

From: David Dickson

Sent: Thursday, March 30, 2023 11:01 AM

To: 'Office of the Premier' <Premier@gov.ab.ca>; 'Motz, Glen - M.P.' <Glen.Motz@parl.gc.ca>; 'Drayton Valley-Devon' <draytonvalley.devon@assembly.ab.ca>; 'Lloyd, Dane - M.P.' <Dane.Lloyd@parl.gc.ca>

Cc: 'rachel.notley@albertandp.ca' <rachel.notley@albertandp.ca>; 'Edmonton.Strathcona@assembly.ab.ca' <Edmonton.Strathcona@assembly.ab.ca>

Subject: Request number four, for an immediate meeting to discuss an urgent Police Investigation of the mishandling of COVID, ongoing discrimination, associated data manipulation and deadly misinformation campaigns.

Importance: High

By email:

For attention and immediate action.

CC'd to the Leader of the official opposition, Rachel Notley, who has also received and ignored all the referenced material.

Note that the information presented here (and in the included links) is just the proverbial tip of the iceberg of insurmountable evidence of wrongdoing resulting in harm and death in Alberta in the last three years.

Dear Premier Danielle Smith et al,

As you are all aware, I have written directly to MLA Mark Smith after a short meeting with him. During this meeting, he confirmed that he had not looked at all the correspondence or even properly read the Auditor General's report which was specifically addressed to him. Albertans expect far more from an MLA than to say "We have read it, but it's a big document." More shocking still was a comment he made re vaccine mandates "...this is no longer an issue of safety, this is an issue of compliance." MLA Mark Smith also confirmed that he had not read any of the attachments provided in my correspondence. Such a disrespectful dismissal of the factual information I have provided does an immense disservice to Albertans who deserve so much better from elected officials. I only hope that position does not represent the rest of the respondents on this email.

MLA Mark Smith agreed to "allow" me two questions for the attention of your Health Minister, one relating to the COVID data and one relating to masks. That same day, I submitted those questions. To date, as has been the case with my previous three letters, there has been no substantive response.

As regards the publicly available data download that has been produced by Alberta Health since May 2020, not only have I not received any reply from that request, but the very next download did not occur. In fact, all data from the next update did not happen, dismissed with the generic message;



Due to technical difficulties, COVID-19 data reporting is unavailable today. We are working to post the data as soon as possible.



COVID-19 data included in the interactive data application are up-to-date as of end of day March 13, 2023, unless stated otherwise.

[View Alberta seasonal influenza statistics](#)

I have to say that the timing of this 'error' seems far too coincidental to be ignored.

Contrary to the comments by MLA Mark Smith, this is all within both your control and that of your Health Minister. Yet, on March 20th 2023, YOUR administrator (John Cowell) appointed Mauro Chies as the permanent AHS President & Chief Executive Officer.

March 20, 2023

Dear staff, physicians and volunteers,

I'm pleased to announce today that Mauro Chies has been appointed as the new AHS President and CEO, effective immediately. Mauro has been serving as the Interim President and CEO of AHS since April 4, 2022.

A selection panel led by the Official Administrator Advisory Committee that included the former AHS Chair of the Board of Directors and others, and supported by an international executive search firm, reviewed many highly qualified international and national candidates that resulted in Mauro being chosen and promoted to the permanent position. We thank all panel members for their commitment to this search process.

Mauro began his extensive career in healthcare with the former Capital Health Region and has worked with AHS since the organization's inception in 2009. He has gained the respect and confidence of our employees, partners and subsidiaries, as well as many of our external stakeholders.

He has held previous executive leadership roles, including Board Chair of Alberta Precision Laboratories, Vice President of Cancer Care Alberta & Clinical Support Services, and Senior Operating Officer, Diagnostic Imaging Services. Mauro brings a strong desire to drive innovation and change and he knows the system not only as a leader and executive, but as a frontline provider working with patients and families.

In the past 10 months as Interim President and CEO, Mauro has provided stability while leading the organization through challenges and affecting positive change. He is known for his practical and collaborative approach and has gained the strong support of his colleagues, physicians and staff within AHS.

He also has my full support. I look forward to continuing to work alongside him as we build even more momentum on our four priorities and make measurable progress.

I'd like to take this time to thank all of you at AHS for your ongoing contributions to the organization.

Sincerely,

Dr. John Cowell

AHS Official Administrator

Mauro Chies immediately doubled down on restrictions for those unable to wear a mask and also announced another round of COVID vaccinations targeting Care Homes and more. These revisions now appear to be the permanent “new normal”. As such, they remove the ability for both my grandchildren and myself to ever visit my mother-in-law in her Care Home. It also guarantees an inability to receive healthcare or safe EMS transport for people like my mother-in-law and myself.

<https://dksdata.com/CareHomes/March23-2023-AHS-Internal-Markup.pdf> (link to below AHS email with comments).



Important COVID-19 Updates

Dear staff, physicians and volunteers,

As Alberta continues to shift from an emergency response to a more sustainable approach to managing COVID-19, several changes will soon take place.

