh.Hallan@parl.gc.ca>;
Rachael.Harder@parl.gc.ca; Ken.Hardie@parl.gc.ca; Jack.Harris@parl.gc.ca; Randy.Hoback@parl.gc.ca;
Mark.Holland@parl.gc.ca; Anthony.Housefather@parl.gc.ca; Carol.Hughes@parl.gc.ca;
Ahmed.Hussen@parl.gc.ca; Gudie.Hutchings@parl.gc.ca; Angelo.Iacono@parl.gc.ca;
Helena.Jaczek@parl.gc.ca; Tamara.Jansen@parl.gc.ca; Matt.Jeneroux@parl.gc.ca;
Gord.Johns@parl.gc.ca; Mélanie.Joly@parl.gc.ca; Yvonne.Jones@parl.gc.ca;
Bernadette.Jordan@parl.gc.ca; Majid.Jowhari@parl.gc.ca; Peter.Julian@parl.gc.ca;
Mike.Kelloway@parl.gc.ca; Pat.Kelly@parl.gc.ca; Peter.Kent@parl.gc.ca; Iqra.Khalid@parl.gc.ca;
Kamal.Khera@parl.gc.ca; Robert.Kitchen@parl.gc.ca; Tom.Kmiec@parl.gc.ca;
Annie.Koutrakis@parl.gc.ca; Michael.Kram@parl.gc.ca; Damien.Kurek@parl.gc.ca;
Stephanie.Kusie@parl.gc.ca; Irek.Kusmierczyk@parl.gc.ca; Jenny.Kwan@parl.gc.ca;
Mike.Lake@parl.gc.ca; Marie-France.Lalonde@parl.gc.ca; Emmanuella.Lambropoulos@parl.gc.ca;
David.Lametti@parl.gc.ca; Kevin.Lamoureux@parl.gc.ca; Andréanne.Larouche@parl.gc.ca;
Patricia.Lattanzio@parl.gc.ca; Stéphane.Lauzon@parl.gc.ca; Philip.Lawrence@parl.gc.ca;
Dominic.LeBlanc@parl.gc.ca; Diane.Lebouthillier@parl.gc.ca; Paul.Lefebvre@parl.gc.ca;
Richard.Lehoux@parl.gc.ca; Sébastien.Lemire@parl.gc.ca; Michael.Levitt@parl.gc.ca;
Chris.Lewis@parl.gc.ca; Ron.Liepert@parl.gc.ca; Joël.Lightbound@parl.gc.ca; Dane.Lloyd@parl.gc.ca;
Ben.Lobb@parl.gc.ca; Wayne.Long@parl.gc.ca; Lloyd.Longfield@parl.gc.ca; Tim.Louis@parl.gc.ca;
Tom.Lukiwski@parl.gc.ca; Lawrence.MacAulay@parl.gc.ca; Alistair.MacGregor@parl.gc.ca;
Dave.MacKenzie@parl.gc.ca; Steven.MacKinnon@parl.gc.ca; Larry.Maguire@parl.gc.ca;
James.Maloney@parl.gc.ca; Paul.Manly@parl.gc.ca; Simon.Marcil@parl.gc.ca;
Richard.Martel@parl.gc.ca; Soraya.Martinez@parl.gc.ca; Brian.Masse@parl.gc.ca;
Lindsay.Mathyssen@parl.gc.ca; Bryan.May@parl.gc.ca; Elizabeth.May@parl.gc.ca;
Dan.Mazier@parl.gc.ca; Kelly.McCauley@parl.gc.ca; Phil.McColeman@parl.gc.ca;
Karen.McCrimmon@parl.gc.ca; Ken.McDonald@parl.gc.ca; David.McGuinty@parl.gc.ca;
John.McKay@parl.gc.ca; Catherine.McKenna@parl.gc.ca; Ron.McKinnon@parl.gc.ca;
Greg.McLean@parl.gc.ca; Cathy.McLeod@parl.gc.ca; Michael.McLeod@parl.gc.ca;

