

From: David Dickson
Sent: Saturday, September 5, 2020 9:31 AM
To: 'Danielle Smith' <Danielle Smith>
Subject: COVID 19 and Care Homes - A plea for help
Importance: High

Good morning Danielle,

I am about to send a collection of emails and attachments regarding what has been happening in Alberta. The focus of these is on Care Homes in Alberta but the information goes way beyond that. We have much more that is being willfully ignored by politicians and others, to the severe and fatal detriment of Albertans. We hope you have time to review the information and would love to talk more about what is really happening in Alberta, Canada and the world alike. If anyone thinks things have been bad to this point, they are in for a rude awakening. Things are about to get very dark indeed.

Note that I am talking daily with world renowned experts as regard what is happening. All my research has been peer reviewed and verified. I also talk with Doctors and other health professionals, Police, Armed Forces and Security Service colleagues on a daily basis who have all provided factual information to back up what is nothing less than a crime against humanity.

To start, I will link my initial published research and a recent speech by my wife. After this, will follow seven emails shared with the Alberta Health Advocates office, every MLA and MP in Canada and Alberta, the Premier and Deena Hinshaw. All have ignored these communications and many others since April other than a brush off from Dane Lloyd. [redacted_2] and her team from the Alberta Health Advocates office are the only official representatives who have taken up our plea for help. However, we feel that their voice may not be enough.

Initial published research:

https://www.researchgate.net/publication/341713221_The_Best_Laid_Plans_COVID-19_A_SARS-COV-2_Story_A_SARS-CoV-2_Story_Page_2_106

Updated charts, data and links related to this are backed up here: <https://dksdata.com/covidimages/>

Here is my wife speaking last week.

<https://youtu.be/7j9U4k2LBgs>

Time is short for action to stop this crime from continuing and to bring those responsible to justice. Hopefully you can help. I am also working on connecting professionals and like minded experts worldwide who I have been talking to for over 6 months now. As part of that, I am also in regular contact with Dr. [redacted_4] of Israel (former Minister of Health), although the language barrier is always a challenge. I also speak almost daily with Professor [redacted_3] (resume attached) who is working with professionals, lawyers and more in 22 countries in and around Europe to try and put a stop to this insanity. I have many more contacts (some from areas such as the military, health and security services i.e. GCHQ) who are also contributing to my work.

You are one of the few public figures speaking up and questioning what is happening right now. This is so critical to the survival of Alberta. Hopefully we can help you in your fight to get the truth out.

David

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Privacy and Cybersecurity Expert.

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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)

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From: CapitalCare <info@capitalcare.net>
Sent: Tuesday, July 14, 2020 4:16 PM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: CapitalCare (CCD) Update July 14 📧

CapitalCare Dickinsfield COVID-19

Trouble viewing this email? [Read it online](#)



JULY 14, 2020

Dear Residents and Families:

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.

What are we doing?

The health and safety of all our residents, patients, and staff is our top priority.

We have taken immediate action on the appropriate Infection Prevention and Control measures required. Staff are wearing full Personal Protective Equipment (PPE) when they are caring for all residents in isolation, including taking extra precautions in donning and doffing their PPE when leaving and entering residents' rooms, and wearing masks continuously in other areas as well. We have been carefully cleaning any high and low-touch surfaces.

Additionally, all residents and staff within the Dickinsfield centre will be tested for COVID-19, beginning tomorrow. If your loved one tests positive, we will notify you as soon as we get the results.

Effective immediately, outdoor and window visitation has been suspended until further notice. We will continue to arrange virtual visits and phone calls. We understand this is difficult; however,

limiting visitation is one essential measure to prevent further spread of the illness.

Last month, CapitalCare responded immediately and effectively to two COVID-19 outbreaks at other centres. We are confident in our Pandemic Response Plan to manage this outbreak as well.

Our residents are always at the centre of everything we do and together we will get through this!

Updates on the status of Dickinsfield and all other CapitalCare centres sites will be posted to [CapitalCare's website](#).

All other centres at CapitalCare continue to have no confirmed cases of COVID-19.

For current Alberta case count and additional case information, please visit [Alberta.ca/Covid19](#).

If you have any further questions or comments please email us at info@capitalcare.net.

Sincerely,

[redacted_7], Site Director
CapitalCare Dickinsfield

GET SOCIAL WITH US:



CapitalCare Dickinsfield
14225 - 94 Street
Edmonton, Alberta T5E 6C6
T 780.371.6500
F 780.371.6583

You are subscribed to this email as Karen.dickson@dksdata.com.

Click here to modify your [preferences](#) or [unsubscribe](#).



From: CapitalCare <info@capitalcare.net>
Sent: Thursday, July 16, 2020 3:08 PM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: CapitalCare CCD Update - July 16, 2020 📧

COVID-19

Trouble viewing this email? [Read it online](#)



JULY 16, 2020

Dear Residents and Families:

Since notifying you earlier this week of the outbreak at Capitalcare Dickinsfield, we have some additional information.

On-site testing of consenting residents and staff began yesterday as per the direction of the Medical Officer of Health. If your loved one tests positive, we will notify you as soon as we get the results.

Outdoor visitation has been suspended at Dickinsfield until further notice; however, window visits have resumed. Laundry drop-off and pick-up can continue.

Ongoing communication with you is a priority. We invite you to attend a virtual Town Hall on **Tuesday, July 21st from 5:30 – 6 p.m.** Although this is a video conference, you have the option of attending by phone. Please submit your questions ahead of time to info@capitalcare.net.

Topic: CapitalCare - Dickinsfield

Time: 5:30 p.m. – 6 p.m. Mountain Time

[Join Zoom Meeting](#)

Meeting ID: 969 5014 1538
Password: 617865

Join the meeting by phone

Ph: (587) 328-1099

Meeting ID: 969 5014 1538
Password: 617865

Updates on the status of Dickinsfield and all other CapitalCare centres will be posted to [CapitalCare's website](#).

For current Alberta case count and additional case information, please visit Alberta.ca/Covid19.

If you have any further questions or comments please email us at: info@capitalcare.net.



Last week, CapitalCare Dickinsfield residents had a wonderful afternoon of outdoor musical entertainment, with back-to-back concerts so that many could enjoy the music without gathering in a large group.

**Helping You
Connect**



FEAST RE-IMAGINED

At **CapitalCare Foundation**, we aim to build community in everything we do. Due to the ongoing COVID-19 pandemic, we are unable to hold what you have known as Feast on the Field at Commonwealth Stadium as we have in years past, but this hasn't stopped us from getting creative to bring you the re-imagined **Feast on YOUR Field!**

[LEARN MORE](#)

DONATE WITH SKIP THE DEPOT



Did you know we've partnered with Skip The Depot, a bottle collection service that will let you donate your bottle refund directly to us! Click below to learn more.

SKIP THE DEPOT

The **Hearts for Healthcare** window decals are really making a difference. Send your messages in and give CapitalCare staff virtual gratitude through your inspiring messages!

SEND A HEART

CANADA HELPS

GET SOCIAL WITH US:



CapitalCare
6th Floor, 10909 Jasper Avenue
Edmonton, Alberta T5J 3M9
Ph: (780) 448-2421

You are subscribed to this email as Karen.dickson@dksdata.com.

[Click here to modify your preferences](#) or [unsubscribe](#).



From: David Dickson

Sent: August 5, 2020 5:54 PM

To: [redacted_2]@albertahealthadvocates.ca; deena.hinshaw@gov.ab.ca; jason.kenney@gov.ab.ca; [redacted_5] <[redacted_5]@albertahealthservices.ca>

Cc: [redacted_6] <[redacted_6]@capitalcare.net>; Karen Dickson <karen.dickson@dksdata.com>; [redacted_7] <[redacted_7]@capitalcare.net>; [redacted_8] <[redacted_8]@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_9] <[redacted_9]@capitalcare.net>; dksdata@gmail.com

Subject: FW: RE: Visitation for [redacted_1]

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_5] 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_7] and [redacted_6]. 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_5]. We are not sure at this time if Dr. [redacted_5] 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_5], 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_7], 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_7]'s 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. G. [redacted_5] MD MSc FRCPC
Medical Officer of Health
Alberta Health Services – Edmonton Zone”*

To clarify what Dr. [redacted_5] misrepresented in her email communication, we have attached the full text of the Order she referenced, but here is the actual section Dr. [redacted_5] decided to edit and emphasise. Note that contrary to the attempt by Dr. [redacted_5] 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_1]'s long time partner for more than a decade, [redacted_10] and now includes her daughter, Karen Dickson.

Deceptively, by design or through negligence, Dr. [redacted_5] 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_5] *"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_5]. 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 traceable 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_1] 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_1], we were very concerned. Further, due to the Orders of Dr. Hinshaw, Karen, [redacted_1]’s 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_1]’s fall from [redacted_1], we immediately drove out to the site, from Devon, to assist in communicating with [redacted_1]. As [redacted_1] had a full left aphasic stroke a decade ago, it had already been identified that both Karen and [redacted_10]’s (her partner) direct contact with [redacted_1] 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_1], we had designated [redacted_10] to be that nominated person. At this critical time though, [redacted_10] was not available. With the permission of [redacted_7], (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_1] was visibly and audibly upset about the continued isolation in the center. In addition, further bruising was found on [redacted_1] from this and the previous fall. Note that this is highly unusual and appears related to [redacted_1]’s stress regarding the additional restrictions placed on the center by Dr. [redacted_5].

To make matters worse, we had made arrangements, as other family members had, to finally spend some time with [redacted_1] 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_5] 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_5] 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_7] 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_5] 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_1] out of the center on Saturday August 1st, 2020. When Karen arrived at the center that day, [redacted_1] 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_1] 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_7].

Now we move to Monday August 3rd, 2020. As requested, Karen called the center to confirm [redacted_1] 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_1] 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_1]. 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_7] 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_1]'s room trying to placate [redacted_1] 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_11], 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 [redacted_11] 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_11] 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_5] 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_5]'s 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_5] and the misrepresentation of Dr. Hinshaw's Orders, we have grave concerns as regards the continued involvement of Dr. [redacted_5] 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_1] at 1pm on Monday July 20th, 2020. As a result, [redacted_1] was denied her direct essential quality of life visits for two weeks on the direction of Dr. [redacted_5] under this outbreak. During this time, [redacted_1] 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_5] and the two sudden unrelated diarrhea cases in the center is a decision made by Dr. [redacted_5] 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_5]. However, if Dr. [redacted_5] 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 asymptotically positive with no cause of origin or subsequent infection. So why did Dr. [redacted_5] 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_5]'s 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.

2020-07-05	Edmonton Zone	Female	80+ years	Died
2020-07-05	Edmonton Zone	Male	70-79 years	Died
2020-07-07	Edmonton Zone	Male	70-79 years	Died
2020-07-08	Edmonton Zone	Female	80+ years	Died
2020-07-12	Edmonton Zone	Female	70-79 years	Died
2020-07-14	Edmonton Zone	Female	80+ years	Died
2020-07-14	Edmonton Zone	Female	80+ years	Died
2020-07-15	Edmonton Zone	Female	80+ years	Died
2020-07-15	Edmonton Zone	Female	80+ years	Died
2020-07-15	Edmonton Zone	Male	80+ years	Died
2020-07-16	Edmonton Zone	Female	80+ years	Died
2020-07-16	Edmonton Zone	Female	80+ years	Died
2020-07-16	Edmonton Zone	Female	80+ years	Died
2020-07-17	Edmonton Zone	Female	80+ years	Died
2020-07-17	Edmonton Zone	Female	80+ years	Died
2020-07-18	Edmonton Zone	Female	80+ years	Died
2020-07-18	Edmonton Zone	Female	80+ years	Died
2020-07-19	Edmonton Zone	Female	80+ years	Died
2020-07-19	Edmonton Zone	Female	70-79 years	Died
2020-07-21	Edmonton Zone	Female	80+ years	Died
2020-07-26	Edmonton Zone	Female	80+ years	Died
2020-07-27	Edmonton Zone	Female	80+ years	Died
2020-07-28	Edmonton Zone	Female	70-79 years	Died
2020-07-28	Edmonton Zone	Female	80+ years	Died
2020-07-28	Edmonton Zone	Female	70-79 years	Died
2020-07-28	Edmonton Zone	Female	80+ years	Died
2020-07-28	Edmonton Zone	Female	80+ years	Died
2020-07-29	Edmonton Zone	Female	70-79 years	Died
2020-07-29	Edmonton Zone	Female	80+ years	Died

We would request a formal investigation be started as regards the management of this outbreak and the actions of Dr. [redacted_5] 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_1], 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

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From: David Dickson

Sent: August 5, 2020 9:20 PM

To: [redacted_2]@albertahealthadvocates.ca; deena.hinshaw@gov.ab.ca; jason.kenney@gov.ab.ca; [redacted_5] <[redacted_5]@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_6] <[redacted_6]@capitalcare.net>; Karen Dickson <karen.dickson@dksdata.com>; [redacted_7] <[redacted_7]@capitalcare.net>; [redacted_8] <[redacted_8]@capitalcare.net>; deena.hinshaw@ahs.ca; [redacted_9] <[redacted_9]@capitalcare.net>; dksdata@gmail.com

Subject: RE: RE: Visitation for [redacted_1]

Importance: High

Sensitivity: Confidential

Dr. [redacted_5],

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 sum[redacted_24] 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

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From: [\[redacted_5\]@albertahealthservices.ca](mailto:[redacted_5]@albertahealthservices.ca)
To: david.dickson@dksdata.com, deena.hinshaw@gov.ab.ca,
[\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@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_1]

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. G. [redacted_5] MD MSc FRCPC
Medical Officer of Health
Alberta Health Services – Edmonton Zone

From: David Dickson <david.dickson@dksdata.com>

Sent: August 11, 2020 7:00 PM

To: Lloyd, Dane - M.P. <Dane.Lloyd@parl.gc.ca>; [redacted_2]@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_1]

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 [redacted_2], (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

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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)

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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_1]

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 you 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 pri[redacted_24] 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

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.Besette@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.Bra\[redacted 11\]@parl.gc.ca](mailto:Bob.Bra[redacted 11]@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](mailto>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; [\[redacted 1\]-Yves.Duclos@parl.gc.ca](mailto:[redacted 1]-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; [\[redacted 7\].Gray@parl.gc.ca](mailto:[redacted 7].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>; Raachael.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](mailto>Kamal.Khera@parl.gc.ca); Robert.Kitchen@parl.gc.ca; Tom.Kmiec@parl.gc.ca; [Annie.Koutrakis@parl.gc.ca](mailto>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;

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Simon.Marcil@parl.gc.ca; Richard.Martel@parl.gc.ca; Soraya.Martinez@parl.gc.ca; Brian.Masse@parl.gc.ca;
Lindsay.Mathysen@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;
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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;
[\[redacted 24\].Ng@parl.gc.ca](mailto:[redacted 24].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>;
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Sherry.Romanado@parl.gc.ca; Lianne.Rood@parl.gc.ca; Anthony.Rota@parl.gc.ca; Alex.Ruff@parl.gc.ca;
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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;
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Mark.Strahl@parl.gc.ca; Shannon.Stubbs@parl.gc.ca; David.Sweet@parl.gc.ca; Marwan.Tabbara@parl.gc.ca;
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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>;
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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;
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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.LaLaBiche@assembly.ab.ca; FortMcMurray.WoodBuffalo@assembly.ab.ca;
FortSaskatchewan.Vegreville@assembly.ab.ca; GrandePrairie@assembly.ab.ca; GrandePrairie.Wapiti@assembly.ab.ca;
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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;
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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;
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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_1]

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
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From: CapitalCare <info@capitalcare.net>
Sent: Thursday, August 13, 2020 5:20 PM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: CapitalCare Update - August 13, 2020 📧

COVID-19

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August 13, 2020

Dear CapitalCare Residents and Families:

We are pleased to report there are no confirmed cases of COVID-19 in any residents of CapitalCare at this time.

