

COURT FILE NUMBER **2103-14553**

COURT **COURT OF QUEEN'S BENCH OF ALBERTA**

JUDICIAL DISTRICT **EDMONTON**

APPLICANT **DAVID THOMAS DICKSON**

RESPONDENT **HER MAJESTY THE QUEEN IN RIGHT OF THE
PROVINCE OF ALBERTA**

DOCUMENT **AFFIDAVIT**

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



I, David Thomas Dickson, of the City of Spruce Grove, Alberta, SWEAR AND SAY THAT:

- 1) I am a medically retired United Kingdom Police Officer, having been injured on duty. I am an internationally recognised expert in various fields including Informed Consent, Cyber Security and Privacy and Compliance. I have chaired the Provincial/Federal Technical Working Group for Justice in Alberta and have been invited to speak on e-Disclosure at the Chiefs of Police and Chiefs of Justice conferences on multiple occasions. As such, I have personal knowledge of the following information, except where I say that which is stated to be based on information and belief, which I verily believe to be true. My curriculum vitae is attached as Exhibit "A".
- 2) As an expert on informed consent, I am deeply concerned at the growing evidence that the basic fundamental principle that all health care professionals must obtain fully informed consent prior to any medical treatment or intervention is not being adhered to in the Province of Alberta. In particular, but not limited to, health care professionals are not complying with the requirements of their college Standard of Practice. For doctors in particular, this is outlined in the College of Physicians and Surgeons of Alberta (CPSA) Standard of Practice document^{1,2} that;

"A regulated member must obtain a patient's informed consent prior to an examination, assessment, treatment or procedure; such consent may be implied, expressed orally or in writing as appropriate."
- 3) This document further refers to the Canadian Medical Protective Association ("CMPA") in relation to informed consent in that consent **must be properly informed**.³ I verily believe that without meeting

¹ https://cpsa.ca/wp_content/uploads/2020/05/Informed-Consent.pdf accessed October 4th, 2021.

² https://cpsa.ca/physicians/standards_of_practice/informed-consent/ accessed October 4th, 2021.

³ https://www.cmpa-acpm.ca/en/advice_publications/handbooks/consent-a-guide-for-canadian-physicians#types%20of%20consent accessed October 4th, 2021.

this basic premise, professionals who fail to obtain fully informed consent leave themselves without a defence for potential disciplinary or criminal actions to be taken against them. Valid consent is described in the CMPA as follows:

“Requirements for valid consent

For consent to serve as a defence to allegations of either negligence or assault and battery, it must meet certain requirements. The consent must have been voluntary, the patient must have had the capacity to consent and the patient must have been properly informed.”

4) Further, informed consent can only be obtained from a person and/or legal guardian as appropriate. The person must be assessed to be competent, provided with all relevant information and make an informed decision without any form of coercion.

5) The CMPA website states (emphasis added):

a) *“The right to determine what shall, or shall not, be done with one’s own body, and to be free from non-consensual medical treatment, is a right deeply rooted in our common law. This right underlies the doctrine of **informed consent**. With very limited exceptions, every person’s body is considered inviolate, and, accordingly, every competent adult has the right to be free from unwanted medical treatment. The fact that serious risks or consequences may result from a refusal of medical treatment does not vitiate the right of medical self-determination. **The doctrine of informed consent ensures the freedom of individuals to make choices about their medical care.** It is the patient, not the physician, who ultimately must decide if treatment any treatment is to be administered.”⁴*

6) Further. (Emphasis added):

a) ***“Voluntary consent***

*Patients must always be free to consent to or refuse treatment, **and be free of any suggestion of duress or coercion. Consent obtained under any suggestion of compulsion either by the actions or words of the physician or others may be no consent at all** and therefore may be successfully repudiated. In this context physicians must keep clearly in mind there may be circumstances when the initiative to consult a physician was not the patient’s, but was rather that of a third party, a friend, an employer, or even a police officer. Under such circumstances the physician may be well aware that the patient is only very reluctantly following the course of action suggested **or insisted upon by a third person.** Then, **physicians should be more than usually careful to assure themselves patients are in full agreement with what has been suggested, that there has been no coercion and that the will of other persons has not been imposed on the patient.***

The bottom line:

***Consent obtained under any suggestion of compulsion either by the actions or words of the doctor or others may be no consent at all and therefore may be successfully repudiated.”*⁵**

⁴ <https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians> accessed October 4th, 2021.