Provincial guidelines on testing and isolation

As of April 1, rapid antigen tests (RAT tests) will be the recommended COVID-19 test for all individuals with respiratory virus symptoms, including healthcare workers and workers in other high-risk settings. This change reflects Alberta's transition to an endemic approach to managing COVID-19 and is the next step toward aligning public health recommendations across all acute respiratory viral illnesses.

In addition, the previously recommended minimal isolation period of five days for people with COVID-19 symptoms a positive COVID-19 test will no longer be required by Alberta Health for the public. Those with respiratory virus symptoms or who test positive for any respiratory illness will be advised to stay home until all symptoms have improved, they feel well enough to resume normal activities, and they have been fever-free for 24 hours without using fever-reducing medications.

Anyone who has respiratory virus symptoms should wear a mask for a total of 10 days from the onset of symptoms (even if the symptoms have resolved or improved) when in indoor settings with other individuals.

Alberta Health will also be recommending that in addition, as was the case before the pandemic, anyone who is feeling unwell, regardless of whether they have tested positive for a respiratory virus or not, should avoid visiting acute care or continuing care settings unless receiving care, and if possible, avoid contact with anyone who may be high risk of severe outcomes (e.g. elderly or immunocompromised individuals).

Testing and isolation for staff and healthcare workers

While our teams have been eligible to book molecular COVID-19 tests throughout the pandemic, self-referral will no longer be available after March 31. Anyone experiencing symptoms of respiratory illness is encouraged to conduct a RAT test. You are considered confirmed with COVID-19 if you test positive by molecular or RAT test. You are considered negative for COVID-19 if you test negative by molecular test or if you obtain negative results from two RAT tests, taken at least 24 hours apart.

While Alberta's isolation recommendations to the public have been eased, the majority of individuals seeking care at AHS sites are more vulnerable to severe outcomes from COVID-19. Ensuring you are not at work and providing care while at highest risk for transmitting the virus will help protect someone at high risk of becoming severely ill if they were to develop COVID-19. As such, we continue to require all AHS employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of AHS (including contracted service providers) to be restricted from work for a minimum of five days from the onset of their COVID-19 symptoms, or until

their symptoms have improved and they are fever-free for 24 hours (without the use of fever-reducing medications), whichever period is longer.

We appreciate your patience as we work to update all relevant resources and guidance documents, including the Attending Work Directive in the days ahead, to reflect these changes.

Closure of assessment centres

With the RAT test being the recommended COVID-19 test for most Albertans, AHS Assessment Centres will be closing on March 31, and swabbing for COVID-19 will no longer be available at these sites. This decision was made in consideration of the limited demand for molecular testing and is the next step in aligning public health recommendations across all acute respiratory viral illnesses.

The closure of assessment centres will also conclude text notifications of a positive result for a molecular test. Instead, Albertans who require a molecular test can obtain their results on the [MyHealth Alberta.ca](https://myhealth.alberta.ca) website.

Molecular testing for COVID-19 will continue to be available if required to support the clinical care of individuals and for outbreak management purposes. Molecular testing will be available through existing structures such as acute care sites, emergency medical services, and primary care offices.

Availability of next COVID-19 booster vaccine

Starting this week, Albertans living in seniors' congregate care will begin to be offered an additional bivalent booster. Starting the week of April 3, Albertans 65 years of age and older, as well as those 18 years of age and older with certain immunocompromising conditions, including individuals with moderate to severe primary immunodeficiency, transplant recipients, or individuals taking certain medications for autoimmune diseases, can [book appointments](#) for the additional bivalent COVID-19 booster vaccine. A full list of eligible immunocompromising conditions can be found on the [Alberta Health website](#).

In order to receive the additional booster dose, it must be at least six months since the individual's last dose of COVID-19 vaccine or infection. However, a shortened interval of at least three calendar months will be permitted for residents of seniors' congregate care sites in order to optimize the ability to administer the additional dose to the most people in a timely way.

Eligible Albertans can receive the additional bivalent COVID-19 booster dose at participating community pharmacies, AHS Public Health clinics, or participating community medical clinics. Additional booster doses may be recommended for the broader population groups in the fall of 2023, depending on the COVID-19 pandemic context.

Sincerely,

Mauro Chies

AHS President & CEO

Dr. Laura McDougall

Senior Medical Officer of Health



As outlined in our recent experience at the Royal Alexander Hospital, discrimination by design is worse than ever. This is a culmination of the Government of Alberta position that any human rights or other abuse can be justified using the word COVID (as seen in my improperly handled Human Rights Complaint). Beside the lies to justify the behaviour is an underlying contempt that has now become entrenched at AHS due to three years of government propaganda and lies.

Are these the comments we expect from health care workers when interacting with disabled people (*see the full letter attached for context*)?

<https://dksdata.com/PatientRelations/Letter-RAH-DI-Redacted.pdf>

From an AHS staff member aggressively shouting at my wheelchair bound mother-in-law and I at her appointment

- 'You people need to move over there!'
- 'Then get another one!'
- 'Really, all three of you? Prove it!'
- Followed by excuses from AHS management of;
"The DI team is quite large, and it was not anticipated that you would have encountered this person."

made worse (if that is possible) by a final solution being suggested by AHS management of;

"We have asked the screeners to produce a visual cue like a sticker for patients who have been screened but are not wearing masks."