Earlier this week we notified residents and families of **CapitalCare Dickinsfield** and **CapitalCare Lynnwood** that one staff member at each centre tested positive for COVID-19. Both staff members are currently isolating at home.

Out of an abundance of caution, both centres are taking extra infection prevention and control measures, and testing asymptomatic residents and staff who have consented to it. Pre-arranged visits are continuing at these centres if and as the centres have the resources to accommodate them.

CapitalCare Strathcona remained on outbreak precautions this week after staff began experiencing nausea, vomiting, and diarrhea symptoms. Residents who were previously ill with the same symptoms tested negative for COVID-19 and have improved. The centre anticipates outbreak precautions may be lifted next week and is preparing to resume visitation at both Heritage and Harvest Houses.

Active cases of COVID-19 in our centres are posted on the [COVID-19 News page](#) of our website.

For current Alberta case counts and additional case information, please visit [Alberta.ca/Covid19](https://alberta.ca/Covid19).

Visitation Update

Designated Support Persons

Thank you for your ongoing support as we continue to roll out our [Safe Visitation](#) policy. We have connected with 80% of Designated Support Persons (DSP) to set up their preferred schedule. [CMOH Order 29-2020](#) allows for up to two DSPs per resident. Please speak with your care manager to schedule your visits. Just a reminder, the on-line form for is for outdoor and virtual visits only.



CapitalCare Strathcona is in the process of contacting DSPs to create a schedule for indoor visits at Heritage House and Harvest House. They are hopeful this schedule can begin Monday August 17; check the CapitalCare website for updates prior to your scheduled visit. DSPs for Laurier House will be contacted in the coming week.

Risk Tolerance Assessments

All of our centres have completed their risk tolerance assessments, which looked at physical space, available resources, and feedback from the resident/family/staff surveys. Overall, when it comes to indoor visits, 72.3% of people surveyed across our organization prefer those visitors to be **low risk**. We ask that DSPs postpone their visits if they assess themselves at anything above low risk.

Additionally, the survey indicates a tolerance for no more than 10 DSPs in the building at any one time. This means we will need to manage the visit requests to ensure we are within that range. Your support and understanding of these principles of risk tolerance are key to helping us create a satisfactory visiting environment for all.

Screening Process

The screening process for DSPs involves a daily risk assessment, review of visitor responsibilities, training on how to properly wear a mask and hand washing. The process at the screening station can take up to 20 minutes. Please visit the [Info for Families/COVID Information](#) page our website to prepare, and ensure you allow time to complete the screening before your scheduled time.

Outdoor and Virtual Visits

Outdoor and virtual visits continue at our centres, with up to four visitors and the resident for an outdoor visit. Outdoor and virtual visits must be booked using the [online form](#).

A new automated booking system is in development and is expected to make coordinating the visits quicker and smoother for visitors as well as centre staff.

Frequency of Visits

Whether you visit indoors, outdoors or virtually, all of our centres are finding it challenging to schedule an equal number of visits for all families who would like to see their loved ones. Families and residents surveyed indicated a preference for visits once a week. We ask that you coordinate with your family members to ensure we can achieve one visit per week for each resident.

Visiting Hours

Visiting hours vary from centre to centre and are posted on the “Centres” pages of our website. Please check our website regularly; in the event of an outbreak, visitation may be paused.

Message of Support

We have been working hard to keep our residents and staff safe over the course of the pandemic and have appreciated receiving messages from our families. We wish to share these kind words from the family our most “senior” senior, on the occasion of her 108th birthday August 6:



Words cannot adequately express our gratitude to the outstanding team at Laurier House Lynnwood for all of your support in pulling off Mom's COVID-style celebration today.

I chatted with Mom earlier this week and unprompted she said "I'm so glad I chose here to live. They are always asking if I need anything and am I okay and what can they do for me. I feel I can ask them anything." If this is not a testament to the quality of your care and compassion I don't know what is.

We as a family are so grateful for CapitalCare's great communication, our opportunities to provide feedback and input and your exceptional work in keeping our loved ones and your staff safe.

Please pass on our thanks to all of the great members of your team.

– Loraine Anderton

Thanks to all of you for your support.

Kind regards,

The Executive Management Team

CapitalCare In the News

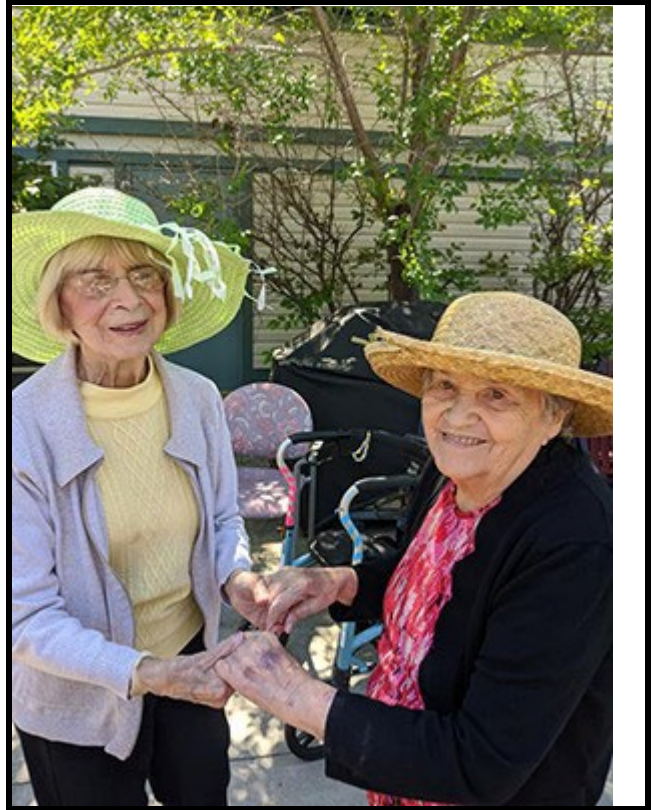
A CapitalCare resident and her family were featured on the CBC Edmonton News August 6. Vera Saunders, who celebrated her 108th birthday, is the oldest of 31 CapitalCare residents 100 years and older this year. Vera's family celebrated the milestone with a seven-car parade at Laurier House Lynnwood. Another distinction

Vera holds is having lived through TWO pandemics: Vera was just six years old during the Spanish Flu of 1918. [Read more...](#)

Activities at the Centres



CapitalCare Strathcona's annual antique car show looked a little different this year, but residents enjoyed it just as much. Thank you to the Edmonton Antique Car Club and the good neighbours in Sherwood Park for this year's Classic Car Drive-By. Resident [redacted_1]nette Tate enjoyed sharing her memories of her first car, as well as seeing a few female drivers behind the wheel.



The beat goes on at CapitalCare McConnell Place West. Residents have been enjoying fun afternoons in the sun, dancing to live music on the patio!



Residents of CapitalCare Lynnwood have been enjoying afternoon socials: the ladies like their tea, while the men prefer beer and wings.

More photos of centre activities are on [Facebook](#)

Helping You
Connect



FEAST RE-IMAGINED

At **CapitalCare Foundation**, we aim to build community in everything we do. Due to the ongoing COVID-19 pandemic, we are unable to hold what you have known as Feast on the Field at Commonwealth Stadium as we have in years past, but this hasn't stopped us from getting creative to bring you the re-imagined **Feast on YOUR Field!**

[LEARN MORE](#)

DONATE WITH SKIP THE DEPOT



Did you know we've partnered with Skip The Depot , a bottle collection service that will let you donate your bottle refund directly to us! Click below to learn more.

[SKIP THE DEPOT](#)

The **Hearts for Healthcare** window decals are really making a difference. Send your messages in and give CapitalCare staff virtual gratitude through your inspiring messages!

[SEND A HEART](#)

Make a connection by sending a positive message to a resident living at CapitalCare Centres.
Choose a postcard templates to send a special message.

[SEND A POSTCARD](#)

GET SOCIAL WITH US:



CapitalCare
6th Floor, 10909 Jasper Avenue
Edmonton, Alberta T5J 3M9
Ph: (780) 448-2421

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From: CapitalCare <info@capitalcare.net>
Sent: Friday, August 14, 2020 4:10 PM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: CapitalCare CCD Update - August 14, 2020 📧

COVID-19

Trouble viewing this email? [Read it online](#)



August 14, 2020

Dear Residents and Families:

We received confirmation on August 11th that CapitalCare Dickinsfield is now on a COVID-19 outbreak due to **one** staff testing positive.

We received confirmation on August 13th of a **second** staff positive case, and August 14th of a **third** staff positive case of COVID-19 at CapitalCare Dickinsfield.

There are no confirmed cases in any resident at this time.

Dickinsfield remains on facility wide outbreak status until otherwise directed by the Medical Officer of Health.

What we know so far:

The first staff member who tested positive for COVID-19 last worked at Dickinsfield August 8th. The second staff member has not been at the centre since August 6th. The third staff member last worked August 13th, had no symptoms, and was discovered to be COVID-19 positive during centre asymptomatic swabbing. All three staff members are isolating at home and do not present an ongoing risk to the facility.

We are working with the local Edmonton Zone Medical Officer of Health to investigate the source of the infection and undertake contact tracing for anyone that might have had exposure to the affected staff members.

We expect the asymptomatic swabbing of all residents and staff with consent that was started August 11th, to be complete within the next 24 hours. We will contact you by telephone if your loved one tests positive.

Effective today, we are cancelling all visitation. We will notify you when visitation is ready to be resumed.

What are we doing?

CapitalCare has a comprehensive COVID-19 Pandemic Response Plan to ensure we respond immediately and effectively. This plan was enacted as soon as we got confirmation of the COVID-19 positive result.

Strict contact and droplet precautions are in place. Staff are wearing full Personal Protective Equipment (PPE) when they are caring for all residents in isolation, including wearing goggles or face shields in all neighbourhoods, taking extra precautions in donning and doffing their PPE when leaving and entering the resident's rooms and wearing masks **and eye protection** continuously when in other resident care areas. We also have enhanced cleaning in effect, and are continuously cleaning any high-touch or low touch surfaces.

Frequent updates on the status of Dickinsfield and all other CapitalCare centres will be published on CapitalCare's website at www.capitalcare.net, which will be updated daily Monday to Friday to reflect any changes in the current situation.

To keep you current, we will update the [News](#) page of the CapitalCare website going forward.

For current Alberta case count and additional case information, please visit Alberta.ca/Covid19.

Thank you for your support and patience during these challenging times.

[redacted_7], Site Director

GET SOCIAL WITH US:



CapitalCare
6th Floor, 10909 Jasper Avenue

Edmonton, Alberta T5J 3M9
Ph: (780) 448-2421

You are subscribed to this email as Karen.dickson@dksdata.com.
Click here to modify your [preferences](#) or [unsubscribe](#).



From: dksdata@gmail.com <dksdata@gmail.com>

Sent: August 14, 2020 4:11 PM

To: '[redacted_7]' <[\[redacted_7\]@capitalcare.net](mailto:[redacted_7]@capitalcare.net)>; '[redacted_6]' <[\[redacted_6\]@capitalcare.net](mailto:[redacted_6]@capitalcare.net)>

Cc: '[redacted_8]' <[\[redacted_8\]@capitalcare.net](mailto:[redacted_8]@capitalcare.net)>; David Dickson <david.dickson@dksdata.com>; Karen Dickson <karen.dickson@dksdata.com>; [redacted_14] <[\[redacted_14\]@gmail.com](mailto:[redacted_14]@gmail.com)>

Subject: Centre lockdown

Importance: High

Sensitivity: Confidential

Hi [redacted_7] et al,

Firstly, thank you, [redacted_7], for your prompt reply to our last email. It was most helpful and answered our questions at that time.

Before you start reading this, please remember this is not an attack on Capital Care. It is a desperate plea for you all to pay attention and stop placating without question. Capital Care and all its staff has had an exemplary record prior to this insanity. However, you must remember you have a duty of care to these residents that cannot be abdicated to AHS and any of its proxies.

We want to put in writing how seriously concerned we are with these continuing “outbreaks”. We understand the impact it is having on you but even the shortest disruption in Designated, scheduled access has known and demonstrated risks to residents. This is the very reason Deena Hinshaw’s Order 29-2020 lays great emphasis on these visits, especially during an “outbreak”. In terms of risk analysis, the organization has to be cognizant of the fact that this risk is without doubt higher than the risk of the virus, based on AHS’s own information. EVERY ‘case’ to date has been the direct result of an asymptomatic staff member. This last “outbreak” includes multiple staff testing asymptomatic “positive” and apparently a few other staff members feeling sick from some unproven cause. During this insanity we all seem to have forgotten that people can and often do get sick from something other than this virus. In fact, the symptom list now in use for this virus covers such a wide range of common illnesses that we should all be very concerned that there is not more detailed investigation of each and every death currently checking the COVID box. The last “outbreak” was extended (and then reversed when challenged by us) for two instances of residents with gastric upset, coincidentally right at the point that the centre was due to reopen after over three weeks of lockdown. The same pattern of testing, “outbreak”, lockdown is being repeated in one centre after the next.

Above is an attachment which clearly outlines that these “positive” asymptomatic RT-PCR tests are NOT confirmation of an infection and thereby challenges the legality of ALL of the “outbreaks” to date. Note: this is not our interpretation. These are the facts of AHS’s OWN documentation. AHS cannot call an “outbreak” without a proven infection. In AHS’s own words, an asymptomatic RT-PCR test cannot be inferred to suggest an infection. The continued assumption that anything and everything is the virus is preventing the appropriate early treatment of so many vulnerable people in our society. How many are dying as a result of an assumption rather than the virus? This behaviour is nothing less than gross medical negligence.