Heather.McPherson@parl.gc.ca; Eric.Melillo@parl.gc.ca; Alexandra.Mendès@parl.gc.ca; Marco.Mendicino@parl.gc.ca; Kristina.Michaud@parl.gc.ca; Marc.Miller@parl.gc.ca; Maryam.Monsef@parl.gc.ca; Rob.Moore@parl.gc.ca; Marty.Morantz@parl.gc.ca; Bill.Morneau@parl.gc.ca; Rob.Morrison@parl.gc.ca; Robert.Morrissey@parl.gc.ca; Glen.Motz@parl.gc.ca; Joyce.Murray@parl.gc.ca; John.Nater@parl.gc.ca; Mary.Ng@parl.gc.ca; Christine.Normandin@parl.gc.ca; Jennifer.O'Connell@parl.gc.ca; Robert.Oliphant@parl.gc.ca; Seamus.O'Regan@parl.gc.ca; Erin.O'Toole@parl.gc.ca; Jeremy.Patzer@parl.gc.ca; Pierre.Paul-Hus@parl.gc.ca; Monique.Pauzé@parl.gc.ca; Yves.Perron@parl.gc.ca; Ginette.Petitpas <Taylor@parl.gc.ca>; Louis.Plamondon@parl.gc.ca; Pierre.Poilievre@parl.gc.ca; Marcus.Powlowski@parl.gc.ca; Mumilaaq.Qaqqaq@parl.gc.ca; Carla.Qualtrough@parl.gc.ca; Yasmin.Ratansi@parl.gc.ca; Alain.Rayes@parl.gc.ca; Brad.Redekopp@parl.gc.ca; Geoff.Regan@parl.gc.ca; Scott.Reid@parl.gc.ca; Michelle.Rempel <Garner@parl.gc.ca>; Blake.Richards@parl.gc.ca; Yves.Robillard@parl.gc.ca; Pablo.Rodriguez@parl.gc.ca; Churence.Rogers@parl.gc.ca; Sherry.Romanado@parl.gc.ca; Lianne.Rood@parl.gc.ca; Anthony.Rota@parl.gc.ca; Alex.Ruff@parl.gc.ca; Jag.Sahota@parl.gc.ca; Ruby.Sahota@parl.gc.ca; Raj.Saini@parl.gc.ca; Harjit <S..Sajjan@parl.gc.ca>; Darrell.Samson@parl.gc.ca; Ramesh.Sangha@parl.gc.ca; Randeep.Sarai@parl.gc.ca; Bob.Saroya@parl.gc.ca; Simon-Pierre.Savard-Tremblay@parl.gc.ca; Francis.Scarpaleggia@parl.gc.ca; Andrew.Scheer@parl.gc.ca; Peter.Schiefke@parl.gc.ca; Jamie.Schmale@parl.gc.ca; Deb.Schulte@parl.gc.ca; Kyle.Seeback@parl.gc.ca; Marc.Serré@parl.gc.ca; Judy <A..Sgro@parl.gc.ca>; Brenda.Shanahan@parl.gc.ca; Terry.Sheehan@parl.gc.ca; Martin.Shields@parl.gc.ca; Nelly.Shin@parl.gc.ca; Doug.Shipley@parl.gc.ca; Maninder.Sidhu@parl.gc.ca; Sonia.Sidhu@parl.gc.ca; Gagan.Sikand@parl.gc.ca; Mario.Simard@parl.gc.ca; Scott.Simms@parl.gc.ca; Jagmeet.Singh@parl.gc.ca; Derek.Sloan@parl.gc.ca; Francesco.Sorbara@parl.gc.ca; Gerald.Soroka@parl.gc.ca; Sven.Spengemann@parl.gc.ca; Bruce.Stanton@parl.gc.ca; Warren.Steinley@parl.gc.ca; Gabriel.Ste-Marie@parl.gc.ca; Mark.Strahl@parl.gc.ca; Shannon.Stubbs@parl.gc.ca; David.Sweet@parl.gc.ca; Marwan.Tabbara@parl.gc.ca; Filomena.Tassi@parl.gc.ca; Luc.Thériault@parl.gc.ca; Alain.Therrien@parl.gc.ca; Corey.Tochor@parl.gc.ca; Justin.Trudeau@parl.gc.ca; Denis.Trudel@parl.gc.ca; Ryan.Turnbull@parl.gc.ca; Tim.Uppal@parl.gc.ca; Tony.Van <Bynen@parl.gc.ca>; Adam.van <Koeverden@parl.gc.ca>; Tako.Van <Popta@parl.gc.ca>; Dan.Vandal@parl.gc.ca; Anita.Vandenbeld@parl.gc.ca; Adam.Vaughan@parl.gc.ca; Karen.Vecchio@parl.gc.ca; Gary.Vidal@parl.gc.ca; Arnold.Viersen@parl.gc.ca; Julie.Vignola@parl.gc.ca; Arif.Virani@parl.gc.ca; Brad.Vis@parl.gc.ca; Cathay.Wagantall@parl.gc.ca; Chris.Warkentin@parl.gc.ca; Kevin.Waugh@parl.gc.ca; Len.Webber@parl.gc.ca; Patrick.Weiler@parl.gc.ca; Jonathan.Wilkinson@parl.gc.ca; John.Williamson@parl.gc.ca; Jody.Wilson-Raybould@parl.gc.ca; Alice.Wong@parl.gc.ca; Jean.Yip@parl.gc.ca; Kate.Young@parl.gc.ca; Calgary.Acadia@assembly.ab.ca; Calgary.Beddington@assembly.ab.ca; Calgary.Bow@assembly.ab.ca; Calgary.Buffalo@assembly.ab.ca; Calgary.Cross@assembly.ab.ca; Calgary.Currie@assembly.ab.ca; Calgary.East@assembly.ab.ca; Calgary.Edgemont@assembly.ab.ca; Calgary.Elbow@assembly.ab.ca; Calgary.Falconridge@assembly.ab.ca; Calgary.FishCreek@assembly.ab.ca; Calgary.Foothills@assembly.ab.ca; Calgary.Glenmore@assembly.ab.ca; Calgary.Hays@assembly.ab.ca; Calgary.Klein@assembly.ab.ca; Calgary.Lougheed@assembly.ab.ca; Calgary.McCall@assembly.ab.ca; Calgary.MountainView@assembly.ab.ca; Calgary.North@assembly.ab.ca; Calgary.NorthEast@assembly.ab.ca; Calgary.Northwest@assembly.ab.ca; Calgary.Peigan@assembly.ab.ca; Calgary.Shaw@assembly.ab.ca; Calgary.SouthEast@assembly.ab.ca; Calgary.Varsity@assembly.ab.ca; Calgary.West@assembly.ab.ca; Edmonton.BeverlyClareview@assembly.ab.ca; Edmonton.Castledowns@assembly.ab.ca; Edmonton.CityCentre@assembly.ab.ca; Edmonton.Decore@assembly.ab.ca; Edmonton.Ellerslie@assembly.ab.ca; Edmonton.Glenora@assembly.ab.ca; Edmonton.Goldbar@assembly.ab.ca; Edmonton.HighlandsNorwood@assembly.ab.ca; Edmonton.Manning@assembly.ab.ca; Edmonton.McClung@assembly.ab.ca;

Edmonton.Meadows@assembly.ab.ca; Edmonton.Millwoods@assembly.ab.ca;
Edmonton.Northwest@assembly.ab.ca; Edmonton.Riverview@assembly.ab.ca;
Edmonton.Rutherford@assembly.ab.ca; Edmonton.South@assembly.ab.ca;
Edmonton.SouthWest@assembly.ab.ca; Edmonton.Strathcona@assembly.ab.ca;
Edmonton.WestHenday@assembly.ab.ca; Edmonton.Whitemud@assembly.ab.ca;
Airdrie.Cochrane@assembly.ab.ca; Airdrie.East@assembly.ab.ca;
Athabasca.Barrhead.Westlock@assembly.ab.ca; Banff.Kananaskis@assembly.ab.ca;
Bonnyville.ColdLake.StPaul@assembly.ab.ca; Brooks.MedicineHat@assembly.ab.ca;
Camrose@assembly.ab.ca; CentralPeace.Notley@assembly.ab.ca;
Chestermere.Strathmore@assembly.ab.ca; Cypress.MedicineHat@assembly.ab.ca;
DraytonValley.Devon@assembly.ab.ca; Drumheller.Stettler@assembly.ab.ca;
FortMcMurray.LacLaBiche@assembly.ab.ca; FortMcMurray.WoodBuffalo@assembly.ab.ca;
FortSaskatchewan.Vegreville@assembly.ab.ca; GrandePrairie@assembly.ab.ca;
GrandePrairie.Wapiti@assembly.ab.ca; Highwood@assembly.ab.ca;
Innisfail.SylvanLake@assembly.ab.ca; LacSteAnne.Parkland@assembly.ab.ca;
Lacombe.Ponoka@assembly.ab.ca; Leduc.Beaumont@assembly.ab.ca;
Lesser.SlaveLake@assembly.ab.ca; Lethbridge.East@assembly.ab.ca; Lethbridge.West@assembly.ab.ca;
Livingstone.Macleod@assembly.ab.ca; Maskwacis.Wetaskiwin@assembly.ab.ca;
Morinville.StAlbert@assembly.ab.ca; OldsDidsbury.ThreeHills@assembly.ab.ca;
Peace.River@assembly.ab.ca; RedDeer.North@assembly.ab.ca; RedDeer.South@assembly.ab.ca;
Rimbey.RockyMountainhouse.Sundre@assembly.ab.ca; Sherwood.Park@assembly.ab.ca;
SpruceGrove.StonyPlain@assembly.ab.ca; St.Albert@assembly.ab.ca;
Strathcona.Sherwoodpark@assembly.ab.ca; Taber.Warner@assembly.ab.ca;
Vermilion.Lloydminster.Wainwright@assembly.ab.ca; West.Yellowhead@assembly.ab.ca;
David.Yurdiga@parl.gc.ca; Salma.Zahid@parl.gc.ca; Lenore.Zann@parl.gc.ca; Bob.Zimmer@parl.gc.ca;
Sameer.Zuberi@parl.gc.ca
Subject: RE: RE: Visitation for REDACTED
Importance: High
Sensitivity: Confidential