Maybe a yellow badge or pink triangle would be something AHS will consider next. Apart from the distressing historical connotations

of this suggestion, this “visual cue” would further enhance the discrimination which is not being caused by anything other than the wilful ignorance and distressing discriminatory bias of AHS staff as regards the written AHS Directive HCS-267.

Does any of this sound like AHS has ‘moved on’ from COVID? It feels more like they are doubling down restrictions and discrimination to make this mentality permanent. Do you find this acceptable?

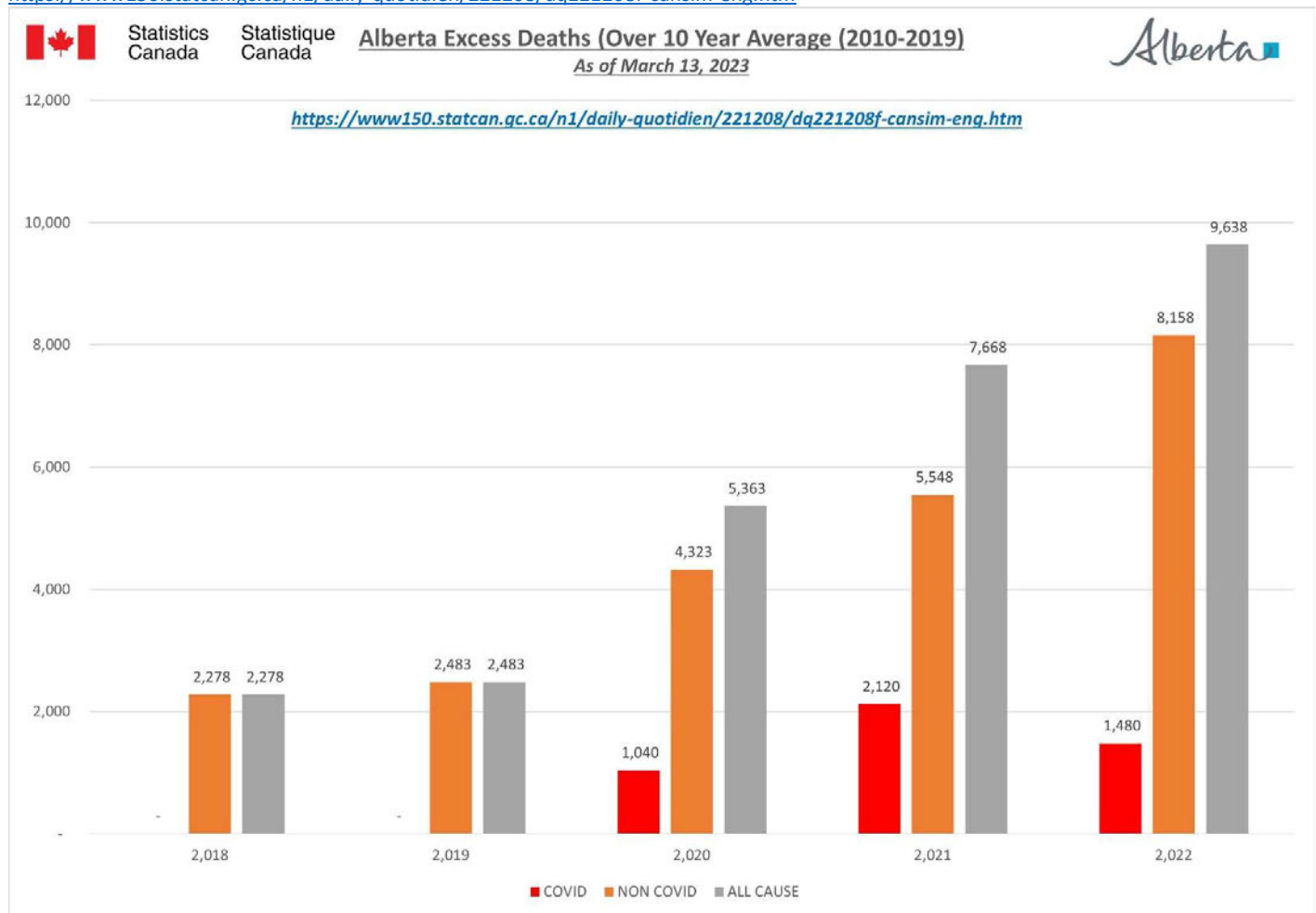
In your call with Dr. Denis Modry and Artur Pawlowski in January 23rd 2023, you stated:

“I think this is very frustrating to me that we here we find ourselves everybody and has moved on from from [sic] COVID”

It is baffling to think you would make this statement at the same time as COVID protocols are doing so much damage to people in Care Homes and hospitals. I will again use myself as an example, only to remove the possibility of the highly inappropriate “you have no standing” argument used by Alberta Justice in my 2021 court application. I still cannot go into my mother-in-law’s Care Home (despite being her medical proxy) because of continuing COVID protocols. Worse still, our Royal Alexander Hospital experience was just weeks after you made the above statement.

