

PRIVATE AND CONFIDENTIAL

DATE: May 3, 2023

NAME: David Dickson

Email: david.dickson@dksdata.com

Dear David

Thank you for contacting our Patient Relations Department with your concern regarding masking and interaction with Protective Service staff at the KAYE Clinic. We appreciate your feedback and apologize that Alberta Health Services (AHS) did not meet your expectations. AHS takes all concerns very seriously and the feedback is valuable in our efforts to provide high quality care.

This concern was reviewed by [Redacted], Protective Services Site Manager and copied to [Redacted], Director, Edmonton Zone, Protective Services

Please find the response below.

- 1. Complainant states It is sad that officers and staff would bear the brunt of the complaint when the reality is this is a failing of management from the start. Complainant states this issue has clearly not been addressed with the staff at PS.**

I apologize that the complainant has received ongoing confusion from AHS regarding its policies and uniform implementation. As a massive organization of over 100,000 employees, uniform and consistent application of any policy or procedure almost always runs into a variety of roadblocks and setbacks. I have routinely encouraged open dialogue with my employees since they are on the frontlines and engage in hundreds of interactions every day. For this particular incident it was the idea of my staff to engage in further training when we discussed what happened in greater detail. I fully support those opportunities my staff want to take to improve themselves as officers and people. My staff communicate with me on what Protective Services is doing well and how we can improve. Covid-19 has certainly presented a lot of learning opportunities for all of us.

Thank you again for contacting Patient Relations. We hope this feedback addresses your questions. Please do not hesitate to contact us if you have further questions.

Kind regards,
[Redacted]
Patient Concerns Consultant

Healthy Albertans.
Healthy Communities.
Together.



Patient Relations
Suite 300, North Tower, 10030 – 107 Street, Edmonton T5J 3E4
Tel: 1-855-550-2555 Fax: 1-877-871-4340
Patient.feedback@ahs.ca

DATE: May 3, 2023
NAME: David Dickson
Email: David.dickson@dkdata.com

Dear David,

Thank you for contacting our Patient Relations Department with your concern regarding the masking policy. We appreciate your feedback and apologize that Alberta Health Services (AHS) did not meet your expectations. AHS takes all concerns very seriously and the feedback is valuable in our efforts to provide high quality care.

This patient's concern was re-reviewed by Dr. [Redacted], Facility Medical Director - University of Alberta Hospital/Mazankowski Alberta Heart Institute/Kaye Edmonton Clinic, Ms. [Redacted], Patient Care Manager, Outpatient Clinic – Kaye Edmonton Clinic, and Dr. [Redacted], Site Lead, Outpatient Clinics – Kaye Edmonton Clinic. The concerns brought forward regarding Mr. Dickson's hospital experience are addressed below.

1. Why did the response state, “when a patient chooses not to wear a mask” and asks why him having a medical exemption continues to be missed?

As a result of his feedback, Dr. [Redacted] will respond to similar future situations differently for patients with a mask exemption. The Kaye Edmonton Clinic (KEC) no longer has screeners and does have accommodations that can safe-guard Mr. Dickson, other patients, and staff – including the ability to room individuals directly and away from other patients – that Dr. [Redacted] will use. He will no longer require a mask exemption letter to use these resources.

2. As per the response, “Patients are not granted access through the KEC with an exemption letter written by anyone who is not the physician they have an appointment with” complainant states he has many hospital visits, as per this response he would need an exemption letter from every physician he has an appointment with, stating this is ridiculous and at worst illegal and one would end up with a stack of exemption letters.

Unfortunately, the masking policy exemption letter requirement was misinterpreted and for that we apologize. As stated above, there are no longer screeners at the KEC and Dr. [Redacted] office will no longer require a mask exemption letter.

3. Complainant asks why the physicians are not being truthful in their response and ignorant of the CMOH order at the time?