Thank you yet again Dane for another 'pass the buck' response, dismissing the concerns of your constituents. I have now included the MLA's as you suggested. I also added in all the MP's as this is a local, provincial and federal matter as regards Long Term Care. Maybe one of them, unlike you, has the moral fortitude to step up and do more than send out lip service emails. I know they have been talking at caucus about the items in my research for many months but are continually shut down by our Premier and Deena Hinshaw.

Please note, the issues raised here are happening everywhere in Canada as you well know and concede in your email. That makes this a FEDERAL ISSUE, not just a provincial one.

The boilerplate response again about treatments and testing is getting tiring. You really should get another script or have someone actually read the research. To do any less is nothing less than gross negligence. "caring [sic] out testing with clinically and scientifically proven methods" (or even carrying) is completely incorrect. As indicted below, the testing is widely inaccurate and unfit for purpose. This has even been admitted on camera by Dr. Barbara Yaffe, Ontario Government Associate Chief Medical Officer of Health on July 31st, 2020. (https://youtu.be/bbwMo7IbXbw). Long Term Care Centers are being shut across the country for isolated asymptomatic voluntary tests in a sea of negative results i.e. where there is no COVID. Why is this not something you are raising in Parliament and beyond? Is that not a FEDERAL MATTER?

Maybe even talk to Doctors who are being threatened daily for trying to treat cases early instead of forcing patients into isolation to get too sick to treat. Maybe you could look into where all millions of

FEDERALLY donated doses of Hydroxychloroquine have gone? If it doesn't work, why have all the governments stock piled these donations? That is an actual FEDERAL matter!

On long term care facilities, our mother has been in this one for 10 years without incident. It is not the facility that is the issue but the protocols handed down from Dr Tam and the Federal Government that have been adopted in lockstep across each province. That again IS A FEDERAL MATTER.

So, on the FEDERAL MATTERS, what are you doing? What have you done? What questions have you asked since I provided the material that was of FEDERAL INTEREST?

How many more will die on your watch while you regurgitate this government approved drivel?

And yes we are mad at your lack of response. We voted for you and we WILL hold you accountable. Note that these comments are not just those of two sole voters but of a growing number in Alberta and beyond who are disgusted by responses such as this.

David

David T. Dickson
C.E.O. DKS DATA *(*www.dksdata.com*)*
Consulting C.I.O.
Management/Legal Consultant
Privacy and Cybersecurity Expert.
Email: *david.dickson@dksdata.com*
<image001.jpg>

<image002.jpg>

PRIVACY NOTICE: This e-mail message and any attachments are intended only for the named recipient(s) above and may contain information that is privileged confidential and/or exempt from disclosure under applicable law. If you have received this message in error or are not the named recipient(s) please immediately notify the sender and delete this e-mail message. Note: DKS DATA is not a Law firm and does not provide Legal Advice but can provide business advice on legal topics. If you require Legal Advice we can recommend one of our partnering Law Firms.

From: Dane.Lloyd@parl.gc.ca <Dane.Lloyd@parl.gc.ca>
Sent: August 12, 2020 9:30 AM
To: David Dickson <david.dickson@dksdata.com>
Subject: RE: RE: Visitation for REDACTED
Sensitivity: Confidential

Dear Mr. Dickson,

Thank you for reaching out.

We receive hundreds of emails a day so it can take more than a week to receive a reply.

Testing for COVID-19 and quarantine procedures in the province of Alberta falls under the jurisdiction of the provincial government. As, the federal government representative I do not have a say of influence in their procedures and methods. As I stated in a previous email to you, public health officials are caring out testing with clinically and scientifically proven methods. If you would like to discuss the Alberta operating procedures I would encourage you to reach out to your MLA. If your require assistance in determining who that is my staff would be more than happy to assist you.

There are some opinions out which are exceptionally critical regarding the treatment of COVID-19; many of these statements have not been proven in a scientific or peer reviewed manner so we cannot operate of these assumptions until they have been thoroughly proven. IT is the responsibility of all government officials to ensure the health and safety of its citizens. Other treatment and testing options and research projects are being funded by the federal government, but this research doesn't happen overnight. As research progresses we will have a deeper understanding of COVID-19 and be able to expand our treatment options and procedures.

With regards to long-term care facilities, this is a very serious matter. It would be a very stressful situation for you to have a family member residing in a care facility during this time.

It is unfortunate that it took a pandemic to bring to light some of the appalling conditions that seniors and those who require specialized care had been living in. I find it disturbing that the situation got so bad that the military was called in to take-over the operations of these facilities. The entire experience is completely unacceptable, and it must be addresses in a swift manner.

The oversight of long-term care facilities in Canada mainly falls under the jurisdiction of the provincial governments, however, I do believe that there is a place for the federal government. We need to work together to form guiding principles which will create a system that provides safe and reliable care of some of our country's most vulnerable.

I also whole-heartedly support a joint federal and provincial investigation into the state of long-term care facilities across the country. I feel that this type of investigation is necessary for us to fully understand where the issues lie and where services need to be improved.

Any governments primary responsibility, be it federal or provincial, is to ensure the health and safety of all Canadians. In this situation, all levels of government failed these vulnerable persons and we need to ensure that a catastrophe like this never happens again. I would encourage you to reach out to your MLA to discuss this matter further as well.

Once again, thank you for taking the time to reach out and discuss this very serious matter and please feel free to contact me in the future.

Kind regards,

Dane Lloyd, M.P.
Sturgeon River – Parkland

From: David Dickson <david.dickson@dksdata.com>
Sent: August 11, 2020 7:00 PM
To: Lloyd, Dane - M.P. <Dane.Lloyd@parl.gc.ca>; janice.harrington@albertahealthadvocates.ca; Motz, Glen - M.P. <Glen.Motz@parl.gc.ca>; Sloan, Derek - M.P. <Derek.Sloan@parl.gc.ca>; Diotte, Kerry - M.P. <Kerry.Diotte@parl.gc.ca>
Subject: FW: RE: Visitation for REDACTED
Importance: High
Sensitivity: Confidential

To all above and all your colleagues,

It has now been almost a week and not a single response from our member of Parliament (Dane Lloyd) or the two other members of Parliament included below who have been contacted on multiple

occasions. Also, no response from the Alberta Health Advocate who is also aware of the many concerns regarding the handling of the below and the larger matter around the COVID response by the Alberta Government.