⁵ <https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians> accessed October 4th, 2021.

- 7) During the past 18 months, Dr. Deena Lynn Hinshaw (“Dr. Hinshaw”), the Chief Medical Officer of Health (“CMOH”) and a registered physician within the Province of Alberta⁶, governed by the CPSA Standard of Practice, has made statements and passed Orders, which are now law, that clearly contravene this Standard of Practice. Such Orders include but are not limited to the following:
- a) MEDICAL NOTE FOR MASK EXEMPTION.
 - b) Order 22-2021;
 - c) Order 34-2021;
 - d) Order 40-2021;
 - e) Order 42-2021;
 - f) Order 43-2021;
 - g) Order 44-2021; and
 - h) Order 45-2021;

These Orders and mask exemption letter template are attached as Exhibit “B”.

- 8) Dr. Hinshaw, by virtue of the aforementioned Orders, has interfered with the direct doctor-patient care relationship in such matters, including but not limited to, mandating into law the use of face coverings by the general population including those two years old and older.
- 9) Dr. Hinshaw has specifically defined exemption limitations related to mask-wearing without consulting with any of the patients in Alberta. She has been forcing Albertans to comply with these medical interventions. Her restriction on exemptions in the use of a face covering has hindered the ability of doctors to provide advice and appropriately care for their patients. Dr. Hinshaw’s directive was further reinforced by the CPSA in directing doctors to not provide a medical exemption letter to a patient no matter their health conditions. This has had a direct impact on me in relation to an exemption letter for my personal medical conditions. I suffer from lung damage caused by improper ventilation. This has resulted in a significant reduction in my lung capacity. As a result, I obtained a letter of exemption from my personal physician on May 6th, 2020. This letter has now been rendered obsolete due to the changes made by Dr. Hinshaw. However, my medical condition and therefore exemption has not changed. Attached hereto and marked as Exhibit “C” is a summary of my medical history and copies of my baseline lung x-rays from 2017 and 2018 for reference.
- 10) Dr. Hinshaw set a precedent in the simple matter of masking that is reversible. However, this precedent has been followed with the incessant coercive language we hear daily regarding COVID-19 vaccinations. COVID-19 vaccines, as opposed to mask wearing, are not a reversible health procedure. Health care professionals presently are given no choice but to push vaccination as the only option despite a lack of fully informed consent from their patients.
- 11) Furthermore, contrary to the Spirit of Bill 66, Section 11, which was passed into law by the Government of Alberta on June 17th, 2021, the Premier, Mr. Jason Kenney (“Premier Kenney”), and others in his government have intensified the coercive language to enforce mandatory vaccination. This was solidified on September 30th, 2021 when Mr. Kenney announced the mandatory vaccination of all remaining provincial employees, with the specific exclusion of Members of the Legislative Assembly.

⁶ https://search.cpsa.ca/PhysicianProfile?e=847bff19_62dc_43b3_b34e_0eda45c07146&i=0 accessed October 4th, 2021.

- 12) This government action is similar to that taken by Dr. Verna W.Y. Yiu (“Dr. Yiu”) the Chief Executive Officer (“CEO”) of Alberta Health Services (“AHS”) on all AHS employees. Like Dr. Hinshaw, Dr. Yiu is a registered physician within the Province of Alberta⁷ and thus her actions are contrary to the CPSA Standard of Practice to which she is also bound.
- 13) Similarly, many members of the CPSA and other regulatory bodies currently using coercive language and techniques are also bound by these same Standards of Practice. However, they continue to fail to abide by these standards.
- 14) For further clarity, the CPSA, in their “Exemption Requests: Patient FAQs” state⁸;

“What are the warranting medical conditions for vaccination exemptions?”