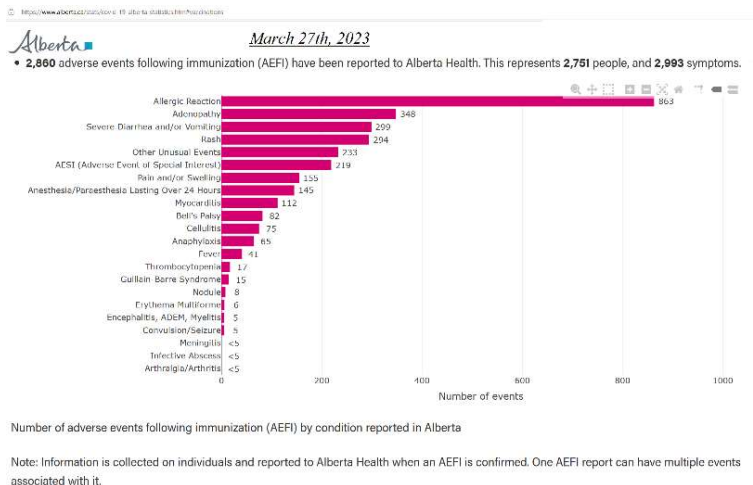
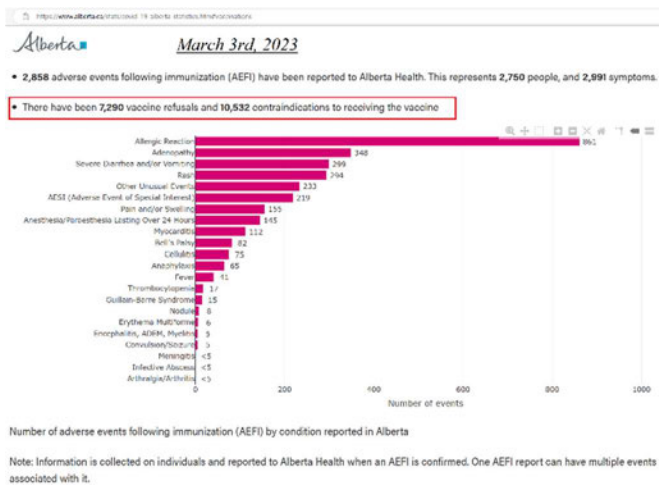
Note that these are the very protocols and responses that have led to the majority, if not all, of the deaths in Care Homes in the last three years in conjunction with avoidable deaths due to cancelled surgeries and other missed/mistreatments (isolation, neglect, etc). In 2022, there were over 9,000 excess deaths in Alberta.

<https://www150.statcan.gc.ca/n1/daily-quotidien/221208/dq221208f-cansim-eng.htm>



As the elected representative for the residents of Medicine Hat, along with your MP counterpart MP Glen Motz, you should be very cognizant of the impact of these lockdowns on specifically the case of Jerry Dunham’s avoidable death. MLA Mark Smith stated that your Health Minister has no control over AHS. Yet while others died due to cancelled surgeries, your current Justice Minister, then Health Minister, was handing out VIP exemptions to COVID positive patients to bypass the restrictions at the Royal Alexander Hospital. This is the very same hospital where I have been refused treatment and abused in the last few months.

Almost 6 months into your placement as Premier and we have even less information than before you were elected. This week, we lost even more data, with the Contraindications and Refusals being removed from the Vaccine chart. What else did Alberta Health do with the data during that “down time” last week?



Also highlighted this week is the blatant manipulation of the vaccine data by age. This data is reported by the current age of the recipient, rather than the age at time of vaccination. At the same time, the population baseline does not change for each group to reflect the movement. This skews the percentages and deliberately masks the reported number of children and infants UNDER the recommended age and before the approvals for vaccination by Health Canada. The Health Canada data is concerning.

Alberta reported 10 children had been vaccinated with THREE DOSES under 5 years old as of March 13th, 2023. However, Alberta has reported to Health Canada that 14 doses of Pfizer and 11 doses of Moderna had been given to children under 5 years as of February 26th, 2023. 25 doses vs 10! How can this be?

The lie of moving bodies into the age they are, rather than the age they were at vaccination is criminal. This form of lie means that in 4 years, data would suggest that no one under 5 received a vaccine in 2022/2023! Note that Moderna is NOT APPROVED for a THIRD DOSE in CANADA UNDER 5 YEARS!