Today we were informed of another staff created outbreak at Capital Care Dickinsfield (CCD) putting this facility on another 2 week “outbreak” and subjecting the residents to a fourth (and who known how many more) high risk and questionable RC-PCR testing. Note that the same exact fact pattern as in our complaint below was used to extend another Capital Care facility (sudden gastric issues in residents on the day the lockdown should end). How many coincidences make a pattern? Now we assume this latest lockdown at CCD will be under the same incompetent management as before putting the health of residents in further jeopardy. As days pass, it is hard to believe that these processes are not designed to actually hurry along the deaths of these most precious members of society.

You ALL have a duty of care to the citizens of Alberta and none more so than the residents in long term care. Protocols put in place by Deena Hinshaw which have never been enacted before are responsible for avoidable deaths far outnumbering those from this virus. Your inaction is actively contributing to this. You may well remember Jerry Dunham who died unnecessarily in Medicine Hat. I am currently in contact with his family. Avoidable deaths will soon be front and centre, leaving deaths from this virus in the distance. It is a duty of office to ensure accountability and responsibility for actions taken which have life changing consequences for so many on a scale never witnessed before in history.

At what point will you come out of the shadows and stand up for the citizens of this province? There are Albertans dying due to these barbaric and unquestioned protocols that have no scientific basis whatsoever. People are terrified everyday with growing ‘cases’ but there is no mention that almost all are voluntary asymptomatic tests that have no value other than the fear mongering factor for the daily updates. Speaking of ‘Cases’ again. This short video explains how cases were being used to manipulate the public in March. Here we go yet again. https://youtu.be/dLWwSYTjiBA

Note that the current rate of positive tests (‘Cases’) is 1.85% of all tested. The number of reported deaths per test in the province is 0.0337%. False positive error rates are confirmed to be up to 50% putting the number of positive cases as within the margin of error of zero. Tests, even serology tests, can come back positive months after any infection has passed. Deaths are marked as COVID no matter the true cause. This, along with all the facts used to petrify the population, is not even being hidden. Yet it is ignored by ALL of you. Why is that?

At no time in history (since Nuremburg) have we been subject to experiments in public health at this level. Isolation/quarantine of healthy individuals removes, indeed negates, all human rights and restricts access to required health care (mental and physical) that has already resulted in many avoidable deaths. Many more will follow if this continues without challenge. The public is told that known treatments are either dangerous or don’t work, when doctors are told that the real reason for withholding treatment is a lack of medication availability. Yet at the same time over 4 million doses of HCQ in Canada alone have been donated by the manufacturers specifically for COVID treatment. Where did those doses of medication go? Worldwide, this number of donated doses of medication exceeds 250 million. More than enough to have treated every person who has died multiple times over. Yet the treatment would have been useless as Deena Hinshaw and AHS deliberately force people to stay home until too sick to be treated properly. Then patients quite literally gasping their last, are consigned to the deadly ventilator after a mere 5 litres of O2 (10 in the Misericordia). No BPAP machine in hospitals was offered for fear of aerosolising the virus (despite protocols available in every hospital for MRSA patients that would negate that risk). Yet CPAP machines are still in use by paramedics in ambulances… I guess their lives are not worth as much as nurses and doctors… or is it something else? My own cardio thoracic surgeon assured me that this barbaric procedure would never happen in Alberta and certainly not in his hospital. He said it only happened for a short time in NY and Italy and no Doctor would ever do this

here. Then I pointed out Dr. Darren Markland's tweets boasting about the use of ventilators for people with a respiratory disease. My doctor has not spoken to me since. Why is that?

I have spoken to doctors and nurses in Alberta who have been threatened to keep them quiet. People have died as a result. How is this not under investigation? And all this time, the prerequisite report that Deena Hinshaw quotes on all her Orders as justification for everything that has transpired from the initial lockdown on is yet to be produced to the citizens of this Province. Why is that?

To Glen Motz (Retired Medicine Hat Senior Police Officer), Derek Sloan (Candidate for Leadership), Dane Lloyd, (Member of Parliament for my family and I here in Spruce Grove), and Janice Harrington, (Alberta Health Patient Advocate), we are adding onto this list… Kerry Diotte, (member for Edmonton Griesbach), the area covered by Dickinsfield Long Term Care facility where our mother is currently incarcerated once more… it is time for you to do something and question what is really happening here. As we move back to hearing about cases, just like at the beginning in March, how many of these are from the voluntary asymptomatic testing and how many are 'spontaneous' with no apparent cause or subsequent case?

Consider that all the 'cases' related to Dickinsfield were staff members, not residents. In the Southside Good Samaritan's Care Centre in Edmonton we have 67 cases (26 deaths) in residents and 19 cases in staff. All carers were wearing full PPE at all times and following strict protocols. All of the deaths are in those over 70 years with multiple life threatening co-morbidities. In fact, we have not had a reported death 'with' not 'of' COVID under the age of 70 since April 23rd, 2020. Yet we now require children over the age of 2 to be forced into masks in most cities. I have arrested people during my time as a police officer for less abusive behaviour to children. Yet now we follow the order of politicians who have admitted the decision was rendered based on a survey of 6,000 citizens where 51% opted for mandatory masks. This is nothing less than gross negligence on the part of politicians, police and health professionals.

As with every case in this self described 'most deadly virus in the history of the world', AHS forces people to stay home until the symptoms get too serious for any useful treatment protocols. When did we ever do that before? Are we actually trying to kill people? Where has all common sense gone? Note that compared to SARS and MERS, this mortality of this virus is not even close to the hype it has been given, even assuming the statistics were even close to true. Compared to TB, Ebola and other contagious viruses, it hardly registers at all. In fact, in March of 2020, the UK specifically dropped COVID from being listed as a Highly Contagious Infectious Disease because it was not deadly enough! Yet Canada and Alberta locked down anyway and continue to expand measures that become more bizarre by the day. It appears that Deena Hinshaw and the Government are trying to test the intelligence of people and continue to be surprised at how compliant these citizens will be no matter what they are asked to do.

Note, the average age of a person dying 'with' not 'of' COVID in the province is 83 as of today. Last week it went up to 84 years just for a week. The average life expectancy in the province is 81. Denna Hinshaw has even used the death of a 105 year old with more than three life threatening co-morbidities as a COVID death statistic to justify her actions. Although any death is sad, the most surprising part of the death of a 105 year old right now is the fact that they were 105!