These lockdowns, as we have warned over and over, are cycling on a never-ending loop leaving residents with minimal care. Physio is limited, medical appointments almost impossible to make, dental treatment and therapies outside the centre denied, hair appointments unable to be scheduled, let alone the social impacts to these poor souls incarcerated interminably. THIS IS AN ABSOLUTE OUTRAGE AND A CRIME AGAINST THE MOST VULNERABLE IN OUR SOCIETY.

- WHO at AHS determined the “outbreak” and placed the centre on lockdown? Can we assume this is Dr. [redacted_5] again, the same person who has already demonstrated some serious concerns over her handling of the last “outbreak”?
- Under exactly whose dictate were Designates refused admission?
- How long before Capital Care stand up for those in their care (residents and staff) and demands answers?

- As we move into flu season, ignoring everything that is written here and has been pointed out before will ensure centres will remain shut until there are few, if any residents, left to look after.

While we have the greatest faith in the frontline staff, management and Dickinsfield as a whole in terms of providing basic care, we are in absolutely NO DOUBT that residents will fade away from these restrictions. We are begging you, based on all the information we have provided to you, to take action to protect those who depend on you for their very survival. I leave you with this ominous thought. We guarantee you will soon have a slew of resident illness and deaths presumed 'WITH' not 'FROM' this virus. In fact, it is most likely, based on all the asymptomatic testing that happened first in Calgary and now in Edmonton, that MANY of these deaths are not only preventable but highly likely not even related to the virus. Under normal circumstances, residents of long term care would receive appropriate, early intervention and hospital treatment. This, along with known treatments for any possible virus, are being actively DENIED by this government. Deaths in care centres have and continue to be blamed on a virus with the only evidence being the known 'unfit for purpose' tests. If it was not for the virus, most of these centres in the last six months would be under police investigation for suspicious deaths. Sadly, if it was not for AHS's protocols and directions, most of these people would probably still be alive. Your centres are apparently being targeted, just like Good Samaritan Southgate was (and is), for round after round of testing to "prove" deaths from COVID to keep the facilities closed and care shut down.

You have a duty to protect those in your care, to question the process and protocols you are being forced to implement, to advocate and demonstrate to those demanding these measures that what is deemed as preventative and protective is, in actuality, punitive and perilous. PLEASE speak out before it is too late.

Karen and David for [redacted_1].

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



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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.

From: [\[redacted_7\]@capitalcare.net](mailto:[redacted_7]@capitalcare.net)

Sent: 17 Aug 2020 20:06

To: dksdata@gmail.com

CC: david.dickson@dksdata.com, [\[redacted_14\]@gmail.com](mailto:[redacted_14]@gmail.com), karen.dickson@dksdata.com

Subject: RE: Centre lockdown

Hello David,

The decision to pause visitation was made by me and the leadership team and is supported by PH, MOH and AHS. This difficult decision was made based on the need to use all staff resources to support resident care and to implement outbreak measures quickly on Friday and for the weekend. Staff must now wear face shields or goggles in resident neighborhoods and visitors would be required to do the same if visiting their loved one.

We are still waiting for some resident asymptomatic swab results. Our time and attention is on ensuring our staffing is stable and providing extra supports where needed on the neighborhoods.

We ask for your patience at this time. We will be reassessing our capacity to screen and support visitation and will continue communication with CCD families.

Kind Regards,

[redacted_7]

[redacted_7] | Site Director | [CapitalCare](#) Dickinsfield Campus

[redacted]

From: dksdata@gmail.com <dksdata@gmail.com>

Sent: Monday, August 17, 2020 8:55:51 PM

To: '[redacted_7]' <[\[redacted_7\]@capitalcare.net](mailto:[redacted_7]@capitalcare.net)>; '[redacted_6]' <[\[redacted_6\]@capitalcare.net](mailto:[redacted_6]@capitalcare.net)>

Cc: [\[redacted_5\]@albertahealthservices.ca](mailto:[redacted_5]@albertahealthservices.ca) <[\[redacted_5\]@albertahealthservices.ca](mailto:[redacted_5]@albertahealthservices.ca)>;

[\[redacted_15\]@albertahealthservices.ca](mailto:[redacted_15]@albertahealthservices.ca) <[\[redacted_15\]@albertahealthservices.ca](mailto:[redacted_15]@albertahealthservices.ca)>;

[\[redacted_16\]@albertahealthservices.ca](mailto:[redacted_16]@albertahealthservices.ca) <[\[redacted_16\]@albertahealthservices.ca](mailto:[redacted_16]@albertahealthservices.ca)>;

[\[redacted_17\]@albertahealthservices.ca](mailto:[redacted_17]@albertahealthservices.ca) <[\[redacted_17\]@albertahealthservices.ca](mailto:[redacted_17]@albertahealthservices.ca)>; [redacted_14]

<[\[redacted_14\]@gmail.com](mailto:[redacted_14]@gmail.com)>; David Dickson <david.dickson@dksdata.com>; Karen Dickson

<karen.dickson@dksdata.com>

Subject: RE: Centre lockdown

[redacted_7],

We asked the following questions which need to be answered in the context of the whole email, attachments and history.

- WHO at AHS determined the “outbreak” and placed the centre on lockdown? Can we assume this is Dr. [redacted_5] again, the same person who has already demonstrated some serious concerns over her handling of the last “outbreak”?
- Under exactly whose dictate were Designates refused admission?
- How long before Capital Care stand up for those in their care (residents and staff) and demands answers?
- As we move into flu season, ignoring everything that is written here and has been pointed out before will ensure centres will remain shut until there are few, if any residents, left to look after.

You have answered the second bullet point only. In multiple phone conversations, you specifically said you did not want to be in the middle of these discussions. And yet you have put yourself fairly and squarely in the front line of the decision making process. For Dickinsfield, the buck stops with you. Moreover, we do not feel you are in a position, either from knowledge or experience, to adequately address the issues we have raised since this began. There needs to be a response from PH or the MOH above you who has supported your indefinite closure of the facility, with no alternate arrangements, again. We know this is causing undue and irreparable damage to both staff and residents in terms of workload, lack of basic care, physical and emotional hardship.

“Temporary limitations will still occur in situations where threat of COVID-19 is imminent. All restrictions must be determined in collaboration with residents and families and may include consultation with an organizational/agency executive or zone Medical Officers of Health, where appropriate.”

“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.”

- ***“All designated family/support persons must be supported as essential to maintaining the resident’s mental and physical health.”***

“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 collaboration 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.***

We are now on day FOUR and entering day FIVE of the centre being completely locked down to Designated Visitors which happened three days INTO the "outbreak", not at the start of the "outbreak". You have only just come off a three week "outbreak" so the change should have been minimal. Based on the previous "outbreak" testing, your resident and staff testing should have been completed BEFORE you stopped access for Designated Visitors. Yet again, contrary to Order 29-2020, you now state you personally stopped two scheduled Designated Visit (to us alone) and provided no alternate accommodation. Restricted access **does not** include the stopping of scheduled designated visits at all. The discretion on the schedule of visits is the **"designated family/support persons"**, not the center, PH or the MOH and will NOT **"prohibit their presence altogether"**.

Your response today provides NO additional information, NO answers to questions asked and NO alternate provisions for essential visitation and no **"collaboration with residents and families"**.

Note that the previous and current basis for "outbreak" was based on positive asymptomatic testing alone. In the words of Alberta Health Services COVID-19 Scientific Advisory Group Rapid Response Report:

- ***"Evidence thus far has not adequately defined or assessed "asymptomatic" individuals who test positive for SARS-CoV-2 by RT-PCR, making much of the current data unreliable."***
- ***"Therefore a RT-PCR positive result in a currently asymptomatic person is of unclear significance and RT-PCR positive status cannot be used to infer potentially infectious status."***

As no one at the center has exhibited specific symptoms unique to SARS-CoV-2 along with a proven reliable positive test specifically for SARS-CoV-2, we have to challenge the legality of the current and previous "outbreak". At this point, despite approximately 5 or 6 asymptomatic tests being performed on almost all residents in less than 2 months, not a single resident has come back positive, despite the acknowledged error rate in tests. We appear to be trying to test at a level that someone either tests false positive or is injured or made sick by the highly invasive testing process itself. The reason for this challenge is that the current standard of care for SARS-CoV-2 is contraindicated to the standard of care

for other issues at a care centre which would show the same symptoms. As a result, residents across Alberta are being denied basic and critical care for anything other than assumed SARS-CoV-2. As no post mortems or other definitive testing is being completed in care centers, we have to question the actual cause of death in care homes, especially when almost all (~98%) in the province have been with known significant and mostly multiple mortality causing co-morbidities.

This continuing rollout of voluntarily obtained asymptomatic questionably positive testing is a concern which demands answers to the following in addition to the outstanding questions.

- **Why, when all testing in the centre was supposed to be completed by the end of June, are we continuing to have week after week asymptomatic positive tests from staff members?**

Since that June testing, many residents have been subjected to highly invasive and totally useless asymptomatic testing as much as SIX times already, with negative results on every single occasion.

- **How are these new staff positive tests suddenly appearing?**
- **Is this a symptom of the system, the test or staff randomly going for repeat tests?**
- **Are the delays in these positive results, seemingly stretched out ad infinitum, the result of AHS withholding results or staff arbitrarily getting tested over and over to trigger these lockdowns?**

Surely contained within the first six rounds of tests, there wouldn't be anyone left who would consent to testing who hasn't already been tested multiple time. As seen above, these tests are useless in AHS's OWN WORDS.

[redacted_7], this insanity, which is only increasing in its intensity, has to be stopped. Your actions are in no way alleviating the situation. In fact, they are exacerbating an already untenable scenario for everyone. There has to be a mitigation strategy put in place for the long term that does not impede Designated Visitors from access. As site Director, you have a direct duty of care in all the actions and inactions that you take that cannot be abdicated to AHS or its proxies. You (and Capital Care as a whole) have been provided with information from AHS's own website that challenges the legality of these lockdowns and your denial of critical access to residents by the Designated Visitors.

As you have failed to provide the contact information for who is in charge of this alleged asymptomatic "outbreak", we are including all the Edmonton zone MOH's. We expect a response from whomever is handling this for Dickinsfield. This is as per the requirement under 29-2020 for families and residents to be included in "outbreak" management.

David and Karen

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



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From: CapitalCare <info@capitalcare.net>
Sent: August 18, 2020 5:24 PM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: CapitalCare CCD Update - August 18, 2020 📧

COVID-19

Trouble viewing this email? [Read it online](#)



August 18, 2020

Dear Residents and Families:

We received confirmation August 15th that **one** student working at CapitalCare Dickinsfield has tested positive for COVID-19. Since August 11th, a total of **three** staff and **one** student have been found to be COVID-19 positive.

Dickinsfield remains on facility-wide outbreak status until otherwise directed by the Medical Officer of Health. For the safety of our residents, their families, and our staff, all visitation is temporarily paused. This helps reduce the risk of further spread or new illness at our centre.

What we know right now:

The student last worked August 14th, had no symptoms, and was discovered to be COVID-19-positive during centre asymptomatic swabbing. The student and all three staff members continue to isolate at home, and do not present an ongoing risk to our centre.

We recently completed testing asymptomatic residents and staff who consented to it and are pleased to report that all resident swabs results are negative.

Staff results continue to come in; at this time there are no additional cases in any staff member.

What are we doing?

Out of an abundance of caution, some residents have been placed on isolation. Dickinsfield staff have notified families of these residents. Dickinsfield staff from

various departments and programs have been re-deployed to these neighbourhoods to provide extra time and attention and meal assistance.

All appropriate Infection Prevention and Control measures required have been implemented, and remain in place. This includes continuously wearing masks throughout the centre, as well as eye protection in care areas, and gowns continuously in designated areas. We are also doing extra cleaning of high- and low-touch surfaces. We remain confident in our Pandemic Response Plan to manage this situation. Visitation remains on hold as we adjust and focus our resources to the isolation and additional requirements for Personal Protective Equipment and cleaning.

We will provide an update on visitation next week.

Where to get more information:

If you have specific questions or concerns about your loved one, please call your care manager. Please know our managers are busy putting extra precautions in place and arranging care for residents in isolation; it may take more time than usual to get back to you. Your patience and understanding is appreciated.

Updates on the status of COVID-19 are posted on the [News page](#) of CapitalCare's website.

Please also visit [Dickinsfield's page](#) under the Centres tab and the [Information for Families/COVID-19](#) page.

For current Alberta case count and additional case information, please visit [Alberta.ca/Covid19](#).

If you have any general questions or comments please email us at info@capitalcare.net.

Sincerely,

[redacted_7], Site Director
CapitalCare Dickinsfield

GET SOCIAL WITH US:



CapitalCare
6th Floor, 10909 Jasper Avenue
Edmonton, Alberta T5J 3M9
Ph: (780) 448-2421

You are subscribed to this email as Karen.dickson@dksdata.com.
Click here to modify your [preferences](#) or [unsubscribe](#).



From: Karen Dickson <karen.dickson@dksdata.com>

Sent: Wednesday, August 19, 2020 9:49 AM

To: [redacted_7]@capitalcare.net; '[redacted_6]' <[redacted_6]@capitalcare.net>

Cc: [redacted_8] <[redacted_8]@capitalcare.net>; [redacted_5] <[redacted_5]@albertahealthservices.ca>; [redacted_14] <[redacted_14]@gmail.com>; David Dickson <david.dickson@dksdata.com>; DKSDATA <DKSDATA@GMAIL.COM>; [redacted_15]@albertahealthservices.ca

Subject: FW: CapitalCare CCD Update - August 18, 2020

Importance: High

[redacted_7]/[redacted_6],

Firstly, we are still waiting for a response to the attached email, highly relevant now to this communication from last night.

The email below is not clear on what is meant by **“We will provide an update on visitation next week.”** This was sent on a TUESDAY! Are you suggesting that again, you are continuing to deny, contrary to Order 29-2020, the scheduled designated family/support persons visits for the mental and physical wellbeing of the residents? **Please answer this specific question immediately so we can ensure a visit or next steps for the health and safety of [redacted_1].**

Just to remind you of the offences you and anyone at AHS and Capital Care who you are working with have and still continue to commit under the Provincial Health Act by this position. Remember that you and any others part of this decision process cannot abdicate this responsibility. Neither can any of you plead ignorance of the law.

Under no circumstances do you or the Zone MOH or PH have any authority to “prohibit their [Designated family/support persons] presence”. In addition, you have provided no alternate options and not consulted or even responded to our concerns (as per the attached). Regardless, Designated family/support persons visits CANNOT be restricted or denied. If we requested a virtual visit (our preference) then you would be expected to accommodate that. We do not wish for that, have not requested that and that would be OUR choice, not yours.

For clarity again from “health-cmoh-record-of-decision-cmoh-29-2020.pdf” (as referenced in multiple communications now).

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, **"for continued access to the resident"** is required. **"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"**.