<https://canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/pfizer-biontech.html>

Table 2. Summary of COVID-19 vaccine doses administered and vaccine coverage by age group

Age group	Population	1 dose	% of population with 1 dose	2 doses	% of population with 2 doses	3 doses	% of population with 3 doses	4 doses	Total administered
6m-11m	25,704	1,055	4.1	329	1.3	0	0.0	0	1,447
01-04	217,106	20,624	9.5	11,079	5.1	10	0.0	0	32,357
05-11	391,068	204,613	52.3	154,191	39.4	19,659	5.0	60	378,523
12-14	162,409	144,614	89.0	140,735	86.7	28,476	17.5	4,756	318,577
15-19	256,523	225,607	87.9	215,235	83.9	63,374	24.6	13,717	517,496
20-24	276,617	241,842	87.4	227,542	82.3	77,839	28.1	18,094	564,688
25-29	313,935	264,697	84.4	250,245	79.7	91,592	29.2	24,853	630,731
30-34	355,845	303,850	85.4	289,877	81.5	117,648	33.1	38,482	748,676
35-39	358,781	316,134	88.1	304,696	84.9	136,833	38.1	47,705	804,113
40-44	319,435	286,661	89.7	279,353	87.5	140,514	44.0	50,053	765,457
45-49	288,414	259,207	89.9	252,487	87.5	138,580	48.0	53,646	702,996
50-54	266,416	244,371	91.7	238,288	89.4	145,369	54.6	65,501	692,767
55-59	284,174	257,144	90.5	248,866	87.6	164,894	58.0	87,250	757,522
60-64	284,112	251,137	88.4	244,223	85.9	181,179	63.8	124,226	800,312
65-69	208,854	206,271	98.8	202,355	96.9	168,237	80.6	140,032	716,621
70-74	157,884	155,889	98.7	155,280	98.5	133,837	84.9	143,248	588,097
75-79	103,069	99,462	96.5	98,303	95.4	91,552	88.8	113,344	402,566
80-84	68,592	65,247	95.1	64,479	94.0	59,046	86.1	72,793	261,548
85-89	44,279	41,440	93.6	40,937	92.5	37,391	84.4	45,556	165,310
90+	27,903	26,201	93.9	25,913	92.9	24,386	87.4	30,893	107,388
Unknown	0	32,243	0.0	14,282	0.0	2,532	0.0	96	49,150
18+	3,442,298	3,144,211	91.3	3,024,544	87.9	1,744,823	50.7	1,062,594	8,967,554
12+	3,798,041	3,422,217	90.1	3,293,096	86.7	1,803,079	48.0	1,074,245	9,584,009
5+	4,149,109	3,626,830	87.4	3,447,287	83.1	1,822,738	43.9	1,074,305	9,962,532
ALL	4,416,692	3,650,339	82.6	3,459,366	78.3	1,822,748	41.3	1,074,305	9,996,877

Table 1. Cumulative number of COVID-19 vaccine doses administered in Alberta by vaccine product and dose number, as of February 26, 2023

Vaccine product	Total doses	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5+
Pfizer-BioNTech Comirnaty (ages 12 years and older)	6,755,906	2,491,431	2,549,807	1,319,872	385,199	9,597
Pfizer-BioNTech Comirnaty (ages 5 to 11 years)	346,187	185,902	140,623	19,611	51	0
Pfizer-BioNTech Comirnaty (ages 6 months to 4 years)	2,954	2,384	556	14	0	0
Pfizer-BioNTech Comirnaty Bivalent (BA.4/BA.5)	429,652	0	7	42,346	231,640	155,659
Pfizer-BioNTech Comirnaty Bivalent (BA.1)	0	0	0	0	0	0
Moderna Spikevax	1,835,570	638,116	688,150	425,320	81,057	2,927
Moderna Spikevax (ages 6 months to 5 years)	32,869	20,877	11,981	11	0	0
Moderna Spikevax Bivalent (BA.1)	209,480	0	9	12,761	133,550	63,160
Moderna Spikevax Bivalent (BA.4/BA.5)	0	0	0	0	0	0
AstraZeneca Vaxzevria/COVISHIELD	314,969	269,609	44,532	813	14	1
Janssen Jcovden	8,727	8,613	66	41	4	3
Novavax Nuvaxovid	3,025	1,228	1,062	282	361	92
Medicago Covifenz	0	0	0	0	0	0
Vaccine unknown	45,358	31,612	13,746	0	0	0
All vaccines	9,984,697	3,649,772	3,450,539	1,821,071	831,876	231,439

How the Governments lie.

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The lie of moving the bodies into the age they are, rather than the age they were at vaccination. This form of lie means that in 4 years' time they would show no one under 5 received a vaccine in 2022/2023! Note that Moderna is NOT APPROVED for a THIRD DOSE in CANADA UNDER 5 YEARS!

<https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/pfizer-biontech.html>

To my horror, the manipulation became even more evident yesterday with 76 (or was that 68) under 1 year old's being 'unvaccinated'. By moving these infants into the next age bracket without moving the population base, the Percentage of Vaccinated changes. This happens every week in every age range but is only noticeable to those paying attention when it results in an artificial drop. This allows the government to hide more illegal (unapproved, unlicensed, under-age vaccinations) and makes it look like that age group is under-vaccinated.

With yesterday's manipulations, we saw (for the under 1 year old infants);

- 1 dose dropped from 4.1% to 3.9% even though there were more vaccinations given.
- 2 doses dropped from 1.3% to 1.2% even though there were more vaccinations given.

I pointed out these manipulations to the Alberta Courts in 2021 (you received copies). However, the courts and Alberta Justice DIDN'T CARE!!!

Do you care?