Due to the inane, insane and immoral protocols under the direction of Deena Hinshaw et al, many Albertans have died on intubated ventilators which have NEVER been used for the treatment of a respiratory disease before - for good reason. Ventilators misused in this way are known to cause significant lung damage and death even in those with healthy lungs. How do I know? It happened to me, as Glen Motz is well aware from when I worked with him on the largest Police Project ever undertaken in this province.

As regards this and more, I am attaching my research AGAIN for Mr. Diotte and as a reminder to those who have already had it. Maybe now some of this will resonate more clearly with recent events. It should be noted that most of you have had my research for months, some without even an acknowledgement let alone a response.

This government and Deena Hinshaw never were competent to manage any health crisis. It is clear that their actions have resulted in the deaths of many Albertans and so much more besides. For anyone continuing to ignore this and hide behind politics, in the words of Dante Alighieri "The darkest places in hell are reserved for those who maintain their neutrality in times of moral crisis."

I hope one or more will take up the mantel for the sake of us all. Please contact me for further information. Note that all I have presented is verifiable, been peer reviewed by colleagues and other professionals worldwide along with those here at home in Alberta. There is so much more to this story. It is way beyond time to start asking questions rather than blindly following 'Orders'.

David

David T. Dickson
C.E.O. DKS DATA (www.dksdata.com)
Consulting C.I.O.
Management/Legal Consultant
Privacy and Cybersecurity Expert.
Cell: Redacted
Fax: Redacted
Email: *david.dickson@dksdata.com*

<image001.jpg>

<image002.jpg>

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)

PRIVACY NOTICE: This e-mail message and any attachments are intended only for the named recipient(s) above and may contain information that is privileged confidential and/or exempt from disclosure under applicable law. If you have received this message in error or are not the named recipient(s) please immediately notify the sender and delete this e-mail message. Note: DKS DATA is not a Law firm and does not provide Legal Advice but can provide business advice on legal topics. If you require Legal Advice we can recommend one of our partnering Law Firms.

From: David Dickson
Sent: August 5, 2020 9:20 PM
To: janice.harrington@albertahealthadvocates.ca; deena.hinshaw@gov.ab.ca; jason.kenney@gov.ab.ca; REDACTED <REDACTED albertahealthservices.ca>; Derek.Sloan@parl.gc.ca; Dane.Lloyd@parl.gc.ca; health.deputy-minister@gov.ab.ca; info@albertahealthadvocates.ca; Glen.Motz@parl.gc.ca; premier@gov.ab.ca
Cc: REDACTED < REDACTED capitalcare.net>; Karen Dickson <karen.dickson@dksdata.com>; REDACTED <REDACTED capitalcare.net>; REDACTED <REDACTED capitalcare.net>; deena.hinshaw@ahs.ca; REDACTED Redacted @capitalcare.net>; dksdata@gmail.com
Subject: RE: RE: Visitation for REDACTED
Importance: High
Sensitivity: Confidential

Dr. REDACTED

The fact that you consider this was a matter for your sole attention, dismissing all others on the email, is indicative of the reason for the complaint. Add to that the fact that you appear to consider it so minor an irritation to you that you can swat it off as a patient complaint to be lost while the chaos under your direction continues, boggles the mind. I assure you that the residents and families do not consider this matter so irrelevant to be dismissed out of hand. Further, as you are well aware, the AHS patient relations department is absolutely not equipped to address such concerns.

The gravity of these concerns warrants more than a summary dismissal by the person who is the very subject of the concerns. This is even more concerning as the actions are indictive of violations of the health act.

I would appreciate some response from the Members of Parliament, Health Advocate's Office, Premiers Office, Health Minister and the office of the CMO, all of whom are included in this email and are directly responsible for the lives of Albertans impacted by this behavior.

David

David T. Dickson
C.E.O. DKS DATA *(*www.dksdata.com*)*
Consulting C.I.O.
Management/Legal Consultant
Privacy and Cybersecurity Expert.
Email: *david.dickson@dksdata.com*
<image001.jpg>

<image002.jpg>

PRIVACY NOTICE: This e-mail message and any attachments are intended only for the named recipient(s) above and may contain information that is privileged confidential and/or exempt from disclosure under applicable law. If you have received this message in error or are not the named recipient(s) please immediately notify the sender and delete this e-mail message. Note: DKS DATA is not a Law firm and does not provide Legal Advice but can provide business advice on legal topics. If you require Legal Advice we can recommend one of our partnering Law Firms.

From: REDACTED albertahealthservices.ca
To: david.dickson@dksdata.com, deena.hinshaw@gov.ab.ca, janice.harrington@albertahealthadvocates.ca, jason.kenney@gov.ab.ca
CC: dane.lloyd@parl.gc.ca, derek.sloan@parl.gc.ca, dksdata@gmail.com, glen.motz@parl.gc.ca, health.deputy-minister@gov.ab.ca, info@albertahealthadvocates.ca, karen.dickson@dksdata.com, premier@gov.ab.ca
Sent: Thursday, August 06, 2020 12:52:36 AM (GMT)
Subject: RE: RE: Visitation for REDACTED

Mr. and Mrs. Dickson,

I regret to hear that you are not satisfied with the management of the Capital Care Dickinsfield outbreak and discussions with our AHS team were not able to resolve your concerns.

If you wish to request further investigation into these concerns, please contact our AHS Patient Relations Department: https://www.albertahealthservices.ca/about/patientfeedback.aspx

•Telephone: 1-855-550-2555
•Fax:1-877-871-4340
•Mailing address only:
c/o Patient Relations
10030 107 Street NW, Edmonton, AB T5J 3E4

Sincerely,

Dr. REDACTED MD MSc FRCPC
Medical Officer of Health
Alberta Health Services – Edmonton Zone

From: David Dickson
Sent: August 5, 2020 5:54 PM
To: janice.harrington@albertahealthadvocates.ca; deena.hinshaw@gov.ab.ca; jason.kenney@gov.ab.ca; REDACTED <REDACTED albertahealthservices.ca>
Cc: REDACTED < REDACTED capitalcare.net>; Karen Dickson <karen.dickson@dksdata.com>; REDACTED <REDACTED capitalcare.net>; REDACTED <REDACTED capitalcare.net>; Derek.Sloan@parl.gc.ca; Glen.Motz@parl.gc.ca; Dane.Lloyd@parl.gc.ca; premier@gov.ab.ca; health.deputy-minister@gov.ab.ca; deena.hinshaw@ahs.ca; info@albertahealthadvocates.ca; REDACTED
dksdata@gmail.com
Subject: FW: RE: Visitation for REDACTED
Importance: High
Sensitivity: Confidential

Firstly, Karen and I would like to thank all the front line staff at Capital Care Dickinsfield ("CCD") for their patience and efforts during these trying times and throughout the last 10 years.