Dr. [Redacted] apologizes for any lack of candor. Alberta Health Services policies do provide room for physicians to choose between different ways of providing medical care – including virtual delivery of care – depending on assessment of needs and urgency. From 2019-2022, Dr. [Redacted] division has provided a substantial proportion of its outpatient care virtually, including many of the assessments referred to urgent access clinics. It was the main and default way of providing care during COVID-19. The division would often start with a virtual visit to perform the assessment of needs and urgency, and then determine whether an in-person visit was required. This is why Dr. [Redacted] defaulted to a virtual visit. He understands that this process breaks down if patient referrals are accepted by a different physician, and then scheduled as an in-person visit, as happened in Mr. Dickson's case. We are sorry that this led to a delay in medical assessment, and will, in the future, use available resources to accommodate individuals who cannot wear a mask.

4. Complainant asks why there was a clear failing of communication at the KEC when he presented for his appointment?

We acknowledge that the mask policy has been challenging for patients and providers. There have been changes as more experience and understanding of COVID-19 has taken place, and transmission levels have reduced. Ensuring health care providers at the KEC are aware of changing requirements has been an ongoing process, and we continue to work to improve understanding and communication. Fortunately, Dr. [Redacted] has not encountered a similar situation since Mr. Dickson's experience. He has received education on the policies and resources available at the KEC for accommodating patients who are unable to wear a mask.

5. Complainant asks why there is discriminatory Policy that contradicts AHS directive HCA-267 and still lack of understanding of the directory? Complainant asks why staff appeared to have not read or understood the masking policy?

As previously mentioned, the masking policy appears to have been misinterpreted by the screening staff and as there are no longer screeners at the KEC, and Dr. [Redacted] patients no longer require a mask exemption letter, we are confident Mr. Dickson will not encounter an issue again.

Thank you for the opportunity to answer Mr. Dickson's questions. We wish him all the best.

Thank you again for contacting Patient Relations. We hope this feedback addresses your questions. Please do not hesitate to contact us if you have further questions.

Kind regards, [Redacted]
Patient Concerns Consultant

Healthy Albertans.
Healthy Communities.
Together.

PRIVATE AND CONFIDENTIAL

DATE: May 3, 2023

NAME: David Dickson

Email: David.dickson@dkdata.com

Dear David,

Thank you for contacting our Patient Relations Department with your concern regarding masking at the Royal Alexander Hospital. We appreciate your feedback and apologize that Alberta Health Services (AHS) did not meet your expectations. AHS takes all concerns very seriously and the feedback is valuable in our efforts to provide high quality care.

Your further questions were reviewed by [Redacted], Facility Medical Director, Edmonton Zone. Please find the response below.

1. Complainant asks for a follow up discussion from [Redacted].

I've discussed this concern with [Redacted], Senior Operating Officer for RAH. We will not be forwarding the request for the complainant to meet with [Redacted] as he was involved at the time to find a resolution to him attending the ATOP clinic in person, he has since moved on from that portfolio.

2. The complainant states this was not dealt with in real time but rather a new physician had to be found due to Dr [Redacted] refusing to provide care which was discriminatory behavior by Dr [Redacted].

Regarding the allegation of discriminatory behaviour by Dr. [Redacted], I do not find that to be a founded allegation. Mr. Dickson was previously seen by Dr. [Redacted]. Dr. [Redacted] had referred to Dr. [Redacted] for consideration of EBUS. The reasons for this consult to Dr. [Redacted] were not entirely clear. Dr. [Redacted] and Dr. [Redacted] discussed the case further in detail and they decided that Dr. [Redacted] would see him in the ATOP clinic.

3. Response states "when a patient chooses not to wear a mask to their appointment" he asks what part of me having a medical exemption letter is continuing to be missed.

With respect to patients who have a masking exemption but require access to AHS facilities, AHS will provide service to patients while also trying to mitigate risk of transmission of infectious conditions. I am sorry if the initial response was inflammatory regarding his masking exemption. While I recognize that not all front-line staff are well versed in how to approach the situation presented by Mr. Dickson, I believe the facility acted in good faith to communicate with Mr. Dickson via [Redacted] to ensure he would be seen in person.