Clinical decisions on COVID-19 vaccination exemption are expected to align with recommendations set out by the Alberta Health Services COVID-19 Scientific Advisory Group. Clinical decisions may also be made based on the latest evidence from the National Advisory Council on Immunization, the Centers for Disease Control and Prevention and Alberta Health”

“Who can issue an exemption from vaccination?”

Your primary care physician is qualified to determine whether your medical condition warrants an exemption from COVID-19 vaccination. However, the likelihood of obtaining an exemption from vaccination is extremely unlikely.

“Is my physician obligated to provide me with an exemption?”

No. Physicians are highly unlikely to provide patients with an exemption from COVID-19 vaccination. Physicians will only offer an exemption based on the latest medical evidence from authorities like Alberta Health, Alberta Health Services, the National Advisory Council on Immunization and the Centers for Disease Control and Prevention.”

“What are the warranting medical conditions for vaccination exemptions?”

***Clinical decisions on COVID-19 vaccination exemption are expected to align with recommendations set out by the Alberta Health Services COVID-19 Scientific Advisory Group*⁹. Clinical decisions may also be made based on the latest evidence from the National Advisory Council on Immunization, the Centers for Disease Control and Prevention and Alberta Health.”**

“Will vaccination exemptions be given to pregnant women, or those trying to become pregnant?”

***No. Pregnancy, or attempting to become pregnant, does not warrant exemption from vaccination. COVID-19 vaccines are safe and effective for pregnant individuals and their babies, and vaccination may occur at any time, or during any trimester of pregnancy. Since the outset of the pandemic, the only pregnant women admitted to ICU in Alberta have been unvaccinated.* COVID-19 has severe impacts on the mother’s health and also the child’s. Alberta Health Services has very helpful information on COVID-19 vaccination and pregnancy.”**

“Can I complain to CPSA if I am denied an exemption request?”

⁷ <https://search.cpsa.ca/PhysicianProfile?e=847bff19-62dc-43b3-b34e-0eda45c07146&i=0> accessed October 4th, 2021.

⁸ <https://cpsa.ca/wp-content/uploads/2021/09/Vaccine-exemption-public-FAQ.pdf> accessed October 18th, 2021

⁹ <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-medical-exemptions-to-mandatory-vaccination-rapid-review.pdf#page=6> accessed October 18th, 2021

CPSA expects physicians to assess all patient requests for vaccination exemptions. CPSA would only investigate a complaint if a physician has refused to provide an assessment, or if the physician issued an exemption for an unwarranted medical condition. CPSA accepts evidence based clinic judgements by physicians.”

The wording of these documents is quite deliberately designed to suggest there are **NO** exemptions. Any potential for an exemption is controlled, not through the doctor/patient relationship, but rather at the direction of the government and its agents. Additionally, the CPSA appears to ‘trust’ the doctor’s judgment when they do as they are instructed, but not if the patient has a genuine concern that goes against the government’s narrative. As such, informed consent cannot be obtained. We are now in the realm of controlled speech and a fundamental breach of the doctor/patient relationship.

- 15) Doctors are required by law to complete vaccine adverse impact assessments.¹⁰ This does not appear to be taking place in all incidences within Alberta. I am personally aware of several adverse event incidents where a doctor has refused and/or been unable to report an adverse event as a result of not having the information made available to them, which is required to complete the reporting. I am personally aware of cases where a doctor has not been able to report an adverse event due to not having the batch number of the vaccine. This is not available in many cases resulting in a significant underreporting of vaccine adverse events. Such underreporting results in an inability to provide fully informed consent. The requirement under the Alberta Public Health Act IMMUNIZATION REGULATION to report adverse events is as follows:

“5(1) A health practitioner shall ensure that an adverse event following immunization is reported to a regional health authority within 3 days of the health practitioner determining or being informed that a patient of the health practitioner has experienced an adverse event following immunization that has not been reported to a regional health authority.”

- 16) Despite this lack of thorough reporting, currently in Alberta we have seen a significant increase in severe Adverse Events Following Immunization (“AEFI”) related to COVID 19 vaccines specifically.
- a) As of October 14th, 2021, “1,749 adverse events following immunization (AEFI) have been reported to Alberta Health.”. Of these, 1,102 have been associated with **Pfizer** specifically. Attached hereto and marked as Exhibit “D” is the Alberta Health Services publicly available chart for October 8th, 2021¹¹. Included in this exhibit are comparison reports from the UK Office of National Statistics¹²¹³ ¹⁴ ¹⁵ and the CDC Vaccine Adverse Effect Reporting System (VAERS) database¹⁶.