You don't have any COVID residents despite approximately 6 tests per resident since mid June. You don't actually have any evidence of a staff member being infected, just some positive unreliable RT-PCR tests. Note that I spent two hours on the phone to a Professor in UK this morning who designed and supervised the world program for verifying such tests (RT-PCR, Serology and more). No COVID test has ever been verified or certified, which supports the position below of AHS on these tests' accuracy and lack of confirmation of an infection.

- **"Evidence thus far has not adequately defined or assessed "asymptomatic" individuals who test positive for SARS-CoV-2 by RT-PCR, making much of the current data unreliable."**
- **"Therefore a RT-PCR positive result in a currently asymptomatic person is of unclear significance and RT-PCR positive status cannot be used to infer potentially infectious status."**

David & Karen Dickson on behalf of [redacted_1]

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From: Karen Dickson <karen.dickson@dksdata.com>

Sent: Wednesday, August 19, 2020 6:58 PM

To: [redacted_7] <[redacted_7]@capitalcare.net>; '[redacted_6]' <[redacted_6]@capitalcare.net>

Cc: [redacted_8] <[redacted_8]@capitalcare.net>; DKSDATA <DKSDATA@GMAIL.COM>; David Dickson <david.dickson@dksdata.com>; [redacted_14] <[redacted_14]@gmail.com>

Subject: Call this evening

[redacted_7],

Thank you for your call today.

As we stated in the call, Capital Care Dickinsfield and their staff will always be defended by our family. Having seen some of the horrendous and unjust statements made against care centres, we have come to the defence and championed the efforts of your staff and Dickinsfield on many social platforms and beyond. The sad truth of this tragedy is one harsh reality; the unsustainable and unsubstantiated protocols that have been placed on not just care centres but every walk of life, from meat packers, grocery stores, hospitals and more importantly than perhaps anything else, schools and care centres have already resulted in avoidable deadly consequences that have nothing to do with the virus.

Is it AHS's expectation that this will be "life" for the next two to three years? As we discussed, your staff, families and residents are unlikely to survive beyond Christmas as the lockdowns become permanent once school resumes and flu season arrives.

We look forward to your email tomorrow as discussed to provide clarity for this outbreak and the additional information you agreed to provide.

Karen and David

David T. Dickson

Consulting C.I.O.

Business/Enterprise Architect

Management/Legal Consultant

www.dksdata.com



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From:[redacted_12] <[\[redacted_12\]@gov.ab.ca](mailto:[redacted_12]@gov.ab.ca)>
Sent: August 19, 2020 9:10 AM
To: David Dickson <david.dickson@dksdata.com>
Cc: [redacted_2] <[\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@albertahealthadvocates.ca)>; [redacted_13] <[\[redacted_13\]@albertahealthadvocates.ca](mailto:[redacted_13]@albertahealthadvocates.ca)>
Subject: COVID Concerns

Good Morning Mr. Dickson,

[redacted_2] is currently on vacation and has asked me to respond to you in her absence. Thank you for the recent correspondence attached here. Our office is currently making inquiries on your behalf to see which bodies may have commenced reviews/investigations into issues related to the COVID response. I have made some overtures and expect some feedback in the next few weeks.

It may be helpful for me to share parts or all of your story during my inquiries. Does our office have your permission to do so?

Best Regards,
[redacted_12]



[redacted_12] BRE | Manager | Office of the Alberta Health Advocates
9th Floor 106 Street Bldg, 10055 – 106 Street NW | Edmonton, Alberta | T5J 2Y2
General: 780-422-1812 | Direct : 780-217-8135 | Fax: 780-422-0695
Email: [\[redacted_12\]@albertahealthadvocates.ca](mailto:[redacted_12]@albertahealthadvocates.ca) | www.albertahealthadvocates.ca

From: David Dickson
Sent: Thursday, August 20, 2020 12:45 PM
To: [redacted_12] <[\[redacted_12\]@gov.ab.ca](mailto:[redacted_12]@gov.ab.ca)>
Cc: [redacted_2] <[\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@albertahealthadvocates.ca)>; [redacted_13] <[\[redacted_13\]@albertahealthadvocates.ca](mailto:[redacted_13]@albertahealthadvocates.ca)>
Subject: RE: COVID Concerns
Importance: High

Afternoon [redacted_12],

Sorry for the delay, this was in my spam folder for some reason. The last two days have been chaos due to the continuing saga and another lockdown at our mother, [redacted_1]'s care home. This is being repeated apparently across Alberta due to continued asymptomatic testing being promoted daily by Dr. Hinshaw. On top of this, we have another denial of access to our mother contrary to Order 29-2020. See the attached for the latest correspondence on that.

The reason now being given is they don't have enough goggles! This is in a care center where not a **single resident** has tested positive despite **SIX** separate tests being performed on almost every resident since mid June. Many residents are now being isolated in their rooms 24/7 due to this asymptomatic testing of staff members. Even symptomatic testing is a waste right now as there are no unique symptoms to COVID but everything is automatically assumed to be COVID. There is no treatment being provided for COVID other than isolation until people are either too sick to treat, get better or die. As such, people who may have treatable disorders in these centers and elsewhere are being left to die without proper care.

There is so much more information I have. Please feel free to share everything you already have with anyone who can make a difference. Yesterday I spent almost 2 hours speaking directly with Dr. [redacted_3], (CV attached). She reached to me this week as a result of reading my research on ResearchGate (which you have). Dr. [redacted_3] invented the technology that certifies the tests being used by AHS and many bodies around the world. She confirmed all I have brought forward and more. These tests are not fit for purpose and have never been certified or verified as accurate using approved protein sampling. Even AHS themselves have confirmed that asymptomatic testing cannot be used to infer an infection. However, we are rolling out and encouraging more expensive, risky and totally useless testing. This is resulting in more closures of businesses and more importantly care home. Next will be schools which are again targeted directly for testing before school even starts. None of this makes any sense at best. It is criminal at worst.

We are so happy and quite frankly relieved that you are moving forward with this. We cannot thank you and [redacted_2] enough for your assistance. I have so much research and speaking to so many world renowned experts on an almost daily basis. Please let me know what we can do to assist. Together I believe we can make a difference.

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



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From: Karen Dickson [<mailto:karen.dickson@dksdata.com>]

Sent: Tuesday, August 25, 2020 8:30 AM

To: [redacted_7] <redacted_7@capitalcare.net>; [redacted_6] <redacted_6@capitalcare.net>

Cc: [redacted_8] <redacted_8@capitalcare.net>; [redacted_2] <redacted_2@albertahealthadvocates.ca>;

[redacted_5] <redacted_5@albertahealthservices.ca>; [redacted_15] Dr. <redacted_15@albertahealthservices.ca>;

[redacted_17] <redacted_17@albertahealthservices.ca>; [redacted_16] <redacted_16@albertahealthservices.ca>;

[redacted_14] <redacted_14@gmail.com>; DKSDATA <DKSDATA@GMAIL.COM>; David Dickson

<david.dickson@dksdata.com>

Subject: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield

Importance: High

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message.

[redacted_7] and [redacted_6],

We are still waiting for the name of the MOH responsible for managing this current “outbreak” and on responses from our previous emails. Note that you had indicated the outbreak was being handled, not by a Doctor but by an AHS ‘Program Manager’. How is this appropriate considering the new and insane protocols that have now been implemented? Should you be unable to provide answers to the specific questions, we would like them to be answered by a senior member of Capital Care’s leadership team and AHS. The health and welfare of residents, staff and families is the focus of these questions and answers are imperative.

I visited Mum ([redacted_1]) yesterday 24th August, and she is notably despondent at what is now the third lockdown and limitation of her care needs. These lockdowns are beginning to tell on her emotionally and physically. When I saw her last week, she barely waved at me from the window, her head in her hands. It is agonizing and heartbreaking to endure. She is unable to receive her full physio program, has been denied what were weekly massages for what is now six months, (essential for mobility and pain relief since her stroke), is unable to have her hair cut and has been isolated again from her whole family for another 10 day period. Yet again, this has been from staff members taking tests and getting asymptomatic positive results which AHS, along with the rest of the scientific and health community KNOWS are so unreliable and unfit for purpose that they CANNOT be used to infer ANY infection. Note, no residents, despite six or more highly invasive rounds of testing, have come back positive. Yet many are detained and isolated in their rooms for days at a time in conditions worse than those provided to prisoners who are at least afforded an hour’s exercise a day (even when in lockdown). There will be NO END to these cycling lockdowns, imprisoning and segregating the most vulnerable. I remain at a loss as to how this qualifies as appropriate and considered risk management. I would argue vehemently that the negative impacts are far outweighing any risk from the virus.

I arrived yesterday at lunchtime and was devastated to see every resident (Mum included) at a ‘socially distanced’ table. The isolation and sadness was visible. It was awful. When these residents would be deemed cohorts, I have to ask what reason dictates they be distanced from the only source of companionship they have left? This is downright cruelty. In fact, I will boldly state this is manifestly Munchausen’s by Proxy. While in the centre, a member of staff I spoke to, like most, was wearing both a face shield and mask. She said the residents are increasingly upset and have been asking her when they are going to be taking off the masks... she noted that that was BEFORE shields/goggles have been added. It was clear from the discussion that the PPE is becoming increasingly difficult for the residents to live with. She also said the face shields are very hard to wear as the glare from them is blinding. This is a safety risk for both the staff and the residents. As David mentioned, when shields were suggested for drivers picking up residents, PPE worn like this is highly inappropriate and dangerous. I should also add, I saw one staff member in the centre with her goggles in her hand. When I asked her why, if this is so serious and now required PPE, she was not wearing said equipment, her reply was that she was “taking a break” from them. The endless contradictions, inconsistencies and unmanageable protocols

which are hopelessly being implemented are serving no useful purpose whatsoever. At some point, there will be an accident by their over/misuse.

When I left, Mum wanted to follow me down to the foyer. I noted to the staff member that I assumed this was not an option due to the other floors not even allowing access to people deemed low risk. I assumed that Mum would be confined to the third floor as the lower floors were more severely impacted by the lockdown, either in part or as a whole. I was told "No.. your Mum goes all over the place, wherever she wants, just not offsite." So residents are free to roam the centre in areas where apparently asymptomatic staff have frequented and which are locked down to DSP's but there is no risk to them? Again, I can't begin to fathom the rationale which I believe is sadly lacking at best and non-existent at worst.

The endless paradoxes serve only to cast doubt on the entire handling of COVID19 and all its insane and contradictory measures not supported by ANY science. As it relates to care centres, almost everything that has been done has put residents in danger of more serious injury, illness and death way beyond anything this ILI could have posed.

I still can't believe what we are documenting as the new "best practice". These measures guarantee chaos, a negative result and are devastating.

From the email yesterday, it looks like you have now opened all of Floor 2 but Main is still closed. I would like to know why. The email on Friday noted that only Floor 3 and part of Floor 2 would be opening. What changed over the weekend between these two emails?

What both saddens and angers me the most is that you will likely take none of the human tragedy of this email on board. Instead, you will hone in on staff comments for "correction". You will dismiss what is of ultimate importance, the health and welfare of your residents and staff. We are living in a time of dictatorship from the top, where true care for those most vulnerable has been abandoned in favour of a ruthless regime, the sole focus of which is a perfectly treatable virus. No one in a senior position can ignore this and simply say they are following orders without question. I do know though that at some point, the growing weight of evidence as it relates to the care home response will bear witness to an unmitigated tragedy and those responsible or complicit will be held to account.

I would appreciate a reply at your earliest convenience.

Karen

David & Karen Dickson

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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



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From: David Dickson <david.dickson@dksdata.com>
Sent: Wednesday, August 26, 2020 10:20 AM
To: [redacted_2] <[\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@albertahealthadvocates.ca)>
Subject: Care Homes
Importance: High
Sensitivity: Confidential

CAUTION: This email has been sent from an external source. Treat hyperlinks and attachments in this email with care.

Morning [redacted_2],

As you know from all the emails we have sent to you, we have been dealing with a very serious situation at one specific care home. Today we spoke to some other family members who we have been helping who have been refused access to their loved ones for weeks – the third of what is now a pattern of “outbreak” lockdowns. Two families went in yesterday and saw what can only be described as a horror story for their loved ones. The Care Centre and AHS is actively refusing to allow the pri[redacted_24] care Doctor into the centre to see his patients. In the last few weeks, many residents have developed life threatening wounds, are visibly dehydrated, suffering physically and emotionally from outright lack of care. This is entirely because of asymptomatic staff testing. This asymptomatic testing has demonstrated over and over that these are false positives as there has been no source and no secondary infections. This is happening across the Province with a focus on Edmonton right now. The expansion to Pharmacy testing will make this considerably worse.

I have been talking to two families today. The first lady tried to commit suicide just over a week ago so she ‘could be there waiting for my Dad when he dies’. She felt it was the only thing left she could do to help him, having exhausted all other avenues. This last comment was about a man who walked into the care home only six weeks ago and now is lifted in and out of bed into a wheelchair. The family have been told he will never walk again. He will certainly die soon. She is in the centre now, as I write, having demanded a welfare check as her Father is in a serious state of decline with pressure wounds. My wife has just checked her email and saw this which we received overnight, a different family but from the same facility. I have redacted some information as I have not received permission to share this yet, but it is too urgent for you not to be aware.

“My Mom is ill, she slept most of the afternoon away in her wheelchair while I was with her. In the last 12 days since I last saw her on Aug.13th, she has become very gaunt looking, dehydrated has definitely has lost weight.

Her nutrition is down and the HCA told me some days she was not eating well. She does not have much of an appetite. He pressure sore on her left foot that was stuck to her shoe on July 29, is infected and there is some redness to the top of her foot, despite being on Keflex for a week. The HCA said my Mom was crying at lunchtimes and if she would finish her meal they would promise to put her into bed for a nap.

When I came home I called [Dr’s Name Redacted] to tell him what is happening and he is quite concerned of her nutritional condition and her foot wounds not healing properly. I mentioned to him to get bloodwork done tomorrow AM. As she is very lethargic and not well. I asked if she had diarrhea from antibiotic and they told me no, but in the past, she has had from Keflex. This could put her electrolytes out and dehydrate as well.

The problem is [Dr’s Name Redacted] has not been able to go in for over two weeks and my Mom is going downhill. He has pleaded with some top executive Dr. [redacted_20]? to let him in to see 3 patients and to let him in to examine Mom. The response to him was you don't want another situation like Southgate Good Samaritan outbreak. I don't understand it is open for visiting now on that unit, why are you not able to go in to provide care? Doing care over the phone is not proper care in this situation.

He said he will try to come in on Thursday and meet with me or this Saturday. I told him maybe I should be taking Mom into emergency. He cautioned me on taking Mom into a hospital at this time, but said it was up to me if I wanted to do so. Are they afraid that their negligence will be exposed?