Now however, we must address the communication below (and attached) and the issues related to the handling of this 'outbreak' at CCD. This has adversely and directly impacted not just the 275 at risk residents but also staff and loved ones which combined totals over 1,000 people.

On Saturday August 1st, 2020 Dr. REDACTED sent the following in response to our ongoing concerns. The secure email suggests it was sent only to myself and Karen but this was encapsulated in the email below that confirms it was also sent to REDACTED and REDACTED We have added some other relevant parties to this email due to the concerns it raises.

We have added highlighting to the text below but the **emphasis** was placed by Dr. REDACTED We are not sure at this time if Dr. REDACTED misunderstands the Order or has deliberately attempted to deceive with the editing.

The yellow is a section taken out of context from the top of the section in the order. The green is a main bullet point that contains a critical statement about not restricting access and sets the subject as "Designated family/support persons", not "An operator" and the misrepresentation is trying to suggest. The blue text, **emphasised** by Dr. REDACTED is a sub bullet point of the green, specifically identifying the subject "Designated family/support persons" for the following 'their', *"(led by **their** own discretion) but will not prohibit **their** presence altogether".*

Either way, both would suggest a serious issue with the continued handling of the safety of so many at risk residents of care homes during outbreaks.

> *"Hi all,*
>
> REDACTED *thank you for sending these emails confirming that Capital Care Dickinsfield has made reasonable efforts to accommodate safe visits for designate family support members to the site while on outbreak.*
>
> *Mr. Dickson, as discussed during our phone conversation on Wednesday, as per CMOH order 29: https://open.alberta.ca/dataset/f075e30e-7ba1-4520-abe1-fb6076889cd4/resource/6d280e9e-2f25-4929-b6ca-51188151523e/download/health-cmoh-record-of-decision-cmoh-29-2020.pdf*
>
> *"An operator may temporarily restrict access (e.g. no social visits where once permitted) in situations where a risk tolerance assessment indicates increased risk of exposure to COVID-19, such as: an increase in local community COVID-19 cases, confirmed site outbreak, or other situations that may limit the ability of an operator to safely have more people on site […]Designated family/support persons shall never be overly restricted in their access to the resident(s) they support. For greater clarity, a* ***confirmed site outbreak may impact a designated family/support person's standing schedule (led by their own discretion) but will not prohibit their presence altogether****. "*
>
> *As per* REDACTED *previous email, the facility has scheduled a visit for Monday and are willing to arrange a visit on Saturday as well.*
> *Given the context of the outbreak, I am in full support of limiting visitation schedules to ensure the safety of the residents until the outbreak is over.*
>
> *I understand that this COVID outbreak is a difficult time for both residents and families, but ask for your patience during what we hope are the final days of the facility's outbreak and visitation restrictions.*
>
> *Thank you,*
>
> *Dr.* REDACTED *MD MSc FRCPC*
> *Medical Officer of Health*
> *Alberta Health Services – Edmonton Zone"*

To clarify what Dr. REDACTED misrepresented in her email communication, we have attached the full text of the Order she referenced, but here is the actual section Dr. REDACTED decided to edit and emphasise. Note that contrary to the attempt by Dr. REDACTED to infer the subject of the third person possessive adjective (their) being CCD, it is actually referring to the subject immediately prior in the sentence and paragraph bullet point. Essentially the 'their' is the "Designated family/support person". In this case, that is REDACTED long time partner for more than a decade, REDACTED and now includes her daughter, Karen Dickson.

Deceptively, by design or through negligence, Dr. REDACTED attempted to suggest that "their own discretion" related to the operator where it clearly related to the "Designated family/support persons".

Restricted Access

- Restrictions such as duration and frequency limits on visits must only happen when reasonable attempts have been made by an operator to consider and offer alternative options.

    - Any limits must be determined in consultation with the resident or alternative decision maker and family. If limits conflict with a person's schedule, alternative options must be provided.
- An operator may temporarily restrict access (e.g. no social visits where once permitted) in situations where a risk tolerance assessment indicates increased risk of exposure to COVID-19, such as: an increase in local community COVID-19 cases, confirmed site outbreak, or other situations that may limit the ability of an operator to safely have more people on site.
    - All restrictions must be in collaboration13 with residents and families and may include consultation with an organizational/agency executive or zone Medical Officers of Health, where appropriate14.
        - Collaboration with the site's Resident and Family Council is encouraged where a Council is established and representative of residents and families as a collective.
    - Any restrictions must not exceed 14 days without re-evaluation.
    - **Designated family/support persons shall never be overly restricted in their access to the resident(s) they support.**
        - **For greater clarity, a confirmed site outbreak may impact a designated family/support person's standing schedule (led by their own discretion) but will not prohibit their presence altogether.**
        - In situations where a resident has COVID-19, the operator and designated family/support persons must collaboratively arrange viable and feasible options for continued access to the resident, following all Public Health guidance and operator requirements for access to symptomatic residents.
    - Examples of restricted access include only allowing designated family/support persons, reducing number of persons permitted at one time, and limiting the number of additional people on site at any one time.
    - When access is restricted, an **operator** must continue to support virtual connection when physical presence of a designated family/support person is not possible.

Even when a resident HAS COVID, the statement by Dr. REDACTED *"I am in full support of limiting visitation schedules",* is contrary to the order *"In situations where a resident has COVID-19, the operator and designated family/support persons must collaboratively arrange viable and feasible options for continued access to the resident"*.

To fully understand the impact, we must look at the context of the 'outbreak' at CCD. At no time since the first restriction placed on the Province by Dr. Hinshaw in early March 2020 have any residents contracted SARS-CoV-2. In mid June of this month, the majority of staff and residents at Dickinsfield were tested for SARS-CoV-2 despite no symptoms or expectations of an infection. This was raised as a concern at the time due to the known rate of false positives (and negatives) in the RC-PCR test. In fact, Dr. Barbara Yaffe, Ontario Government Associate Chief Medical Officer of Health, last week mentioned the error rate for false positives being almost 50%. We have seen from the CDC and heard from Doctors at AHS, that it is known to have a high error rate. However, this rate of positive errors along with the CDC confirmation that tests can be positive for up to 90 days after a infection is even more alarming considering the current situation.

By the third week of March, all test results had come back negative. Then, on or around 8th July, 2020, an asymptomatic member of staff from the second floor of Dickinsfield took a voluntary SARS-CoV-2 test which subsequently came back positive on or around 10th July, 2020. On Saturday 11th July, 2020 another round of asymptomatic testing was performed starting with the second floor residents. This was completed with no further consent (informed or otherwise) being obtained. This is an obvious concern as consent for an invasive procedure such as this must be obtained from all residents or their PoA. This requirement was confirmed in a call with Dr. REDACTED From Saturday 11th July, 2020 until

Tuesday 14th July, 2020, essential visitors continued to visit the center without any knowledge of a potential outbreak or a confirmed positive test of a staff member. This is obviously another concern.