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

March 6th, 2023



Table 2. Summary of COVID-19 vaccine doses administered and vaccine coverage by age group

Age group	Population	1 dose	% of population with 1 dose	2 doses	% of population with 2 doses	3 doses	% of population with 3 doses	4 doses	Total administered
0m-11m	25,704	1,055	4.1	329	1.3	0	0.0	0	1,447
01-04	217,068	20,024	9.5	11,079	5.1	10	0.0	0	32,357
05-11	391,068	204,613	52.3	154,191	39.4	19,659	5.0	60	378,523
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20-24	276,617	241,842	87.4	227,542	82.3	77,839	28.1	18,094	564,888
25-29	313,935	264,897	84.4	250,245	79.7	91,592	29.2	24,853	630,731
30-34	355,845	303,850	85.4	289,877	81.5	117,648	33.1	38,482	748,678
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65-69	209,854	206,271	98.3	202,355	96.4	168,237	80.2	140,032	716,621
70-74	157,684	155,889	98.9	155,280	98.5	133,837	84.9	143,248	588,097
75-79	103,069	99,462	96.5	98,303	95.4	91,552	88.8	113,344	402,566
80-84	68,592	65,247	95.1	64,479	94.0	59,046	86.1	72,793	261,548
85-89	44,279	41,440	93.6	40,937	92.5	37,391	84.4	45,556	165,310
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ALL	4,416,692	3,650,339	82.6	3,469,388	78.3	1,822,748	41.3	1,074,305	9,968,877

6 months to 11 months vaccinations - government lies.

March 27th, 2023

Minus 48 1st doses

Minus 28 2nd doses = Minus 68 doses

Total = Minus 76 doses!!!

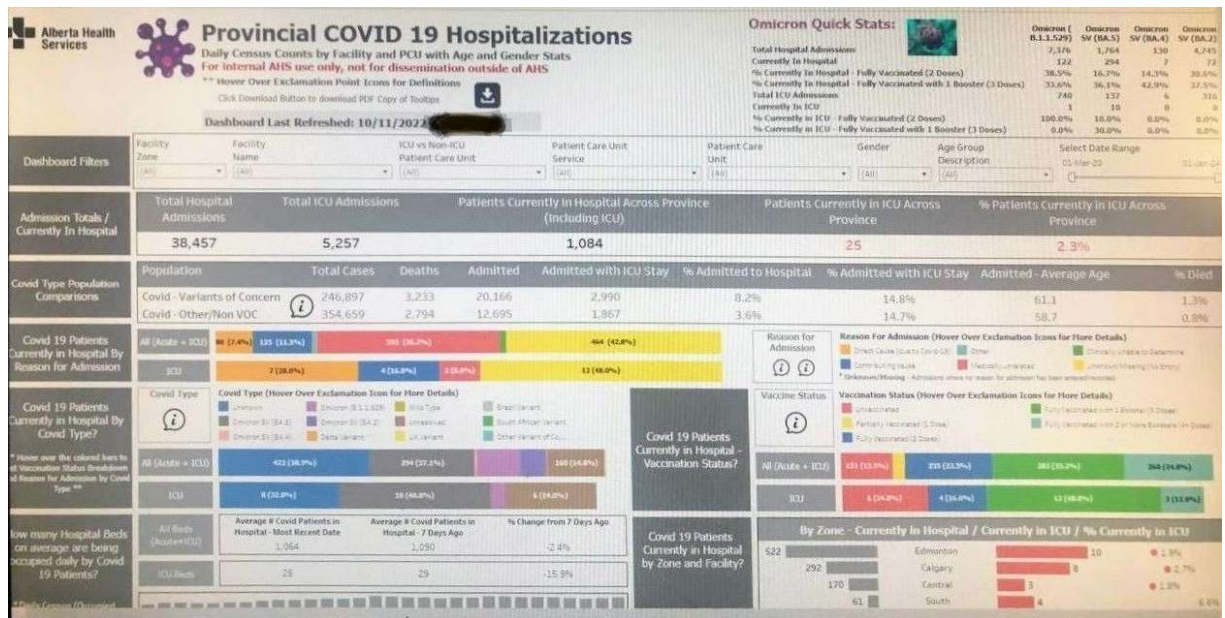
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01-04	217,068	20,736	9.6	11,296	5.2	11	0.0	0	32,830
05-11	391,068	204,733	52.4	154,424	39.5	19,690	5.0	67	378,914
12-14	162,409	144,637	89.1	140,785	86.7	28,581	17.6	4,864	318,863
15-19	256,523	225,630	88.0	215,259	83.9	63,320	24.7	13,868	517,829
20-24	276,617	241,870	87.4	227,572	82.3	77,975	28.2	18,274	565,061
25-29	313,935	264,915	84.4	250,273	79.7	91,720	29.2	25,089	631,141
30-34	355,845	303,877	85.4	289,905	81.5	117,797	33.1	38,917	749,316
35-39	358,781	316,151	88.1	304,724	84.9	136,961	38.2	48,175	804,759
40-44	319,435	286,671	89.7	279,370	87.5	140,613	44.0	50,529	756,057
45-49	288,414	259,211	89.9	252,491	87.5	138,653	48.1	54,159	703,592
50-54	266,416	244,387	91.7	238,304	89.4	145,472	54.6	66,101	693,500
55-59	284,174	257,153	90.5	248,877	87.6	164,961	58.0	88,119	758,478
60-64	264,112	251,147	95.1	244,237	92.5	181,238	68.6	125,368	801,557
65-69	209,854	206,280	98.3	202,370	96.4	168,273	80.2	141,577	718,225
70-74	157,684	155,898	98.9	155,289	98.5	133,869	84.9	144,393	588,292
75-79	103,069	99,464	96.5	98,307	95.4	91,569	88.8	114,134	403,379
80-84	68,592	65,248	95.1	64,483	94.0	59,057	86.1	73,279	262,050
85-89	44,279	41,440	93.6	40,937	92.5	37,397	84.5	45,868	165,628
90+	27,903	26,202	93.9	25,913	92.9	24,389	87.4	31,169	107,668
Unknown	0	32,246	0.0	14,282	0.0	2,727	0.0	115	49,367
18+	3,442,298	3,144,387	91.3	3,024,761	87.9	1,746,117	50.7	1,072,179	8,978,818
12+	3,758,041	3,422,430	91.1	3,293,378	87.6	1,804,572	48.0	1,084,038	9,595,782
5+	4,149,109	3,627,163	87.4	3,447,802	83.1	1,824,262	44.0	1,084,105	9,974,696
ALL	4,416,692	3,650,866	82.7	3,460,165	78.3	1,824,273	41.3	1,084,105	10,011,661