The nursing staff over the last 12 days, have not disclosed Moms condition to me when I phoned to check on her.”

Note that I have spoken unnamed Dr's, nurses and other health care workers who are being threatened by AHS. Like my own GP and specialist, doctors are terrified to send anyone to hospital because of the protocols they have implemented. I urgently need a CT scan for my lungs but three Doctors who I have known for years have told me not to go to hospital.

I know you are doing everything in your power but I am begging you to act for these families. We are going to see many more deaths CAUSED by the people managing these asymptomatic 'outbreaks' which appear designed to kill. As a retired Police Officer, I am horrified at the lack of response and continued actions by these people. Time has run out.

Is it possible for you to call or meet urgently?

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)

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From: [redacted_7] <[\[redacted_7\]@capitalcare.net](mailto:[redacted_7]@capitalcare.net)>

Sent: Wednesday, August 26, 2020 11:57 AM

To: Karen Dickson <karen.dickson@dksdata.com>; [redacted_6] <[\[redacted_6\]@capitalcare.net](mailto:[redacted_6]@capitalcare.net)>

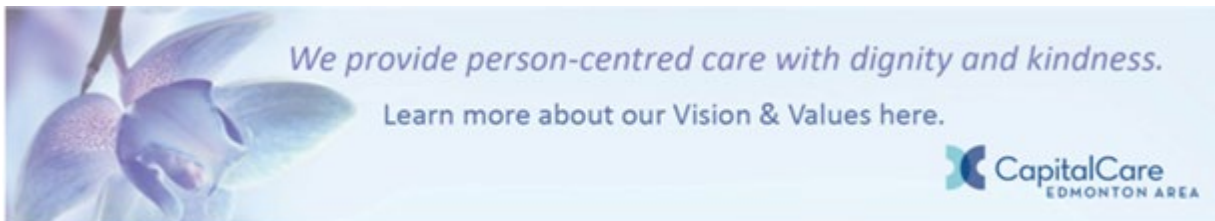
Cc: [redacted_8] <[\[redacted_8\]@capitalcare.net](mailto:[redacted_8]@capitalcare.net)>; [redacted_2] <[\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@albertahealthadvocates.ca)>; [redacted_5] <[\[redacted_5\]@albertahealthservices.ca](mailto:[redacted_5]@albertahealthservices.ca)>; [redacted_15] Dr. <[\[redacted_15\]@albertahealthservices.ca](mailto:[redacted_15]@albertahealthservices.ca)>; [redacted_17] <[\[redacted_17\]@albertahealthservices.ca](mailto:[redacted_17]@albertahealthservices.ca)>; [redacted_16] <[\[redacted_16\]@albertahealthservices.ca](mailto:[redacted_16]@albertahealthservices.ca)>; [redacted_14] <[\[redacted_14\]@gmail.com](mailto:[redacted_14]@gmail.com)>; DKSDATA <DKSDATA@GMAIL.COM>; David Dickson <david.dickson@dksdata.com>

Subject: RE: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield

Hello,

I have received your email. We acknowledge that we are facing many challenges as we navigate through this COVID-19 pandemic and that residents, families and staff are affected by the changes and measures we must put in place. As we make all efforts to balance resident quality of life with safety, we must follow the CMOH orders which are legislated and the Infection, Prevention and Control measures as directed during an outbreak.

[\[redacted_7\]](#) | Site Director|[CapitalCare](#) Dickinsfield Campus
780.371.6525



From: [redacted_18] <[\[redacted_18\]@hotmail.com](mailto:[redacted_18]@hotmail.com)>
Sent: Wednesday, August 26, 2020 12:12 AM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: My Mom

Karen,

My Mom is ill, she slept most of the afternoon away in her wheelchair while I was with her. In the last 12 days since I last saw her on Aug.13th, she has become very gaunt looking, dehydrated has definitely has lost weight.

Her nutrition is down and the HCA told me some days she was not eating well. She does not have much of an appetite. He pressure sore on her left foot that was stuck to her shoe on July 29, is infected and there is some redness to the top of her foot, despite being on Keflex for a week. The HCA said my Mom was crying at lunchtimes and if she would finish her meal they would promise to put her into bed for a nap.

When I came home I called Dr. [redacted_19], to tell him what is happening and he is quite concerned of her nutritional condition and her foot wounds not healing properly. I mentioned to him to get bloodwork done tomorrow AM. As she is very lethargic and not well. I asked if she had diarrhea from antibiotic and they told me no, but in the past, she has had from Keflex. This could put her electrolytes out and dehydrate as well.

The problem is Dr. [redacted_19] has not been able to go in for over two weeks and my Mom is going downhill. He has pleaded with some top executive Dr. [redacted_20]? to let him in to see 3 patients and to let him in to examine Mom. The response to him was you don't want another situation like Southgate Good Samaritan outbreak. I don't understand it is open for visiting now on that unit, why are you not able to go in to provide care? Doing care over the phone is not proper care in this situation.

He said he will try to come in on Thursday and meet with me or this Saturday. I told him maybe I should be taking Mom into emergency. He cautioned me on taking Mom into a hospital at this time, but said it was up to me if I wanted to do so. Are they afraid that their negligence will be exposed?

The nursing staff over the last 12 days, have not disclosed Moms condition to me when I phoned to check on her.

I am very sad, sick about this tonight. My Mom asked me to please help her tonight and bring her with me. Really how long should she have to wait for CARE at this point. 🙏

From: Karen Dickson <karen.dickson@dksdata.com>
Sent: August 26, 2020 9:45 AM
To: [redacted_18] <[\[redacted_18\]@hotmail.com](mailto:[redacted_18]@hotmail.com)>
Subject: RE: My Mom

[redacted_18],

I've just left you a message. Please call me. She has to go to emergency. Her situation is dire.

I know you document everything. Take photo's if you can. I am in agony reading this.

This email must go to [redacted_2] **immediately**.

My God, they are literally killing people.

Karen

From: [redacted_18] <[\[redacted_18\]@hotmail.com](mailto:[redacted_18]@hotmail.com)>

Sent: Wednesday, August 26, 2020 10:41 PM

To: Karen Dickson <karen.dickson@dksdata.com>

Subject: Re: My Mom

Hi Karen,

My finished her supper meal and fell asleep during the meal. I was standing off to the side watching, then the HCA came to help her eat, so she could finish her meal.

They got her paperwork ready to go and called for an ambulance. The nurse also called Dr. [redacted_19] and he was ok with her going to emergency. The paramedics arrived and assessed Mom in her room. Then talked me down from taking her and to be assessed by a community paramedic onsite treatment. The paramedic left and the community paramedic onsite service came in to assess Mom wounds and her hydration. He consulted Dr. [redacted_19] by phone and he said he could not guarantee he would be in tomorrow to see Mom.

The onsite community paramedic knew that Moms wound was larger a month ago because I showed him a photo on my camera. It also smelled bad after one week of antibiotics and I asked if she could have IV antibiotics. He said he could not make that call to treat her. So he asked for a decision from me to send her to hospital by ambulance, I agreed and said yes.

When they arrived they got Mom onto the stretcher and made a call as to where she could be seen. No hospital ERs available in the city- Mom was taken to Fort Saskatchewan Hospital. I did not go with them I have no way to get there and back. They told me to take a taxi to Edmonton!

She will be seen by a doctor there and they will decide if she gets IV antibiotics. I am also worried there is something going on with her heart failure. I hope I made the best decision for my Mom, she is now there alone.

[redacted_18]

From: Karen Dickson <karen.dickson@dksdata.com>

Sent: August 27, 2020 7:29 AM

To: [redacted_18] <[\[redacted_18\]@hotmail.com](mailto:[redacted_18]@hotmail.com)>

Subject: RE: My Mom

Oh [redacted_18]. You must be in pieces. But you made the right decision.

I am available mid afternoon if you want me to drive you to the hospital to see your Mum. She needed to be seen in a fully equipped hospital with proper care.

You absolutely made the right decision. But you must get in to the hospital in Fort Saskatchewan to see her. I can wait for you there. However long that takes.

Can we communicate this to the Alberta Patient Advocate? She is actively investigating cases now and needs this information.

Thanks, and keep me posted if there is anything I can do to help.

Karen

From: [redacted_18] <[redacted_18]@hotmail.com>
Sent: Thursday, August 27, 2020 12:40 PM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: Re: My Mom
Sensitivity: Confidential

Hi Karen,

Yes, Karen and David Dickson, you have my permission to contact Alberta Health Patient's Advocate on my behalf. An investigation into the level of care that Dickinsfield is providing at this time needs to take place.

Thank you for your help and support for me and my Mom.

[redacted_18]

From: [redacted_18] <[redacted_18]@hotmail.com>
Sent: Friday, August 28, 2020 11:50 AM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: Mom

Hi Karen,

This nightmare continues, Mom was discharged at 8:20pm from FSHC without letting me know! The ER Dr. Doll told me I would be notified if Mom was moved from there.

My brother visited Mom because they could only accept one visitor as Mom was one precautions because of Dickinsfields outbreak status. He was told last night around 6:30 pm by the staff RN that Mom would be admitted to a bed there shortly.

The accepting unit doctor refused Moms admission at FSCH and sent her back to Dickinsfield with 6 weeks Rx for Amoxi-Clauvalin oral antibiotics.

Again, I was not consulted on this decision or even called, she was just discharged. They have information that I am Moms Medical Directive and POA.

I am waiting on a call back from FSCH, as the unit manager Besy in ER is going to pull Moms file to let me know why this was done.

[redacted_18]

From: [redacted_7] <[\[redacted_7\]@capitalcare.net](mailto:[redacted_7]@capitalcare.net)>

Sent: Wednesday, August 26, 2020 11:57 AM

To: Karen Dickson <karen.dickson@dksdata.com>; [redacted_6] <[\[redacted_6\]@capitalcare.net](mailto:[redacted_6]@capitalcare.net)>

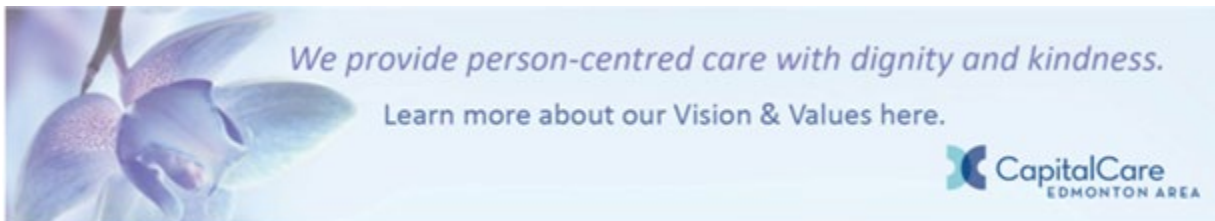
Cc: [redacted_8] <[\[redacted_8\]@capitalcare.net](mailto:[redacted_8]@capitalcare.net)>; [redacted_2] <[\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@albertahealthadvocates.ca)>; [redacted_5] <[\[redacted_5\]@albertahealthservices.ca](mailto:[redacted_5]@albertahealthservices.ca)>; [redacted_15] Dr. <[\[redacted_15\]@albertahealthservices.ca](mailto:[redacted_15]@albertahealthservices.ca)>; [redacted_17] <[\[redacted_17\]@albertahealthservices.ca](mailto:[redacted_17]@albertahealthservices.ca)>; [redacted_16] <[\[redacted_16\]@albertahealthservices.ca](mailto:[redacted_16]@albertahealthservices.ca)>; [redacted_14] <[\[redacted_14\]@gmail.com](mailto:[redacted_14]@gmail.com)>; DKSDATA <DKSDATA@GMAIL.COM>; David Dickson <david.dickson@dksdata.com>

Subject: RE: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield

Hello,

I have received your email. We acknowledge that we are facing many challenges as we navigate through this COVID-19 pandemic and that residents, families and staff are affected by the changes and measures we must put in place. As we make all efforts to balance resident quality of life with safety, we must follow the CMOH orders which are legislated and the Infection, Prevention and Control measures as directed during an outbreak.

[redacted_7] | Site Director|[CapitalCare](#) Dickinsfield Campus
[redacted]



From: Karen Dickson [<mailto:karen.dickson@dksdata.com>]

Sent: Thursday, August 27, 2020 8:35 AM

To: [redacted_7] <redacted_7@capitalcare.net>; Karen Dickson <karen.dickson@dksdata.com>; [redacted_6] <redacted_6@capitalcare.net>

Cc: [redacted_8] <redacted_8@capitalcare.net>; [redacted_2] <redacted_2@albertahealthadvocates.ca>; [redacted_5] <redacted_5@albertahealthservices.ca>; [redacted_15] Dr. <redacted_15@albertahealthservices.ca>; [redacted_17] <redacted_17@albertahealthservices.ca>; [redacted_16] <redacted_16@albertahealthservices.ca>; [redacted_14] <redacted_14@gmail.com>; DKSDATA <DKSDATA@GMAIL.COM>

Subject: RE: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield

Importance: High

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[redacted_7],

I am glad you have put in writing that you are “simply following orders”. There is a significant point in history where this happened before. All those who did just that were subsequently held to account. In addition, despite being the Chief Operations Officer with a wealth of experience directly at Dickinsfield, and your participation in Zoom calls, your absence from this conversation is notable, [redacted_6].

We have spent months trying to explain how incredibly dangerous, to the point of life threatening, the measures you have implemented, are to residents, families and staff. From the misuse of PPE, lack of basic care to residents and extended isolation, you are already experiencing and WILL see continue to witness the downward spiral of these protocols, with no scientific support, on a level never seen before.

You have not answered any of the questions we have raised. You are deferring to authority even where the questions are directly your responsibility. As we have said before, [redacted_7], if you cannot or are unwilling to answer these critical concerns, then escalate the complaint above you. At least that way, you can arguably absolve yourself from immediate culpability in this situation.

Karen & David Dickson

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From: CapitalCare <info@capitalcare.net>
Sent: Thursday, August 27, 2020 4:23 PM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: CapitalCare CCD Update - August 27, 2020 📧

COVID-19

Trouble viewing this email? [Read it online](#)



August 27, 2020

Dear Residents and Families:

We are pleased to inform you the isolation period for residents living on neighbourhoods Main A ended yesterday, and Main B and Main D ends tomorrow. We expect our facility-wide outbreak to be declared over Saturday, August 29.

Pre-arranged visits by Designated Support Persons (DSPs) can resume as follows:

- Main A – today
- Main B & D - Saturday

Pre-arranged visits by DSPs for all other neighbourhoods resumed earlier this week. To arrange for this type of visit, please call the centre directly at 780.371.6500.

Note to DSPs: **While we are on outbreak**, you must wear a mask and safety glasses or goggles at all times while in the centre. You must also remain on the property. If you would like to go outside, please use the front grounds; the back patio is for residents only.