At 4:16 pm on Tuesday 14th July, 2020 a bulk email (*"CapitalCare 14072020.pdf"*) was circulated from CCD stating;

> *"On July 13, we received lab confirmation that a CapitalCare Dickinsfield staff member tested positive for COVID-19. The staff member had been off work for the prior week, and remains off; however, Dickinsfield has been placed on outbreak precautions, as per the guidance of the Medical Officer of Health and AHS guidelines..."*
>
> *"Additionally, all residents and staff within the Dickinsfield centre will be tested for COVID-19, beginning tomorrow."*

This raised a number of concerns as consent is required for any testing for SARS-CoV-2. This also suggested an issue with the reported timelines.

- If the positive test was not received until July 13th, 2020, why was non consensual asymptomatic testing being performed on July 11th, 2020?
- If a positive test was known prior to this testing, then why was no one informed earlier, people allowed onsite without notification and the email notification stating July 13th, 2020 provided?

Upon receipt of this communication, we contacted CCD in writing and by phone pointing out the concern as regards the requirement to obtain informed consent. In response to our concerns, a further email was sent on Thursday 16th July, 2020 (*"CapitalCare 16072020.pdf"*) clarifying;

> *"On-site testing of consenting residents and staff began yesterday as per the direction of the Medical Officer of Health."*

Immediately, all indoor scheduled essential quality of life visits by a "designated essential visitor" were cancelled with no options for alternate accommodations.

- We are reliably informed that a third round of testing was performed on residents in or around July 15th-July 18th, 2020, again without prior informed consent? Why was that?

Further to this, we were informed just before the first outbreak was due to be lifted on July 24th, 2020 that a second member of staff, unconnected to the first member of staff, had also had a positive result from a voluntary asymptomatic test. This staff member had also not been on site for over a week. We have two unexplainable (untraceable) asymptomatic voluntary tests in a center with not a single resident or working staff member testing positive in what is now up to three asymptomatic testing runs in less than a month. These tests, as well as being unreliable, are highly invasive and not without risk. This continued asymptomatic testing without any informed consent is very worrying, especially when triggered by asymptomatic voluntary testing with a positive result with no known tracible origin, or subsequent related cases. These appear more likely to be false positives at this point than actual infections.

- Is AHS going to continue to put these centers on such increased stress that, in of itself, is doing serious harm to the residents' physical and mental health, without apparent due cause? It is likely that this is going to result in more avoidable deaths and maladies than it could ever prevent. We, like many other family members and loved ones, have seen a marked deterioration in our loved one during these times.

Then on July 30th, 2020 we received another call from CCD to say that REDACTED had fallen again at 11:30 pm on the evening of July 30th, 2020. As this was the second fall in a week for REDACTED we were very concerned. Further, due to the Orders of Dr. Hinshaw, Karen, REDACTED daughter and PoA, had not physically been allowed into the center for over 4 months. In consultation with the LPN on duty, who was unable to glean the reasoning for REDACTED fall from REDACTED we immediately drove out to the site, from Devon, to assist in communicating with REDACTED As REDACTED had a full left aphasic stroke a decade ago, it had already been identified that both Karen and REDACTED (her partner) direct contact with REDACTED was critical to her physical and mental health. As Dr. Hinshaw's Order 14-2020 only allowed one designated essential visitor on site to see REDACTED we had designated REDACTED to be that nominated person. At this critical time though, REDACTED was not available. With the permission of REDACTED (under Order 29-2020) and in consultation with the direct carer at CCD, Karen went in and saw her Mum. Karen was very concerned about what had happened. REDACTED was visibly and audibly upset about the continued isolation in the center. In addition, further bruising was found on REDACTED from this and the previous fall. Note that this is highly unusual and appears related to REDACTED stress regarding the additional restrictions placed on the center by Dr. REDACTED

To make matters worse, we had made arrangements, as other family members had, to finally spend some time with REDACTED starting the day the current asymptomatic, untraceable outbreak ended. Then last week during a number of calls and emails, we received one contradicting message after another. This appears to have been the case for other family members also. Some thought the outbreak was over on Saturday, others due to an email or other communications thought it was over Monday or Tuesday of the following week. After some discussions and emails with CCD staff, we discovered that another unrelated staff member, who had been offsite for over 10 days, had reported that their son had tested positive. We were informed by Dr. REDACTED that she was waiting for the test back from this staff member to see if the staff was positive for COVID. We enquired directly with Dr. REDACTED why this test had not already come back considering the enhanced testing protocol timelines provided by AHS for care centers under outbreak. She stated she would speak with REDACTED from CCD and we were told by both that we would receive a call back. We didn't. We were also told by CCD staff that the outbreak had been extended for 24 hours to cover this additional staff member's time since last they were onsite. So, Dr. REDACTED extended an outbreak on the most important summer long weekend, negatively impacting approximately 1,000 Albertans. We are still not aware if that staff member was even tested or if the decision was just to negatively impact all these people with no additional information.

Restrictions were placed on the centre and Karen, like so many others, was unable to take REDACTED out of the center on Saturday August 1st, 2020. When Karen arrived at the center that day, REDACTED was visibly agitated at being told she was unable again to leave the center and while Karen was there she was unable to even leave her room. Prisoners are given more rights than this. Eventually Karen calmed REDACTED down after explaining what was happening and telling her that she would most likely be able to come out on Monday August 3rd, 2020 as per the discussion we had had with REDACTED

Now we move to Monday August 3rd, 2020. As requested, Karen called the center to confirm REDACTED would be able to have an offsite visit and get the much break, away from the center, so critical to her physical and mental wellbeing. On calling CCD, we were informed that the 'outbreak' had been extended because of two residents developing diarrhea. We have been dealing with CCD for over a decade since REDACTED moved there and for all that time the care has been exemplary. However, the very nature of the facility and the residents who need such care leads to very frequent gastric issues for residents, including REDACTED From constipation to diarrhea, these are caused by issues with medication, food, other maladies and, in many cases, lack of mobility. This is not unusual. It would be surprising if this or one of the many other symptoms common with care center residents' daily existence even before COVID had not been seen in one of the 275 residents during the three week outbreak! In fact, this reaction to symptoms was something that concerned us so much that we specifically enquired multiple times if anyone developing a symptom such as this would trigger another outbreak closing down the whole

center? As we head back to school and into flu season, this is especially concerning as it could result in residents facing endless lockdowns. We were assured by REDACTED that this would not happen and the protocol for a resident with symptoms is to isolate that resident only. This appears to have not been the case on Monday August 3rd, 2020.