¹⁰https://www.gp.alberta.ca/1266.cfm?page=2018_182.cfm&leg_type=Regs&isbncIn=9780779806669&display=html accessed October 4th, 2021.

¹¹ <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations> accessed October 17th, 2021.

¹² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977005/COVID-19_mRNA_Pfizer-BioNTech_Vaccine_Analysis_Print.pdf accessed October 15th, 2021.

¹³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977006/COVID-19_vaccine_AstraZeneca_analysis_print.pdf accessed October 15th, 2021.

¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013605/COVID-19_Moderna_Vaccine_Analysis_Print_18.08.2021.pdf accessed October 15th, 2021.

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977007/COVID-19_vaccine_brand_unspecified_analysis_print.pdf accessed October 15th, 2021.

¹⁶ <https://vaers.hhs.gov/data/datasets.html> accessed October 15th, 2021.

- b) All reported adverse impacts from ALL vaccines in all of CANADA for 2014-2018^{17, 18}. Attached hereto and marked as Exhibit “E” are the Canada Health publicly available charts for AEFI 2014-2018.¹⁹
- c) AEFI in Alberta are categorised under a twenty-three (23) page reference document, attached hereto and marked as Exhibit “F”. Doctors must refer to this when assessing the recommendations as to whether their patients should be vaccinated and treated in the event of a potential vaccine injury^{20, 21}.

17) Currently, AHS and the Government of Alberta use potentially confusing and misleading terms for “hospitalizations”, “unvaccinated”, “partially vaccinated” and ‘COVID Cases’. For example, the AHS website²² states (emphasis added);

- *“Since Jan 1, 2021, 0.3% of people with one dose (10,595/3,204,805) were diagnosed with COVID-19 14 days after the first immunization date*
- *Since Jan 1, 2021, 0.7% of people with two doses (19,063/2,876,419) were diagnosed with COVID-19 14 days after the second immunization date*
- *85.3% of cases (179,981/210,988) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date*
- *85.1% of hospitalized cases (8,586/10,090) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date*
- *77.1% of COVID-19 deaths (1,090/1,414) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date”*

18) Despite the clearly misleading message it portrays, on October 8th, 2021, Dr. Hinshaw tweeted to all Albertans that 88% of ICU patients were “unvaccinated”, 5% “partially vaccinated” and 7% “fully vaccinated”, without the caveat of “**diagnosed within two weeks**” being included in those terms.²³. A copy of the Tweet is attached as Exhibit “G”

Critical pieces of information missing in this reporting by AHS and Dr. Hinshaw include but may not be limited to:

- How many people are admitted in the first two weeks after a vaccination (first, second or booster dose)?
- Were they symptomatic?
- Were they admitted for reasons other than COVID 19?

¹⁷ <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-january-1-june-30-2018.html> accessed October 4th, 2021.

¹⁸ <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/adverse-events-following-immunization-bi-annual-report-july-1-december-31-2018.html> accessed October 4th, 2021.

¹⁹ <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations> accessed October 15th, 2021.

²⁰ <https://open.alberta.ca/publications/covid-19-vaccine-aeafi> accessed October 4th, 2021.

²¹ <https://open.alberta.ca/dataset/4d885a4c-f9b3-4434-bf5a-5accb63e22a1/resource/c6c6c92d-1015-4c79-ae4a-b9daf9628086/download/health-aip-aeafi-covid-19-2021-07-15.pdf> accessed October 4th, 2021.

²² <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccine-outcomes> accessed October 11th, 2021.

²³ https://twitter.com/CMOH_Alberta/status/1446621934410739715?s=20 accessed October 12th, 2021.