Reminder to DSPs: You must be screened before you enter the building. The process at the screening station can take up to 20 minutes. You can complete the education [online](#); we suggest doing it from a desktop computer or tablet. Check out the resources under the Quick Links section of the [Info for Families-COVID-19 Information](#) page of our website to prepare.

Outdoor Visitation

Scheduled outdoor visits resume August 31, 2020. Please continue to use the [online form](#) to arrange these visits. A reminder that these visits are available Monday to Saturday (no outdoor visits on Sundays and holidays).

Virtual Visits

At this time, we are focused on restarting in-person visits, which involve significant staff resources. We will try our best to accommodate virtual visits in exceptional circumstances and as our resources allow. Please contact your care manager or the centre directly to request this type of visit.

Thank you for your understanding as we resume safe visitation. If you have additional questions, please email info@capitalcare.net.



I would like to share a moment of levity we experienced this week. Justin Cooper lives on the second floor. He received a surprise visitor this week when his neighbourhood came off isolation. The “dinosaur” is Justin’s dad. Yes, even dinosaurs get screened.

I’m delighted to welcome you all back.

[redacted_7], Site Director

GET SOCIAL WITH US:



CapitalCare
6th Floor, 10909 Jasper Avenue
Edmonton, Alberta T5J 3M9
Ph: (780) 448-2421

You are subscribed to this email as Karen.dickson@dksdata.com.
Click here to modify your [preferences](#) or [unsubscribe](#).



From: [redacted_6] <[redacted_6]@capitalcare.net>

Sent: Thursday, August 27, 2020 5:32 PM

To: Karen Dickson <karen.dickson@dksdata.com>; [redacted_7] <[redacted_7]@capitalcare.net>

Cc: [redacted_8] <[redacted_8]@capitalcare.net>; [redacted_2] <[redacted_2]@albertahealthadvocates.ca>; [redacted_5] <[redacted_5]@albertahealthservices.ca>; [redacted_15] Dr. <[redacted_15]@albertahealthservices.ca>; [redacted_17] <[redacted_17]@albertahealthservices.ca>; [redacted_16] <[redacted_16]@albertahealthservices.ca>; [redacted_14] <[redacted_14]@gmail.com>; DKSDATA <DKSDATA@GMAIL.COM>

Subject: RE: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield

Dear Karen,

As [redacted_7] has indicated Dickinsfield, as with all public Alberta Continuing Care sites, is mandated to follow all Alberta Health Chief Medical Officer of Health orders and direction from Public Health as mandated in a Public Health emergency.

If you have questions or concerns regarding these orders, please reach out to Alberta Health or the Office of the Chief Medical Officer of Health via phone (Toll free: [310-0000](tel:310-0000) or [780-427-2711](tel:780-427-2711)) or email <https://www.alberta.ca/contact.cfm>.

We recognize that the residents living in Continuing Care sites are heavily affected by the pandemic, and are doing our utmost to support them every day.

Regards,
[redacted_6]

From: [redacted_2] <[\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@albertahealthadvocates.ca)>
Sent: August 28, 2020 2:07 PM
To: David Dickson <david.dickson@dksdata.com>
Cc: [redacted_13] <[\[redacted_13\]@albertahealthadvocates.ca](mailto:[redacted_13]@albertahealthadvocates.ca)>; [redacted_12] <[\[redacted_12\]@gov.ab.ca](mailto:[redacted_12]@gov.ab.ca)>
Subject: RE: Care Homes
Sensitivity: Confidential

Hello David,

Thanks for sharing this information. I appreciate your concerns and frustrations. Before I get to the causal issue, there are two issues of concerns raised in your email I would like to address off the top.

Lack of adequate care for residents is very concerning and I strongly encourage you and any other resident or family member to contact AHS Patient Relations to lodge a complaint as quickly as possible. You can find more information at:

<https://albertahealthservices.ca/about/patientfeedback.aspx>

Phone: 1-855-550-2555

Fax: 1-877-871-4340 or mail:

c/o Patient Relations

10030 107 Street NW

Edmonton, AB T5J 3E4

I would also suggest you and any other resident or family member with concerns about care for patients related to COVID 19 contact the compliance line for Accommodation Standards and Protection for Person in Care. Toll free: 1-888-357-9339 (in Alberta) Hours: 8:15 am to 4:30 pm (open Monday to Friday, closed statutory holidays).

I am also greatly concerned with your story about family members expressing suicidal thoughts. Please suggest they speak to their doctor and/or utilize mental health support lines (e.g. [Access 24/7](#)). In Edmonton, the Distress Line can be reached at 780-482-4357. If you or they feel the situation is an emergency, don't hesitate to call 911. This situation is taking a toll on many and additional resources have been set up to help.

Regarding your disagreement with Chief Medical Officer's policies created in response to COVID 19, these are not areas which fall under the jurisdiction of the Health Advocate's office. Please reach out directly to her office. You can find information here: <https://www.alberta.ca/office-of-the-chief-medical-officer-of-health.aspx#toc-5>.

Additionally, please ensure you have shared your perspective with the Minister of Health:

Honourable Tyler Shandro, Minister of Health

Office of the Minister Health

423 Legislature Building

10800 - 97 Avenue

Edmonton, AB

T5K 2B6

Phone: 780 427-3665

Fax: 780 415-0961

E-mail: health.minister@gov.ab.ca

The legislation on the role of the Health Advocate is clear that if the concern falls under the jurisdiction of another body, our office is required to refer to that body. The Alberta Health Charter is an aspirational document and not a means of enforcement within the health system. Not every case referred to the Health Advocate undergoes a formal review. As per our legislation, if there are other agencies or organizations that have appropriate dispute resolution mechanisms, the Health Advocate shall refer the complainant to that person or body, in accordance with s.4(3) of the *Alberta Health Act*.

However, it is the role of the Health Advocate to ensure the experiences of Albertans are shared within the health care system so there is an understanding of the issues policy may create and I and my office have and will continue to share the stories and concerns. Your experience certainly highlights the challenges that are being faced by Albertans as a result of COVID-19 and the decisions being made to respond to the crisis.

If, after going through these processes, you feel there is an issue with administrative fairness, you may also wish to contact the Alberta Ombudsman:

In Edmonton
Phone: 780.427.2756
Fax: 780.427.2759
Edmonton Mailing Address
Alberta Ombudsman
9925 – 109 Street, Suite 700
Edmonton, Alberta T5K 2J8

Finally, we have also looked into what reviews to the COVID 19 response might be underway in which you may wish to participate. I have included here a fact sheet on work by the Health Quality Council of Alberta and I would encourage you to respond. You may also wish to spread the word to other families and residents so they can also participate.

My best wishes to you and your family,
[redacted_2]

[redacted_2] | Health Advocate / Mental Health Patient Advocate
106th Street Tower | 9th Floor | 10055 – 106 Street NW | Edmonton, Alberta T5J 2Y2
General: 780-422-1812 | Fax : 780-422-0609
Email: [\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@albertahealthadvocates.ca) | www.albertahealthadvocates.ca



From: David Dickson

Sent: August 28, 2020 3:47 PM

To: '[redacted_2]' <[\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@albertahealthadvocates.ca)>

Cc: [redacted_13] <[\[redacted_13\]@albertahealthadvocates.ca](mailto:[redacted_13]@albertahealthadvocates.ca)>; [redacted_12] <[\[redacted_12\]@gov.ab.ca](mailto:[redacted_12]@gov.ab.ca)>; 'health.minister@gov.ab.ca' <health.minister@gov.ab.ca>; 'deena.hinshaw@gov.ab.ca' <deena.hinshaw@gov.ab.ca>; 'jason.kenney@gov.ab.ca' <jason.kenney@gov.ab.ca>

Subject: RE: Care Homes

Importance: High

Sensitivity: Confidential

Afternoon [redacted_2].

To be frank, I am not actually sure what your office does now. We have provided a list of what can only be described as crimes that go beyond the term 'administrative fairness'. The Ombudsman is not equipped to deal with this as you well know.

We have provided details of wrongdoing by Alberta Health Services, the CMOH (and her subordinates), Care Centers and more. There are many examples of these people breaching the PHA and the Orders of the CMOH. However, your answer is to complain to the very people who are taking actions that are quite frankly killing people and covering these deaths up under the mask of COVID 19.

Primary care doctors are banned from the care centers by AHS, the care center and those reporting directly to Deena Hinshaw and Tyler Shandro. But your answer is to call those very people to complain. We have. They ignored us as does everyone else. All the while people are suffering and dying. You can see with your own eyes from the material provided that statistics and testing is being falsified, deliberately misrepresented and misused to enforce measure that are destroying lives daily. All while Doctors and other health care workers are threatened and are terrified to come forward. Others continue to complicity act against their very oaths.

You mention filling in a questionnaire for the PHCOA (as was). Note that I designed their businesses processes and technical systems over 20 years ago so I know exactly what they do, or rather can't do. We have filled in their 'questionnaire' (heavily weighted as it is) so they can duly provide their report to the Health Minister. For what purpose I do not know.

All the politicians and groups you mention have been contacted. They continue to ignore us along with the many others crying out for help.

We have attached the last few emails regarding one of the Dickinsfield residents who is now just waiting to die. As you will see, she has just been discharged from hospital in a manner that can only be described as medical negligence. Once this family member passes, as with all the other deaths in care homes now, the resident will be bundled up and removed without the family being allowed to see them. The rooms are sanitized and all property removed. Our most precious members of society are being treated like toxic waste instead of the loved ones they are. This is nothing short of the destruction of evidence in an ongoing crime.

I had asked for a meeting or a call, but you don't appear to have any mandate that covers anything related to patients, the health system or indeed anything to do with Albertans.

You have everything now. Please keep it on file for one day these communications may become very important.

Lastly, I would like to know just what would be a concern that would fall under your mandate for an investigation as right now I can't think of anything. As always, I would welcome the opportunity to talk in person or on the phone.

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)

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Classification: Protected A

From: CapitalCare <info@capitalcare.net>
Sent: Friday, August 28, 2020 5:00 PM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: CapitalCare Update - August 28, 2020 📧

COVID-19

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August 20, 2020

Dear CapitalCare Residents and Families:

This email comes once a week from CapitalCare Corporate Services and is intended to provide general information applicable to all centres. In addition, you may receive email communications with specific information that applies to your centre only. This has been the case recently for four CapitalCare centres that have been dealing with small numbers of staff testing positive to COVID-19.

We are pleased to report that across our organization, all staff and students who tested positive for COVID-19 have recovered. Importantly, testing of asymptomatic residents and staff who consented to it determined that there was no spread of COVID-19 to residents of any of our centres. We credit this to quickly identifying cases, putting infection prevention measures into place, and following public health guidance.

During these periods of outbreak, we were pleased to continue with visitation where possible. This was made possible due to our screening processes in place for Designated Support Persons (DSPs), as well as enhanced infection prevention measures. At Dickinsfield for example, DSPs wore safety goggles in addition to masks, and could not leave the property while visiting.

Our largest centres and some of our smaller centers have all had experience dealing with cases of staff testing positive for COVID-19. In all cases there has been no transmission to residents. Each outbreak increases our confidence in our ability to manage this pandemic. We ask for your continued support as we prepare staff with school-aged children for the return to school next week.

You can help us by limiting your phone calls to the centres and visiting our [website](#).

Status updates are posted on the [COVID-19 News page](#).

Visitation resources are posted on the [COVID-19 Info for Families](#) page.

Centre specific information such as visiting hours are on the centres pages. Please note, in the event of an outbreak, visitation may be paused. Please check our website before coming to the centre for a scheduled visit.

If you have non-urgent questions, please email Corporate Services at info@capitalcare.net and we will forward your question to the centre.

We are committed to communicating with you throughout this pandemic. Your partnership in this process is appreciated.

Reminder: Parking Fees take effect September 1

CapitalCare will be reinstating parking fees for staff and the public at our centres, effective September 1 for the public. As traffic at our sites increases, the reinstatement of parking fees helps ensure appropriate parking spaces are available for staff and visitors. Parking fees will resume at the rates in place prior to the suspension of fees in April.

Activities at the Centres



Centres on outbreak had their hands full this week trying to keep visitation ongoing where possible. But the fun and games of recreational activities carried on at CapitalCare Grandview, where residents braved the wind yesterday for an exciting game of water balloon target toss. Meanwhile, residents at CapitalCare Kipnes Centre for Veterans were treated to live entertainment in various outdoor courtyards. More photos of centre activities are on [Facebook](#)

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The **Hearts for Healthcare** window decals are really making a difference. Send your messages in and give CapitalCare staff virtual gratitude through your inspiring messages!

[SEND A HEART](#)

Make a connection by sending a positive message to a resident living at CapitalCare Centres. Choose a postcard templates to send a special message.

[SEND A POSTCARD](#)

GET SOCIAL WITH US:



CapitalCare
6th Floor, 10909 Jasper Avenue
Edmonton, Alberta T5J 3M9
Ph: (780) 448-2421

You are subscribed to this email as Karen.dickson@dksdata.com.

[Click here to modify your preferences](#) or [unsubscribe](#).



From: Karen Dickson [<mailto:karen.dickson@dksdata.com>]
Sent: Wednesday, September 02, 2020 8:30 AM
To: [redacted_7] <redacted_7@capitalcare.net>; [redacted_6] <redacted_6@capitalcare.net>
Cc: [redacted_14] <redacted_14@gmail.com>; DKSDATA <DKSDATA@GMAIL.COM>; David Dickson <david.dickson@dksdata.com>
Subject: RE: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield
Importance: High

Caution - This email came from an external address and may contain unsafe content. Ensure you trust this sender before opening attachments or clicking any links in this message.

From: Karen Dickson <karen.dickson@dksdata.com>
Sent: September 2, 2020 8:30 AM
To: [redacted_7] <redacted_7@capitalcare.net>; [redacted_6] <redacted_6@capitalcare.net>
Cc: [redacted_14] <redacted_14@gmail.com>; DKSDATA <DKSDATA@GMAIL.COM>; David Dickson <david.dickson@dksdata.com>
Subject: RE: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield
Importance: High

[redacted_7] and [redacted_6],

We have just checked the last communications from Capital Care (attached) and have more concerns. On the point of eyewear for PPE purposes. As per [redacted_7]'s email August 24th, 2020, "All DSPs must wear a mask and safety glasses or goggles at all times while in the centre. Please bring your own safety glasses or goggles, which can be purchased in most hardware stores." we were instructed to go out and buy safety glasses/goggles. We bought multiple pairs of both as the instruction was not clear. No sooner had we done this, the instruction changed to DSP's only being allowed to wear the standard issue centre provided goggles. This was an unnecessary expense we incurred which, like so many of the measures put in place, changes without any supportable science, reasonable notification or consultation. It is also a concern that the 'goggles' provided by Capital Care are 're-used' by multiple people. **Sharing of such PPE is a serious health concern.** Further, we would like to request the documentation Capital Care Dickinsfield is relying on for the mandated use of goggles by DSP's and staff. Please provide more than the usual 'AHS says so'. If they 'say so' please provide the written communications.