Karen spent her short visit in REDACTED room trying to placate REDACTED who, after three weeks of life restricted to the centre, was ready to wheel herself out. I, David, was forced to resolve the issue by phone from the car park. Eventually I spoke to Redacted , a nurse with AHS who had extended the outbreak based on a reporting of these sudden gastric symptoms right at the end of the outbreak. During the call, it became obvious that Ms. Stevenson was missing critical information regarding the outbreak and had still decided to extend it anyway. Hopefully the calls with her are recorded as I would certainly like to review them with someone in authority. When challenged that she had made a decision without all the facts, thus impacting over a thousand people, Redacted threatened (and on the first call did), hang up the phone very abruptly. This is a wholly unacceptable response. Then she called back and apologised. She said after checking the information, she had made a mistake, had informed the center the outbreak had been lifted **again** and that the center was now on active investigation due to the two cases of diarrhea. Had Karen and I not intervened and pushed back to force AHS to do their job and actually check the facts, this center, 275 residents, all staff, family and loved ones would have been negatively impacted for many more days. THIS IS NOT OUR JOB!

Dr. REDACTED was in charge of the outbreak. She has confirmed in her email that even since the initiation of Order 29-2020, she still stands by her approach to remove essential/designated visitor access during an outbreak. As Order 29-2020 clearly states, this restriction is not just discouraged but is expressly prohibited. However, this decision, as can be seen by Dr. REDACTED response, was fully supported by her, despite being contrary to the Order she has misrepresented above. It is a serious concern for someone managing outbreaks in the Edmonton zone to be expressly going directly against Orders, made law, from Dr. Hinshaw. As Dr. Hinshaw has acknowledged and further clarified, these visits to residents are critical under normal circumstances but in instances of restriction being implemented these designated indoor visits are even more critical;

> *"To offset the negative consequences to residents due to the prolonged visitor restrictions in these settings, access to support from designated persons (other than staff) is supported as essential to maintaining the resident's mental and physical health, while still retaining necessary safety precautions."*

Based on this, the comments by Dr. REDACTED and the misrepresentation of Dr. Hinshaw's Orders, we have grave concerns as regards the continued involvement of Dr. REDACTED in the management of any outbreaks in Alberta. Considering the intense physical and mental strains placed on the residents, staff and loved ones during these outbreaks, the potential life changing impacts from this position, either through misunderstanding or deliberate misrepresentation, cannot be ignored by AHS or the Government.

Cancelled visits falling into this category included the scheduled visit for REDACTED at 1pm on Monday July 20th, 2020. As a result, REDACTED was denied her direct essential quality of life visits for two weeks on the direction of Dr. REDACTED under this outbreak. During this time, REDACTED suffered multiple apparent falls during which she sustained significant bruising. Note that this is not an isolated incident as other residents and loved ones have even more concerning experiences during this time.

One final point regarding both the unreasonable restriction placed by Dr. REDACTED and the two sudden unrelated diarrhea cases in the center is a decision made by Dr. REDACTED to allow 'outdoor visits' during an outbreak in the latter half of last week. These types of visits are explicitly prohibited during an outbreak under Order 14-2020 and 29-2020. The reason for this is the apparent much higher risk of non designated unscreened 'visitors' (not wearing PPE) vs. the limited designated persons, screened and

wearing PPE. To this point, there hasn't been a single case (symptomatic or asymptomatic) of SARS-CoV-2 in the CCD residents since the inception of restrictions by Dr. Hinshaw in early March, 2020.

CCD offered to assist in these visits for the benefit of all the residents and family. Due to the information outlined above, the suggestion by CCD to support outdoor visits would seem reasonable for the mental and physical benefit of the residents. The authority for this decision at the time was Dr. REDACTED However, if Dr. REDACTED thought this outbreak was of so little risk that outdoor visits, specifically prohibited under Order 14-2020 and 29-2020, were acceptable, why did she, at the same time, consider this so serious that she had to extend a lockdown by 24 hours and block designated visits explicitly demanded in Order 29-2020? Note that this centre had had all residents and staff tested multiple times, all negative. Only two staff members, not onsite for over three weeks, voluntarily tested asymptomatically positive with no cause of origin or subsequent infection. So why did Dr. REDACTED break (and still support the breaking) of these Orders to the detriment of the entire facility? If any other member of the public committed such a heinous act against one of these Orders, they would be liable for up to a $500,000 fine. As this is the action of a Dr. in charge of so many outbreaks in the city, where a number of Albertans have died, both with and without COVID, we have to question her suitability to continue in this role.

Shown here from the AHS website are all recent deaths in the Edmonton Zone, part of Dr. REDACTED responsibility. These show that all recent deaths in this zone are related to elderly at risk persons with multiple known and some undiagnosed comorbidities. The result of these deaths has increased the average age of death from 83 to 84 in the last week alone. Every passing is extremely sad but we must ensure the safety of all these most precious people beyond the narrow focus of COVID, especially as we move into another flu season. As such, mistakes like we have seen in CCD under asymptomatic outbreak which have added undue pressure on these centers and all involved will be no doubt be deadly, if this has not already been the case. AHS and the Government cannot allow this to continue.

<image003.png>
We would request a formal investigation be started as regards the management of this outbreak and the actions of Dr. REDACTED and maybe other Zone Managers if they are following the same mantra. This is for the safety of all Albertans but especially those most vulnerable in the care of AHS. On behalf of REDACTED we would also ask that a formal enquiry be started as regards her denial of access to her critical direct essential quality of life visit in the hopes that this will never happen again.

Hopefully all parties have learnt from this episode. However, without a review and documentation of lessons learnt, we fear this will continue to be repeated and more of our most vulnerable Albertans will suffer and be lost unnecessarily.

David & Karen Dickson

David T. Dickson
C.E.O. DKS DATA *(*www.dksdata.com*)*
Consulting C.I.O.
Management/Legal Consultant
Privacy and Cybersecurity Expert.
Email: *david.dickson@dksdata.com*
<image001.jpg>

<image002.jpg>

PRIVACY NOTICE: This e-mail message and any attachments are intended only for the named recipient(s) above and may contain information that is privileged confidential and/or exempt from disclosure under applicable law. If you have received this message in error or are not the named recipient(s) please immediately notify the sender and delete this e-mail message. Note: DKS DATA is not a Law firm and does not provide Legal Advice but can provide business advice on legal topics. If you require Legal Advice we can recommend one of our partnering Law Firms.

From: REDACTED <REDACTEDalbertahealthservices.ca>
Sent: July 31, 2020 7:47 PM
To: REDACTED<REDACTEDcapitalcare.net>; Karen Dickson <karen.dickson@dksdata.com>; DKSDATA <DKSDATA@GMAIL.COM>
Cc: David Dickson <david.dickson@dksdata.com>; REDACTED < REDACTED capitalcare.net>
Subject: RE: RE: Visitation for REDACTED

REDACTED