Having access to this information could completely change the view of the potential risk of vaccination. However, without it we cannot be fully informed to provide informed consent. In order to ensure fully informed consent, it is imperative that the doctors and other healthcare providers be in possession of information beyond these misleading terms so that the true impact of COVID-19 on the Alberta population can be judged. I verily believe that this information should include, but not be limited to:

- a) The breakdown of COVID cases in hospital that were admitted for COVID-19 and are being treated primarily for COVID-19 rather than COVID-19 being secondary and/or asymptomatic. For example, in 2020, the two oldest reported deaths ‘with’ COVID-19 and multiple co-morbidities were 105 and 107 years old. It is clear that COVID-19 was not the primary cause of death in these cases. Currently, AHS do not consider age or obesity as co-morbidities for COVID 19, despite those conditions being recognised as the primary co-morbidities for all other respiratory diseases.
- b) The actual number of current hospitalisations versus the number of ‘hospitalizations’ as defined by AHS in their response attached hereto and marked as Exhibit “H”.
- c) The actual number of ICU patients throughout the pandemic with an explanation of the significant retroactive modification of reported ICU hospitalizations with COVID-19. There are significant concerns regarding the sudden and unexplained retroactive change of reported ICU beds and hospitalisations as shown in the reported charts from AHS’s public website, attached hereto and marked as Exhibit “I”²⁴.
- d) The number of people who were hospitalized within two weeks of a COVID-19 vaccine, including type of vaccine. This reporting breakdown should be expanded from one to nine months as we now have data for a period of more than nine months of vaccinations. This reporting is highly relevant in relation to vaccination in pregnancy and contemplated pregnancies.
- e) The number of people who are currently listed as a COVID-19 cases but are asymptomatic with a breakdown by hospitalization, ICU admission and those isolating outside of hospital. Attached hereto and marked as Exhibit “J” is the expectation of the COVID-19 Scientific Advisory Group (“SAG”) Rapid Response Group Report from August 7th, 2020²⁵ on the improper inference of infection for positive tested asymptomatic persons.

19) As an internationally recognised expert in informed consent, I can categorically state that a large percentage of the Albertan population has taken a COVID-19 vaccine without having been provided informed consent due to such factors as:

- a) A lack of information as highlighted here.
- b) Coercion by incentive such as a lottery or bribe by the government or employer.
- c) Coercion by threat such as loss of income or other financial penalties such as paying for his/her own testing.
- d) Coercion by restriction of time. Dr. Hinshaw stated in early 2021 that longer periods between first and second doses were the most ideal method to ensure full protection. However, the recent mandates provided minimal turnaround times for vaccination and therefore placed undue stress on a person’s ability to be fully informed and without undue coercion.

²⁴ <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#healthcare-capacity> accessed October 4th, 2021.

²⁵ <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-asymptomatic-transmission-rapid-review.pdf> accessed October 4th, 2021.

- 20) As an internationally recognised expert on informed consent, I have given many talks in this area, specifically on Privacy and Compliance. With my background as a police officer, as a way to demonstrate the importance of informed consent without coercion, I use the example of sexual assault and rape. The reason for this analogy is that often the victim of such crimes appears to have consented. However, the victim is often found to have not met the definition of consent despite believing they were consensual in their actions. To illustrate this further, I would enter into evidence an article I authored in 2017 (with links to explanatory videos) on informed consent, attached hereto and marked as Exhibit “**K**”.^{26,27,28}
- 21) I verily believe that the Government of Alberta, Premier Kenney, Dr. Hinshaw, Dr. Yiu, in their positions of authority, are forcing the administration of COVID-19 vaccines on the Alberta public. The administration and effects of a COVID 19 vaccination are irreversible. The long term effects are unknown, and I verily believe that sufficient evidence exists to prove that the COVID 19 vaccine has been damaging and deadly to many people in Alberta. Accordingly, I verily believe that the administration of COVID 19 vaccines should be halted in the Province of Alberta.
- 22) The recent announcement of the mandates to Government of Alberta employees (and others) to be fully vaccinated regardless of working location or contact with others constitutes a direct violation of, if not the Letter of the Law, at least the Spirit of the Act. Specifically, it contravenes the intent of Bill 66, Section 11, the removal of Section 38(1)(c) and 38(3) of the Provincial Health Act (“PHA”) as it relates to mandatory vaccinations. Attached hereto and marked as Exhibit “**L**” are the relevant sections of the PHA and Bill 66.
- 23) Further, and contrary to the announcements by Premier Kenney, Dr. Hinshaw and others, in authority, the misleading information that **all** Health workers in this Province have been required to be vaccinated for **multiple** diseases is also incorrect. The Alberta Public Health Act - Communicable Diseases Regulation, Schedule 4, Page 45, Section 5(5) clearly states that;