The current AHS masking policy continues to be reviewed as the dynamic of the pandemic continues to change. I appreciate the level of frustration that Mr. Dickson encountered at our facility last year.

Thank you again for contacting Patient Relations. We hope this feedback addresses your questions.

Please do not hesitate to contact us if you have further questions.

Kind regards,

[Redacted]

Patient Concerns Consultant

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From: David Dickson
Sent: Tuesday, May 9, 2023 4:23 PM
To: [Redacted]albertahealthservices.ca
Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Hi [Redacted],

I have to say I get even more disappointed and frustrated with each response. Can I confirm that my complete unedited communication was shared with the people who responded? I am concerned that the questions don't always align with what I responded or said.

And the response that I 'leave my life to the roll of a dice' when deciding if I should call an ambulance or got to a hospital is terrifying.

I really am struggling to understand how these responses continue to fail to acknowledge the wording of **HCS-267**.
"CANNOT OR WILL NOT".

It seems clear that as regards the physicians, this now needs to go to the College of Physicians and Surgeons as formal complaints. The continued lies and deflections are untenable. I WAS BOOKED AS DR. [Redacted] PATIENT FOR AN IN PERSON VISIT. I didn't request that. His booking clerk did. And the dismissal of Dr. [Redacted] complaint is nothing less than surreal. Dr [Redacted] states *"The reasons for this consult to Dr. [Redacted] were not entirely clear"*, but he is sure there was no discrimination. Dr. [Redacted] was not involved until AFTER the refusal to see me. It was the ATOP process that created the referral. And the reason for the ATOP referral had nothing to do with my previous interactions with Dr. [Redacted]. I have not seen Dr. [Redacted] in well over three years.

And lastly, I thought the 'stickers' were bad. Now we get put in our own 'cattle cars' (isolation rooms) - FOR ANY 'infectious conditions'. I note that the RAH have expanded beyond COVID to manage those they consider 'unclean' for not being able to wear a mask.

As regards the Care Home issues, please share the attached story with your manager (and anyone you feel may benefit from it).

<https://dksdata.com/Care.html#GuiltigGrandma>

Sorry if this sounds grumpy, but I am at a loss as to these responses which clearly have no intent of addressing the basic premise that AHS staff are not even reading the Directive (HCS-267), let alone following it. What is even more distressing is the fact that the piece in question HAS NOT CHANGED IN THE DIRECTIVE SINCE **August 2020 (see attached)**.

<https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-use-of-masks-hcs-267.pdf>

Section 5.2 a), 8.5 a), 8.5 b) - (Changed to 8.5 b on March 13th, 2023)

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-how-to-support-mask-wearing.pdf>.

"No patient shall be denied service in AHS because they cannot or will not wear a mask."

- ***No patient shall be denied service in AHS because they cannot or will not wear a mask.***

I will respond formally to these letters soon. I am glad to see at least that the Protective Services group are taking this more seriously. Sadly, not in all locations from what I have heard (as I am sure you are aware from complaints in Calgary and Grand Prairie).

Lastly, I do require an answer from the CEO on all the items raised. These are clear indications of discrimination for 'optics' and put all of the other responses in a very different light than the authors are trying to present.

Disabled Police Officer (retired - injury on duty)

David T. Dickson

From: [Redacted]@albertahealthservices.ca

Sent: Tuesday, May 9, 2023 2:39 PM

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

Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Good afternoon David,

Thank you for your email, I am so sorry to hear you are experiencing worsening health and also difficulties with the care home and I do empathize with the difficulties you have faced, I have reached out to the Director of Continuing Care who informed me that CapitalCare has to follow the AHS policy around masking just like all Continuing Care operators and she can't change AHS policy/directives and this also applies to the level of leadership that I have access to.

I have attached the responses regarding your further questions, please note the response for the KAYE clinic physician concern incorporates the clinical operational response in question # 5. I did let [Redacted] know you had enquired regarding the concern which she is managing. I discussed your concern with my manager with regards to you not being able to attend hospital or call an ambulance, this would be managed as a case by case basis by the health care providers at the time and is not within my scope to preempt a concern.