Attached are the last communications from Capital Care for reference. We are now into week four of the latest "outbreak" lockdown where residents are again relegated to their rooms. This is eerily reminiscent of the last lockdown; then, at the eleventh hour of a three week lockdown for staff testing asymptomatic positive, the centre was just about to re-open when someone reported a couple of residents displaying gastric issues. At that time, we contacted the Edmonton Zone health official directly who was responsible for the extension of the lockdown. It was immediately reversed after the health official admitted that she had not checked the file and was wrong in extending the lockdown. Based on this current "outbreak" timing, had we not achieved the opening up on the holiday weekend of August 3rd, this would have ensured that the lockdown would never had ended making this the 8th week of closure. Some residents will, in actuality, be suffering from this as they didn't manage to avail themselves of that brief window of freedom in that week. If we are now in a position where endless lockdowns leave residents in unending isolation in what can only be described as an obscene carousel of injustice, then there is no hope.

According to the last online update (September 1st), Outdoor Visitation was to resume August 31st, 2020, despite the outbreak ending two days earlier. This communication also states, misleadingly, that "We are pleased to report that across our organization, all staff and students who tested positive for COVID-19 have recovered." To our knowledge, all staff, like before, tested asymptomatic using an unreliable test that AHS states cannot be used to infer an infection. No further testing (which would be just as unreliable) has been done. Under what criteria have you made this unsupported statement that appears more designed to further ongoing fear and confusion

than provide accurate information? How does someone's health status improve from asymptomatic?

According to the timing of the student last being on site (and the August 27th email from [redacted_7] (attached)), the "outbreak" was over August 29th. There is no explanation online or in the communications for any date change. Do we presume that outdoor and offsite visits are now permitted and the outbreak is actually over? If so, the staff are not aware of this, communication at all levels being a consistent failure for all concerned, residents, staff and families. If not, please explain the circumstances which have determined yet another extension of lockdown and why this has not been officially communicated. Turnaround for testing is supposed to be 24hrs as a target, with 72hrs as a maximum under an accelerated program for long term care. We are way beyond that now.

We have repeatedly asked for the name of the Edmonton Zone Officer responsible for this latest lockdown. This has been met by comments ranging from silence to "I don't know. But I'll get back to you tomorrow" from you, [redacted_7]. Sadly, tomorrow never comes. We are more than prepared, researched and able to address those who are mandating these measures which are far more dangerous than a virus to residents and staff. You have residents and staff in this facility struggling to survive in these oppressive and appalling conditions. We have no idea how you sleep at night. As we have noted in writing many times, there will be accountability for this in the future.

We are hearing from staff overwhelmed by their working conditions. Of residents crying after seeing their family members after weeks of separation. The endless and onerous changes, all in the name of "safety" are anything but. Essential medical care is being delayed and denied. Every manner of appointment in and out of the centre is being denied. And that is before we even begin to address the social impacts, critical to the wellbeing of these vulnerable souls.

We are now hearing from family members whose loved ones no longer want to live like this. They are begging to end their life rather than continue to suffer in this never ending horror show.

For the record, this is a tragedy on a human scale like never seen before...

Please note again that you continue to insist you must follow AHS guidelines but also MUST follow Order 29-2020 (now incorporated into the PHA). As we have pointed out, the requirement to follow the PHA is a legal requirement that you and AHS continue to fail to adhere to.

We await your full response to the above and prior unanswered emails.

Karen and David on behalf of [redacted_1].

David T. Dickson

Consulting C.I.O.

Business/Enterprise Architect

Management/Legal Consultant

www.dksdata.com



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From: David Dickson
Sent: September 2, 2020 8:43 AM
To: [redacted_2] <[\[redacted_2\]@albertahealthadvocates.ca](mailto:[redacted_2]@albertahealthadvocates.ca)>
Subject: FW: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield
Importance: High

FYI.

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



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From: [redacted_6] <[\[redacted_6\]@capitalcare.net](mailto:[redacted_6]@capitalcare.net)>

Sent: Friday, September 04, 2020 2:05 PM

To: 'Karen Dickson' <karen.dickson@dksdata.com>; [redacted_7] <[\[redacted_7\]@capitalcare.net](mailto:[redacted_7]@capitalcare.net)>

Cc: [redacted_14] <[\[redacted_14\]@gmail.com](mailto:[redacted_14]@gmail.com)>; DKSDATA <DKSDATA@GMAIL.COM>; David Dickson <david.dickson@dksdata.com>; [redacted_25] <[\[redacted_25\]@albertahealthservices.ca](mailto:[redacted_25]@albertahealthservices.ca)>

Subject: RE: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield

Hi Karen,

1. PPE– We were directed by Public Health to use googles in this outbreak , we were unsure if we would have adequate quantity for staff, hence the family request.
More supplies did become available and we were able to supply to those who were unable to purchase goggles. We do disinfect and clean all items that are not single use.
2. Outbreak management – Direction is provided by Public Health/CDC as per CMOH orders and direction to staff is provided similarly is provided direction about when they are considered recovered. Have you contacted Alberta Health about your concerns?
3. Zone contact –Please contact [redacted_25] , Quality Coordinator , Concerns Management AHS to discuss concerns. [redacted_25] will be returning to work next week.

Kind regards,
[redacted_6]

From: CapitalCare <info@capitalcare.net>
Sent: Friday, September 4, 2020 4:11 PM
To: Karen Dickson <karen.dickson@dksdata.com>
Subject: CapitalCare Update -September 4, 2020 📧

COVID-19

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September 4, 2020

Dear CapitalCare Residents and Families:

We are pleased to report that currently there are no confirmed cases of COVID-19 at any of our centres.

Centre updates

CapitalCare Norwood is no longer under investigation with enhanced surveillance. Visitation continues and admissions are occurring.

Visitation for designated support persons (DSPs) has resumed at **CapitalCare Dickinsfield**. As a DSP, you must remain in the room of your resident while visiting.

At **CapitalCare Strathcona**, pre-arranged indoor and outdoor visitation at all three houses (Heritage, Harvest, and Laurier) has resumed.

The YMCA day care at the **Kipnes Centre for Veterans (KCV)** has opened again. Updates have been made to the program space to ensure that the day care functions completely independent of the KCV centre. The day care has a separate entrance from the rest of the building and inter-generational activities are on hold at this time.

Visitation Update: Quick tips to make the most of your visits

1. Before coming in for a visit, check the “Centres” page on the [CapitalCare website](#). This page provides the most up-to-date information about visitation at your centre.
2. To make visits safer for everyone, avoid creating congestion at the front entrance or screening station.

- Keep a distance of at least 6 feet (about 2 arms' length) from other people waiting to enter the building or be screened, and
- If possible, wait in your car and do not enter the building until you can comfortably practice physical distancing at the front entrance or screening station.

3. COVID-19 has changed many things in our lives including how we connect with those we love. Even though visits look and feel a little different we can still receive great joy and feel connected. Just saying 'Hi' and seeing someone can sometimes be enough but don't hesitate to be creative with your visits.

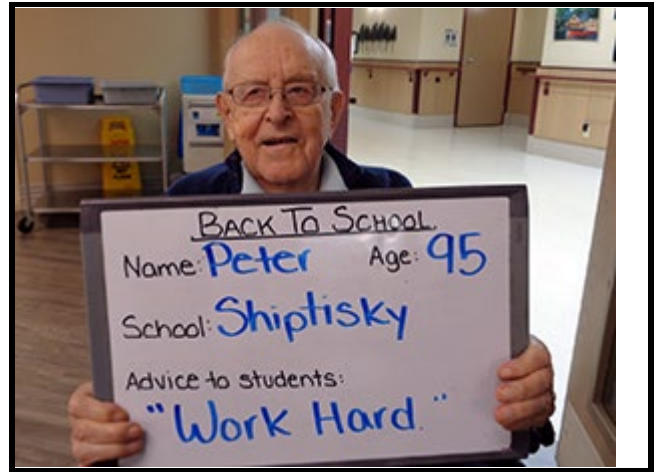
Here are a few ideas:

- bring something with you to talk about
- have an activity to do
- have questions prepared to talk about
- bring some pictures that are blown up
- share your local travel or summer staycation news
- bring a whiteboard and play games such as x's and o's or hangman
- listening to music
- If on a Zoom or a Skype call, feel free to cook 'together' and visit while you are cooking your favorite recipe or share a tour of your own home.

CapitalCare COVID-19 status updates are posted on the [COVID-19 News page](#).

For current Alberta case count and additional case information, please visit [Alberta.ca/Covid19](https://alberta.ca/covid19).

Activities at the Centres



School is back in session and as residents at CapitalCare Strathcona reminisced about their school days, they decided to share some advice to students returning to school this week.



CapitalCare Lynnwood brought Heritage Days to the centre celebrating everyone's heritages from around the world! Recreation made delicious food, shared great stories and listened to music from all around the world.

More photos of centre activities are on [Facebook](#)



Greater Edmonton Health Advisory Council Engagement Event

Join us for a virtual conversation and facilitated Panel Q&A about AHS' response to Seniors Health during COVID-19 in the Greater Edmonton Area.

Thursday, September 10 @ 6:00 p.m. to 7:30 p.m.

To register, <https://sept10-greater-edmonton-hac-event.eventbrite.ca>

To learn more about AHS' Health Advisory Councils visit: www.ahs.ca/advisorycouncils

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CapitalCare
6th Floor, 10909 Jasper Avenue
Edmonton, Alberta T5J 3M9
Ph: (780) 448-2421

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From: Karen Dickson

Sent: September 4, 2020 7:24 PM

To: [redacted_6] <[redacted_6]@capitalcare.net>

Cc: [redacted_7] <[redacted_7]@capitalcare.net>; [redacted_14] <[redacted_14]@gmail.com>; David Dickson <david.dickson@dksdata.com>; DKSDATA <DKSDATA@GMAIL.COM>

Subject: RE: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield

Importance: High

Hi [redacted_6],

Thank you for your response. Sadly and predictably, it provides little in the way of transparency save to pass the responsibility for these disastrous measures on to AHS.

Dickinsfield is still deemed to be on "outbreak". This is now WEEK 4 of incredibly onerous and unmanageable restrictions for all concerned. All communications clearly state the outbreak was over on the 29th August. You have not notified anyone of any further positive tests (redundant as AHS knows they are). Yet the centre remains closed. Short of an illegal imprisonment, please provide details of why the centre is still NOT open. There is no possible way that tests would still be outstanding after this length of time. In fact, it was clear from the communication of the 27th, there were no further tests outstanding. This has to be immediately addressed.

1. Why was Dickinsfield the only centre selected for the mandated use of goggles? Again, where is the actual documentation from Public Health regarding this?
2. We have taken our concerns to AHS and further. The impacts we have discussed extensively are being seriously reviewed.
3. We will contact [redacted_25] next week on her return. It would have been helpful to have her contact details months ago in this ongoing and most serious situation.

Order 32-2020 comes into effect on the 17th Sept. We are fully versed in the detail as it relates to all in long term care. We hope that the same will apply to all leadership in Capital Care to the benefit of residents, staff and families.

Karen and David Dickson on behalf of [redacted_1].

From: Karen Dickson

Sent: September 5, 2020 8:51 AM

To: [redacted_12] <[redacted_12]@gov.ab.ca>; [redacted_2] <[redacted_2]@albertahealthadvocates.ca>; [redacted_26] <[redacted_26]@albertahealthadvocates.ca>

Cc: Cindy L. Byk <clbykewich@hotmail.com>; [redacted_24] <[redacted_24]@outlook.com>; [redacted_23] <veraelliott34@icloud.com>

Subject: FW: Response to outstanding questions - [redacted_1] and the residents in Dickinsfield

Importance: High

Good Morning [redacted_2], [redacted_13] and [redacted_12].

Firstly, we want to say a heartfelt thank you from everyone here (David, Karen, [redacted_18], [redacted_24], [redacted_23] and our loved ones). Below and attached are the latest communications in this tragedy that have Dickinsfield Care center still in lockdown despite the last positive 'case' being onsite over three weeks ago. Although Capital Care have not officially disclosed any reason for this, Contrary to the Provincial Health Act, Order 29-2020 (and soon Order 32-2020), we are reliably informed of the actual reason. AHS, at the direction of Deena Hinshaw and the Zone Medical Officers, are apparently too busy testing teachers and children to provide the resources to respond to Capital Care and provide the all clear! Remember this is the same asymptomatic testing that AHS has publicly declared is useless as a positive test cannot be used to infer an infection. This is nothing less than criminal and constitutes unlawful imprisonment by Capital Care, AHS and the Chief/Zone Medical officers.

We are now into a holiday weekend so even if AHS deems to give the all clear to a center that has never had a confirmed infection related to it (and never had anything other than negative tests in the residents after more than 7 separate testing rounds), they will have been locked down for almost 4 ½ weeks. During this time, some residents, such as [redacted_24]'s father and [redacted_23]'s Husband over 60 years have been in isolation unable to leave their room for that time because 'he had contact with one of the asymptomatic staff members'. [redacted_22] is a man with dementia who has suffered greatly during this outrageous behaviour by AHS et al. [redacted_24] was unable to join us on the call but we have included her and [redacted_23] in this email. They are part of the group of highly concerned family members we have mentioned in our other communications.

One thing to remember about all these lockdown precautions. Let's just assume all the statistics are correct that have been used to justify everything that has happened in the last 6 months. We know from AHS testing of blood samples that the virus was in Alberta **no later than November 2019**. From then until mid March 2020, **no preventative actions were taken**. The virus was freely circulating at the same or greater rate of infection (rates of infection slow over time). Do you know anyone who was sick with COVID like symptoms during that period from October to Mid March? Note that excess mortality i.e. all cause mortality from any reason was actually DOWN the world over during this time. Then, from mid November to the Lockdown, there were 8 reported deaths **with** COVID in Canada. In the next 5 months immediately after we locked down the province, there were over 9,000 reported deaths **with** COVID. This does not include all the deaths from suicide, undiagnosed cancer, delayed surgeries (resulting in the untimely death of Jerry Dunham in Medicine Hat, and many others like him). These avoidable deaths are now causing a spike in all cause mortality the world over. It is clear that the actions of AHS and the CMOH office have directly caused the deaths of many Albertans deliberately or through neglect and this is being exacerbated by the widespread increase of improper testing for an improper purpose. Speaking of Jerry Dunham, I am in direct contact with his family and they too have been ignored by everyone. They are willing to provide all the information they have that also demonstrates the gross negligence and criminality of these lockdowns.

Effectively, even if you take the information AHS and other 'powers that be' as accurate and not overblown, it is clear that LOCKDOWNS and the protocols associated with them KILL. We have never done anything like this in history before and yet we continue to expand this insanity daily to the point that now masks are essential indoors, even for children, unless seated or eating. Does the virus know this?