*“All staff of day care facilities and **persons with face to face contact with patients** in a health care facility shall ensure that they are immunized against **Rubella**.”*

It further states that **all other immunizations** are **recommended**, not mandatory. The public announcements that portray a different position are not just misleading but also contribute to an inability for the citizens of Alberta to provide informed consent. Attached hereto and marked as Exhibit “**M**” is the relevant section of the Alberta Public Health Act Communicable Diseases Regulation.

- 24) On December 31, 2020, Premier Kenney stated publicly that (emphasis added);

*“...there will be **no mandatory or coerced** administration of the COVID-19 vaccines in Alberta, **period. Full stop.**”*

- 25) On October 7th, 2021, Premier Kenney stated publicly that (emphasis added);

²⁶ <https://www.linkedin.com/pulse/cyber-security-compliance-consent-dave-dickson/> accessed October 11th, 2021.

²⁷ <https://youtu.be/9yu4ocJ4250> Informed Consent. ©DKS DATA accessed October 11th, 2021.

²⁸ <https://youtu.be/u7Nii5w2FaI> Tea and Consent (British VO version) © Blue Seat Studios. accessed October 11th, 2021.

“...we are **prohibiting** indoor **socializing** amongst **unvaccinated** people.”

26) On October 7th, 2021, Premier Kenney stated publicly that (emphasis added);

*“We are seeking a supply of **six million** rapid antigen test units **to roll out to our schools and through them to parents** so that **parents of unvaccinated younger school children** can administer an antigen test about **twice a week.**”*

27) On October 12th, 2021, Premier Kenney stated publicly that (emphasis added);

*“Many reports of people, particularly **younger** people, who who[sic] finally got the, who finally decided to get the job so they could receive that **bonus payment.**”*

*“The **lottery** that we announced in the summer led to an **uptick in rates.**
The **\$100 incentive** led to an **uptick in rates.**
The **REP** led to an **uptick in rates.**”*

28) On October 12th, 2021, at just over 24 minutes into the Alberta Government COVID 19 update, Dr. Hinshaw stated that (emphasis added);

“Since Friday we have had an average of eight new deaths per day reported to Alberta Health, with a total of 33 over the weekend.

***This includes the death of a 14 year old** who had complex, pre-existing medical conditions that played a significant role in their death.*

I extend my deepest condolences to the loved ones of all of these individuals, and to any Albertan who's mourning the loss of someone they cared about.”

This statement had the obvious intent of terrifying the public and furthering the push for uninformed vaccination of children in the province. This then became a story widespread in the media creating more panic and fear, thus interfering in the ability of people to be fully informed when providing consent.

29) On the evening of 12th, October 2021, as a direct result of this clearly irresponsible public statement by Dr. Hinshaw, a heart wrenching response was issued by the sister of this 14 year old boy on social media. Attached hereto and marked as Exhibit “N” is a copy of that statement.

*“Simone Spitzer: **The 14-year old on the article is my brother. He died from stage 4 brain cancer, not from covid.** This is fake news. He was diagnosed in January 2021, and hospitalized in August. Two days before his death he was tested for covid and it turned out positive... please share and comment that **this is fake.**”*

EDMONTON CITYNEWS.CA Alberta reports youngest COVID-related death to date CityNews Edmonton”

30) As a direct result of being called out by the family for this blatant misrepresentation, Dr. Hinshaw was forced to make a public apology. This happened two days later on 14th, October 2021 at

approximately 4 minutes into the Alberta Government COVID 19 update. In it, Dr. Hinshaw stated (emphasis added);

“I would like to start today by explaining our process for identifying and reporting deaths due to COVID-19. Before I get to that, however, I first want to apologize to the family of the 14 year old whose death I spoke about on Tuesday. The pain of losing a child is terrible enough without having that loss, compounded by a public debate about the circumstances. I am sorry if the way that I spoke about that death made your grief worse. Since the start of this pandemic. I have heard from many Albertans, including those who have lost a loved one.