Some history on Alberta's COVID data reporting and wilfully dangerous manipulations:

- May 2020 - **Severe Outcomes** as part of the initial data show the age range of deaths (up to 107 years old) at one point, bringing some concerns to the "with" vs. "of" argument. This was later explained by Dr. Deena Hinshaw on July 20th, 2022, when the Covid Vaccine Status data was removed from public access (despite being available daily for AHS). Dr. Hinshaw stated that all the data prior related to persons whether COVID was the primary/secondary condition or just anecdotal and unrelated to the reasons for hospitalization. This tab also included health care workers, showing no deaths in that group until December 28th, 2020 (after the vaccine program started). There are questions about this information also as it doesn't match the reported deaths in the data. This brings into question statements made in the Auditor General's report on the Care Homes response to COVID for 2020.
- Jun 9th, 2020 – **Comorbidities** added to the publicly available data which provided an insight into the minimal risk COVID presented to almost all people. In fact, the comorbidities excluded the two main factors for poor outcomes from all infectious respiratory diseases in the category Influenza Like Illness (ILI) i.e. age and obesity. As the **Severe Outcomes** and overall average age showed some liberal use of the 'OF COVID' assumption, this data was critical. On **September 1st, 2021** this page changed to **Pre-Existing Conditions** which allowed even more potential manipulation by removing 'previously undiagnosed' issues that would have been clearly relevant.
- March-April 2021 a '**New**' dashboard was trialed in parallel but never appeared to catch on. It had more tabs but presented the data differently. It also had final deaths reported for 2020 that didn't match any of the other reports to date. It included *Overview, Cases, Deaths, Testing, Healthcare system, Vaccine Program* and *Surgical wait times*. This was all removed in April of 2021 prior to the 'Immunization' data being added to the original dashboard.
- April 28th, 2021 – **Immunizations** added as a tab to the main dashboard (for data up to April 25th, 2021). Note that this tab later changed to **Vaccinations** on May 17th, 2021. Maybe this renaming was because immunity was already known not to be a factor for these vaccinations.
 - "1,419,188 doses of COVID-19 vaccine have been administered in Alberta
 - 25.6 percent of population has received at least one dose
 - 6.1 percent of population fully immunized"

- May 13th, 2021 - **Healthcare Capacity**. This documents the beds and was the subject of multiple scandals in 2021 when Alberta Health and AHS were caught manipulating this data to fit a false narrative of hospitals being overwhelmed including but not limited to ICU, Acute Care and Red Deer Regional Hospital.
- June 4th, 2021 **Vaccine Outcomes** arrived as part of the published data.
 - This is where the COVID data became critical. This is the first time Alberta Health started to report deaths that were wildly different from the main dashboard, downloaded data and Health Canada information. This critically changed the risk analysis for vaccinations.
 - This is the data that AHS has daily but was removed from Albertans in July 2022. <https://myapps.albertahealthservices.ca/logon/LogonPoint/tminindex-ahs.html#/views/ProvincialCovid19Hospitalizations-DailyCensusInformationWider%20Audience/ForWideAudience>