Please, we implore you, get us in front of the people who can put a stop to this before more people die unnecessarily. If nothing else, Dickinsfield Care Center MUST BE OPENED IMMEDIATELY.

Many thanks,

David, Karen, [redacted_18], [redacted_24], [redacted_23], [redacted_1], [redacted_21] and [redacted_22].

From: Danielle Smith <[Danielle Smith](mailto:Danielle.Smith@alberta.ca)>
Sent: September 6, 2020 8:03 AM
To: David Dickson <david.dickson@dksdata.com>
Subject: Re: Visitation for [redacted_1] - 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

From: David Dickson
Sent: Sunday, September 6, 2020 2:01 PM
To: Danielle Smith <[Danielle Smith](mailto:Danielle.Smith@alberta.ca)>
Subject: RE: Visitation for [redacted_1] - 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)

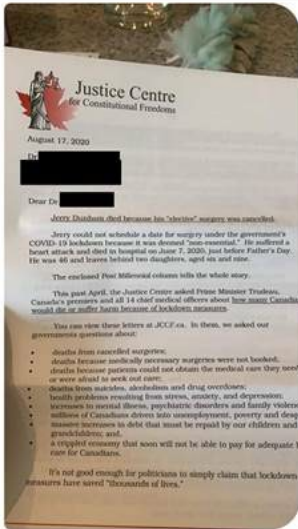
[https://open.alberta.ca/dataset/9044e65d-a97e-43cb-8357-9c890422f069/resource/dcd1cc27-57c2-4cf4-8078-3869f19b6390/download/health-influenza-sum\[redacted_24\]-report-2018-2019.pdf](https://open.alberta.ca/dataset/9044e65d-a97e-43cb-8357-9c890422f069/resource/dcd1cc27-57c2-4cf4-8078-3869f19b6390/download/health-influenza-sum[redacted_24]-report-2018-2019.pdf)

Finally, I would suggest not promoting the JCCF. Unlike lawyers such as Rocco Galati, 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:



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 redirected 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



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And never take anything from the bad guys.

(Mel Gibson: Edge of Darkness 2010)

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DANIELLE AND THE JCCF NEVER RESPONDED AND NEVER DID ANYTHING AFTER THIS

IMAGINE IF THEY HAD.

JCCF emails forward to Danielle Smith as part of this email chain.

From: [redacted_27] <[redacted_27]@jccf.ca>
Sent: Tuesday, July 7, 2020 9:28 AM
To: David Dickson <david.dickson@dksdata.com>
Cc: [redacted_28] <[redacted_28]@jccf.ca>
Subject: Fw: Jerry Dunham and the MP for Medicine Hat
Sensitivity: Confidential

Hi David,

Thank you for writing again to the Justice Centre, and sharing your interesting report. We also prepared a couple of reports in May and June, arguing that the lockdown is unjustified. Here is the one for Ontario: https://www.jccf.ca/published_reports/unprecedented-and-unjustified-ontario-lockdown/

We have also commenced a number of lawsuits, sent demand letters, written countless other letters and articles, given speeches and news interviews, created podcasts, and responded to the inquiries of hundreds and hundreds of Canadians over the last few months. We have directly written to politicians, we have had meetings with government officials to get houses of worship open (in Ontario), and we are working on other potential court actions to hold our governments accountable and minimize the effects of the lockdown. We have used our resources to bring public awareness to long-term care concerns, political overreach, and other harms of the lockdown.

You indicated in one of your emails (below) that we have the resources and power to put an end to this. I'm not sure what else you think we should be doing, as a small legal team funded solely by donations, but I assure you that we are working extremely hard to do what we can under the circumstances. We are also limited by our mandate, which is to protect the Charter rights and freedoms of Canadians, so that means we can't sue governments for businesses being harmed by the lockdown, for example. The Charter also has limiting provisions which permit courts and governments to override those rights and freedoms in certain circumstances; so even where there are clear violations of rights, that doesn't necessarily translate into a successful court action. All of these things must be factored into the types of cases we can and should bring forward.

I encourage you to continue communicating your research and opinions (and feel free to share ours) with elected officials.

We greatly appreciate your faith in, and support of, the Justice Centre.

Best regards,

[redacted_27], JD, BA

Justice Centre for Constitutional Freedoms

253-7620 Elbow Drive SW

Calgary, AB T2V 1K2

"Defending the constitutional freedoms of Canadians"

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From: David Dickson <david.dickson@dksdata.com>
Sent: Friday, June 26, 2020 9:43 PM

To: [redacted_28] <[redacted_28]@jccf.ca>; [redacted_29] <[redacted_29]@jccf.ca>; JCCF Info <info@jccf.ca>

Subject: Jerry Dunham and the MP for Medicine Hat

Dear [redacted_30] et al,

I have written a few times about the issues related to the illegal lockdown and the impacts it has had on myself (a disabled retired police officer with ventilator induced pulmonary fibrosis) and my mother in law (a stroke victim effectively imprisoned in a care facility in Edmonton for the last three months).

I would still like to follow up on both of these items as we have suffered personally as a result of this. However, with the untimely death of Jerry Dunham, I feel there is more I can add to your cause to make a significant impact in this tragedy.

As you can see from the attached, I had reached out early on to the MP for Medicine Hat (Glen.Motz@parl.gc.ca) on April 3rd, April 6th, April 21st (complete research) with another follow up on April 26th of this year, all of which was ignored. Glen Motz is a retired Medicine Hat senior police officer that I once considered a colleague. Had he taken notice of the research and acted in regards to what was happening, he could probably have prevented the death of Jerry Dunham.

Note I have also sent this research to other MP's, MLA's and the Alberta Health Advocate among many other people.

The latest published copy is here. https://www.researchgate.net/publication/341713221_The_Best_Laid_Plans_COVID-19_A_SARS-COV-2_Story_A_SARS-CoV-2_Story_Page_2_106

Please let me know how I can help before more people die unnecessarily. Those responsible must be held accountable.

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

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From: David Dickson
Sent: Wednesday, April 15, 2020 11:30 AM
To: [redacted_28]<[redacted_28]@jccf.ca>
Subject: RE: COVID 19 - a Second Opinion.
Importance: High

Many thanks for taking the time to reply, [redacted_28],

The Government has enacted a lockdown based on false information designed to create panic. The current approach of dismissing known treatments (used on SARS, MERS and CV19) is beyond negligence. The improper and damaging protocols in place have directly caused the deaths of many already. I am in the crosshairs of this from every risk factor for CV19 but this goes far beyond just me. In my personal story linked below, I cover some of my challenges. These have given me a unique insight into the world's reaction to CV19. Despite this, it is not CV19 that worries me; it is the reaction and protocols that have been implemented that terrify me.

That being said, I have been significantly impacted by the lockdown measures. Just prior to this happening, along with my pre-existing conditions, I was diagnosed with pre-diabetes. I was directed to undertake an exercise regime by Alberta Health. The regime requires access to a swimming pool (my pre-existing conditions prevent me from doing even the simplest of exercises, walking). Now, that access has been denied without any just cause. The 'cause' relied upon by the government is a reporting of deaths for CV19 that has been deliberately skewed in a way that no other disease ever has.

My constitutional rights have been abused by the Government of Canada and Alberta. This has had a direct impact on my health and continues to put me at direct risk. I am but one of millions with similar issues as a result of this unnecessary lockdown.

Additionally, my mother in law suffered a severe stroke some 10 years ago. Prior to the CV19 reaction, she was receiving regular massage therapy in the care centre where she resides. She paid for this herself. It had been significantly beneficial to her health and wellbeing. That too has been stopped by the draconian steps taken by the government. In addition, with the lockdown, she now has no contact with her family. This is taking a severe toll on the mental health of both my mother in law and the whole family.

This whole situation is based on lies that after many months of investigation are so obvious and provable. Yet everyone is ignoring or oblivious to the reality. My articles to you were an attempt to clear the fog.

I have so much more to help with this matter and weep daily for the health and wellbeing of my fellow Canadians. This has to stop. The 'alleged' deaths 'OF' CV19 are actually deaths from significant co-morbidities, misreported as CV19 deaths (confirmed by my multiple contacts in the health system). This 'reporting' is being relied upon to justify government overreach that has not been seen in the world for a very long time. However, the damage to society and escalation in mental health issues resulting in a spike of suicides, impacts to patient follow ups causing minor health issues to become major (and potentially fatal), missed surgeries, medical treatments and appointments and so much more, has already eclipsed even the worst case scenarios of CV19.

At this time, with multiple safe, proven and used treatments that would prevent even a single death by a CV19 complication, we are letting people die every day in Canada. This is not just a fundamental breach of our constitutional rights, and human rights, but is now reaching a level of a crime against humanity. All in the name of an obvious government power grab.

Please help, before it is too late. I am just one disabled retired Police Officer desperately trying to wake the world up, to get people to look at what is really happening in plain sight.

You have the resources and the power to put an end to this, and also hold those accountable after the fact.

I am literally imploring you to get in touch.

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



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From: [redacted_28] <[redacted_28]@jccf.ca>

Sent: Tuesday, April 14, 2020 10:41 AM

To: David Dickson <david.dickson@dksdata.com>

Subject: RE: COVID 19 - a Second Opinion.

Hello David,

Thank you for sharing your articles with the Justice Centre.

The Justice Centre is deeply concerned about government actions that are being taken to deal with COVID-19.

Our laws allow for some government measures to infringe our rights and freedoms to meet external threats and internal threats. But the Canadian Charter of Rights and Freedoms and the rule of law still apply. The Charter requires that restrictions on our Charter freedoms of liberty, mobility, religion, association and peaceful assembly be imposed in the least restrictive manner possible, for the shortest amount of time possible.

To deal with the spread of COVID-19, under federal and provincial legislation, governments can restrict movement, shut down businesses, impose travel bans, control the distribution of essential goods and services. While quarantines and other emergency measures are meant to be temporary, there is no question that they deny freedom. These measures are also crippling Canada's economy, with long-lasting negative impact on the health and well-being of Canadians.

If a restriction on freedom is challenged in court, the onus is on the government to justify that restriction as reasonable, and to explain why that particular measure was chosen over other, less restrictive means that might achieve the same goal.

The Charter requires governments to think carefully about the public health benefits of restricting freedoms, and weigh those benefits against the harm of violating Charter rights and freedoms.

The benefits of restrictive measures might have mixed results on public health. Forced isolation may prevent community transmission of a virus, but forced isolation can also result in declining mental health, increased family violence, more depression and more suicides. Seniors who are isolated could also miss out on necessary medical care, resulting in deaths from causes other than COVID-19.

There is a growing possibility that the social and economic costs of shutting down the economy and restricting freedom outweigh public health benefits. Courts have the difficult responsibility of determining whether the government's cure causes more harm than the disease.

The Justice Centre's legal team is monitoring government action closely, and is ready – at the appropriate time, and if necessary – to challenge government action in court, where there is an extreme, unnecessary or unjustified infringement of fundamental Charter freedoms.

The radical step of court action would be preceded initially by correspondence, or by publicly calling on the government to reverse course, if time and circumstances so permitted. For ongoing updates from the Justice Centre that relate to Charter rights and freedoms, please visit: <https://www.jccf.ca/in-the-news/covid-19/>.

You and other citizens should not hesitate to contact your federal MP and your provincial elected representative to share your concerns. Citizen participation in the democratic process remains as important as ever. Moreover, you can easily contact your federal and provincial representatives without needing to visit their offices, or speak with them in person.

If you have been personally impacted by new legislation relating to the Covid-19 crisis, please complete an intake form: <https://www.jccf.ca/get-help/>. Our legal team will then review your case to determine if it is a matter within our mandate and will get back to you as soon as possible. Due to the large volume of correspondence that we are receiving, we cannot guarantee a time period as to when we will be able to respond, but we will do our best.

Again, thank you for contacting the Justice Centre and sharing your concerns and information.

Regards,
[redacted_28], JD
Legal Assistant
Justice Centre for Constitutional Freedoms
#253, 7620 Elbow Drive SW
Calgary, AB, T2V 1K2

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From: David Dickson <david.dickson@dksdata.com>

Sent: Saturday, April 11, 2020 12:21 PM

To: JCCF Info <info@jccf.ca>

Subject: FW: COVID 19 - a Second Opinion.

FAO: John Carpay

Good Afternoon, John,

I have just read your article in The Post Millennial 'The cost of the coronavirus cure could be deadlier than the disease' with great interest. It was heartening to see that someone in journalism is starting to ask the right questions, rather than repeating the talking points we see all day about the COVID 19 response.

The world needs a second opinion right now, not just Canada.

I have been tracking the current global crisis and a few things have been bothering me. Below are a series of short articles that summarize the tracking of COVID 19 and the way it is being reported. It is the reaction to COVID 19 poses an existential threat to society right now. We have triggered the global NBC (Nuclear, Biological, Chemical) emergency protocols for a treatable virus less dangerous than common seasonal flu.

From what I could see online, I feel we share some of the same concerns. I really value your expertise, knowledge, experience and input and I know you care more than most. If possible, please come back to me with feedback, good, bad or indifferent. This message has to be factual and correct. Lives are at stake here on a global scale.

As the media fiddles, we are watching Rome burn.

- The reality is **the reports are right about Hydroxychloroquine**.
More details here: How the humble Gin & Tonic may save the world from COVID 19.
<https://www.linkedin.com/pulse/how-humble-gin-tonic-may-save-world-from-covid-19-dave-dickson->
- This plan is killing people. Inappropriately directed (CDC) use of ventilators are killing people. People need oxygen, not mechanical ventilation. CDC directions are causing deaths, not saving lives.
More details here: COVID 19 - The Spread of A Virus. <https://www.linkedin.com/pulse/spread-virus-dave-dickson->
- How do I know? I have lived the life we now live, every day, for a decade.
More details here: COVID 19 Risks - a Personal Message: <https://www.linkedin.com/pulse/covid-19-risks-personal-message-dave-dickson->
- Mainstream media is misleading the public regarding the numbers they are reporting. This is generating fear based on CDC directions and protocols.
More details here: COVID 19 – Is the lock down working? <https://www.linkedin.com/pulse/covid-19-lock-down-working-dave-dickson->
- This is part of a 'break the glass in case of emergency' plan developed in the 80's. This plan was triggered by the unusual reaction of China to COVID 19. Once it was started, it took on a life of its own. It can be stopped but it won't stop itself.
More details here: The Best Laid Plans. COVID-19: <https://www.linkedin.com/pulse/best-laid-plans-covid-19-dave-dickson->

We are counting test kits and creating panic while people die for no reason.

Counting Cars – How COVID 19 is being reported: <https://www.youtube-nocookie.com/embed/QM79ybr7Y18>

Can we help each other to put an end to this crisis before it is too late?

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]
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