I reflect often on the impact that our reporting measures and every other element of the pandemic response has on them. When I speak about cases and our reporting process, it is not to diminish the losses, whether caused by COVID or anything else.

At the same time, we are in a global pandemic. We have an obligation to monitor and report deaths from COVID-19 infection and to be as timely and transparent as possible. In our reporting, we always include all deaths that have COVID as either a primary or secondary cause of death according to the health care teams that were involved in the cases. For example, a primary cause would be someone in whom COVID infection progresses to pneumonia, and this is the direct cause of death.

A secondary cause could be a case where someone with a severe underlying illness such as heart failure, gets COVID and the infection makes their pre existing condition worse, leading to death.

We report in this way to accurately capture the impact that COVID-19 is having.

That is also why our reporting process includes both deaths that come to us, where a person has COVID listed as a primary or secondary cause of death. As well as cases with a recent diagnosis of COVID where the cause of death is still under investigation.

To make sure we are as accurate as possible. After a death is reported, if there is uncertainty it is reviewed to validate our information. If that review identifies that COVID was not a primary or secondary cause of death, it is removed from our totals.

Every surveillance system has to balance this tug of war between between[sic] precision and timeliness.

The more precise reporting is, the slower it is. We have chosen to focus on being as timely as possible in the interests of transparency.

Sometimes, though, as in the case reported on Tuesday, the initial information provided to us changes after a review.

While the initial report of the death of the 14 year old included COVID as a secondary cause. We have now received additional information that indicates COVID was not a cause of death.

As we routinely do with all similar reviews, when this happens, we remove the death from our reporting.

This incident has caused suffering for many, and again, I apologize for this.

We are making changes to prevent similar situations in the future.

Going forward, we will not publicly report any COVID deaths in anyone under 18 until the review process has been completed. We will prioritize accuracy over timeliness in these cases.

I want to assure everyone that these reviews are always done in cases of any uncertainty, so the overall COVID numbers we have been reporting are as accurate as possible.

However, it is clear that we need a different process for young people and we have put that in place now. Again, I offer my sympathies to everyone who has suffered loss from any cause. As I have said many times, every life matters and every death matters.

Turning to today's numbers. Over the last 24 hours we have identified 916 new cases of COVID 19 and completed about 12,700 tests."

- 31) Attached as Exhibit "O" are the publicly published vaccination rates, by age and dose, for October 13th and 14th, 2021²⁹.
- 32) Due to the imminent emergency approval of vaccinations for children 5-11 years old and the loss of critical health care workers from the workplace in an already stressed health care system, this request for injunctive relief is considered urgent. Without this urgent relief, there will be irreparable harm to the citizens of this Province, including myself and my immediate family.
- 33) Further, it is my expert opinion that informed consent regarding the COVID 19 vaccine, including potential risks, is not being afforded to the people of Alberta.
- 34) It is my expert opinion that it is in the best interest of the people of Alberta to halt the administration of all COVID 19 vaccines in the Province of Alberta or at very least require that each and every person be provided with full and informed consent, including but not limited to a list of all associated risk factors and such other information as is listed in this application.
- 35) I make this Affidavit in support of an Originating Application seeking an Order to halt the administration of all COVID 19 vaccines in the Province of Alberta or in the alternative, an Order requiring that all persons receiving a COVID 19 vaccine in the Province of Alberta be provided with full and informed consent, which includes, but is not limited to a comprehensive list of the risk factors associated with the COVID 19 vaccines.

²⁹ <https://www.alberta.ca/stats/covid-19-alberta-statistics.htm#vaccinations>

Redacted

SWORN BEFORE ME at
Devon __, Alberta, this _18th_ day
of ____ October _____, 2021)

Redacted

David Thomas Dickson

Commissioner for Oaths in and for
the Province of Alberta

A Commissioner for Oaths
in and for the Province of Alberta
Appointment expires: 2022/02/22