- This data also showed how diagnosis of COVID 19, Hospitalizations and Deaths occurred for the majority of people in the first 14 days after vaccination. This is a critical piece of information due to the manner in which the data on vaccine efficacy and safety was misreported. The specific data in the **Vaccine Outcomes** tab disappeared on January 14th, 2022, with no explanation why. The reality is the data was clearly showing why it had to be removed from the public's view.
- July 20th, 2022 – Alberta Health removes the detailed **Vaccine Outcomes** page of data ‘temporarily’. It has not returned despite this data being available to AHS daily.
 - **You have been asked to provide this data again since you became Premier. Neither you nor the Health Minister have responded or provided that data despite it being readily available to AHS.**
 - **Why is that?**
- October 10/11th, 2022 – You assumed the office of Premier of Alberta and reaffirmed the same Justice Minister, Health Minister and Education Minister as Premier Kenney (among others).
- October 11th, 2022 – Direct access to the raw Case/Death data that had been available on the Alberta Health website since early 2020 was removed for easy public access, although the file was still available to those who knew how to get it.
- March 17th – 2023 – I met with MLA Mark Smith and provided written questions specifically about the raw Case/Death data still available on the Alberta Health website. This data has clearly been misused both unethically and potentially criminally by the Government and AHS since 2020.
- March 22nd, 2023 – Alberta data not only not updated but suddenly unavailable. This is a coincidence that is hard to believe.
- March 29th, 2023 – The basic data returns but there are even more questions and more missing information such as Refusals and Contraindications for vaccines and 76 less vaccinations on the under 1 year category. This is outlined above.

There is so much more evidence of gross negligence and worse throughout the last three years, just in the publicly accessible data. The continued silence on this speaks volumes. In the last two weeks, we have witnessed the tragic results of ignoring the impacts of the last three years on mental health and more.

Again, in your call with Dr. Denis Modry and Artur Pawlowski in January 23rd 2023, you stated:

"The thing I find very frustrating is that they were opposed to **the political decision that initiated this**, but it can't be a political decision to end it."

Does that comment relate to the potentially illegal (and certainly legally flawed) State of Emergency recommended by the then Health Minister and now your Justice Minister, with no supporting data, for a "Pandemic Influenza" that did not exist?

https://kings-printer.alberta.ca/documents/Orders/Orders_in_Council/2020/2020_080.pdf
https://dksdata.com/Court/CrownPackage/2103%2014553%20Affidavit-Crown2_Redacted.pdf



Province of Alberta
Order in Council

Approved and ordered:

Rois in the name of
Lieutenant Governor
or
Administrator

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

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

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

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

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

[Signature]
CHAIR

For Information only

Recommended by: Minister of Health

Authority: Public Health Act
(sections 52.1 and 52.8)

O.C. 080/2020

MAR 17 2020

ORDER IN COUNCIL

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

Redacted

Sworn before me this 15th day
of DECEMBER 1, A.D., 2021

Redacted

Notary Public for the Province of Alberta

DANIELLE LORIEAU
A Commissioner for Oaths
in and for Alberta

My Commission Expires December 21, 2024



ALBERTA
HEALTH
Office of the Minister
MLA, Calgary - Acadia

M.O. 608/2020

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

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

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

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

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

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

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

[Signature]
TYLER SHANDRO
MINISTER

423 Legislative Building, 10800 - 97 Avenue, Edmonton, Alberta T5K 2B6 Canada Telephone 780-427-3665 Fax 780-415-0961

Printed on recycled paper

Can you really continue to ignore this information and requests for a full police investigation? You have a duty to expose the truth about all the data and grossly negligent decisions that have resulted in mental health, physical and financial impacts that have driven so many avoidable tragedies.

If you and your government have nothing to hide then you must act now (before the election).

For reference, previous correspondence and supporting material sent to you.

- <https://dksdata.com/Court/ToAlbertaPremierFebruary282023.pdf>
- <https://dksdata.com/Court/ToAlbertaPremierJanuary292023.pdf>
- <https://dksdata.com/Court/ToAlbertaPremierMarch072023.pdf>
- <https://dksdata.com/Court/ToMLA-MarkSmith.pdf>
- https://dksdata.com/PatientRelations/Letter-RAH-DI_Redacted.pdf
- https://dksdata.com/PatientRelations/Letter-Kaye_Redacted%20oops.pdf
- https://dksdata.com/PatientRelations/Letter-PS_Redacted.pdf
- https://dksdata.com/PatientRelations/Letter-RAHPhy_Redacted.pdf
- https://dksdata.com/PatientRelations/Letter-kaye%20phy_Redacted.pdf
- https://dksdata.com/DS/04%20-%20Danielle%20Smith%20-%20Elderly%20Albertan%20denied%20access%20to%20ambulance_Redacted.pdf
- <https://dksdata.com/CourtUpdate>
- <https://dksdata.com/DavidDicksonAHRC>
- <https://dksdata.com/Care>
- <https://dksdata.com/MASKS>

- <https://dksdata.com/AlbertaDead>
- <https://dksdata.com/ONSDATA>
- <https://dksdata.com/COVID19>
- <https://dksdata.com/MLA/>
- <https://dksdata.com/DS/>
- <https://dksdata.com/podcasts>
- <https://dksdata.com/podcast/oag-covid19-cont-care-facilities-feb2023-Comments.pdf>

Disabled Police Officer (retired - injury on duty)

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

COVID 19 Information: <https://dksdata.com/COVID19>



Microsoft
Partner

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

Dante Alighieri

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

James 4:17

Some rules to live by:

Always do the best you can by your family.

Go to work every day.

Always speak your mind.

Never hurt anyone that doesn't deserve it.

And never take anything from the bad guys.

(Mel Gibson: Edge of Darkness 2010)



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