I will forward your previous email to the CEO's office.

Kind regards

[Redacted]

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

Sent: Tuesday, May 9, 2023 8:34 AM

To: [Redacted]@albertahealthservices.ca

Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Importance: High

Morning [Redacted],

Any updates you and/or [Redacted] can share? The Care Home is getting worse and so is my health. Having issues with my eyesight and escalating headaches now due to the sarcoidosis. It's been a rough weekend.

Thanks,

David

From: [Redacted]@albertahealthservices.ca

Sent: Tuesday, May 2, 2023 3:57 PM

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

Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Hi David,

I wanted to let you know I have acknowledged your email, I have received 3 further responses that I am currently preparing to send to you, I am planning to discuss your ongoing concerns with my manager so we can ascertain what would be the appropriate way forward for you. [Redacted] is away this week, I will ask her to follow up with you on her return.

Kind regards

[Redacted]

From: David Dickson <david.dickson@dksdata.com>
Sent: Friday, April 28, 2023 7:52 PM
To: [Redacted]@albertahealthservices.ca
Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking
Importance: High

Afternoon [Redacted],

I wanted to follow up on this complaint. I have heard nothing back but I am still not able to get into my mother in law's Care Home at Capital Care (or safely attend hospital or call an ambulance).
To make matters worse, I continue to see the virtue signalling photo opportunities at Capital Care and AHS facilities contrary to HCS 267. This is a clear case of discrimination which must be addressed immediately.

In addition to the items outlined in the previous letter, please find attached more examples of the double standards brazenly posted on the AHS, Edmonton Police and Capital Care Facebook pages in the last few weeks. There are many more examples.

For over 3 years now, I have been unable to enter my mother in law's care home (a Capital Care facility) because I **cannot** wear a mask (or a face shield) due to multiple medical conditions. And yet AHS, EPS and Capital Care continue to show how there are rules for some but not for others. This is and never was about safety.

What is even more concerning is that Capital Care appear to have realised their error in posting images of children mixing with Care Home residents in the shared area (against HCS-267 and Capital Care directives) as they have removed that post. Luckily for AHS and Capital Care, I managed to obtain a copy for reference.

See the attached PDF for forwarding to the CEO of AHS for an immediate response.

I am also still awaiting a response from the other matter your colleagues was dealing with. She never provided her direct contact details to me though.

Thanks,

David

From: David Dickson
Sent: Wednesday, April 12, 2023 8:47 AM
To: [Redacted]@albertahealthservices.ca
Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Thanks [Redacted].

I am not holding my breath but I do appreciate what you are doing to help. Even SK and BC have dropped masking now and yet we still discriminate even beyond the Directives.

David

From: [Redacted]@albertahealthservices.ca
Sent: Tuesday, April 11, 2023 2:49 PM
To: David Dickson <david.dickson@dksdata.com>
Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Hi David,

I hope you are keeping well, I wanted to let you know that I forwarded your concern to the Director for AHS Continuing Care, who advised this goes above what Continuing Care and Capital Care leadership have control over, I have since forwarded to the AHS CEO office for review.

Kind regards

[Redacted]

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

Sent: Monday, April 3, 2023 11:01 AM

To: [Redacted]@albertahealthservices.ca

Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Thanks [Redacted].

David

From: [Redacted]@albertahealthservices.ca

Sent: Monday, April 3, 2023 10:55 AM

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

Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Hi David,

My apologies, you are correct it is AHS. Intake will forward to me or [Redacted] when processed.

Kind regards

[Redacted]

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

Sent: Monday, April 3, 2023 10:19 AM

To: [Redacted]@albertahealthservices.ca

Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Many thanks [Redacted]@albertahealthservices.ca.

I will wait for that. However, I am a bit confused about that as it was an AHS building (managed by Capital Care) and Capital Care is a wholly owned subsidiary of AHS. The Site Director (Tracey Buffam) at Capital Care Dickinsfield provided the AHS Patient Relations contact details in her letter, not Covenant Health which would be 1.877.295.6344 -

Patient.Relations@CovenantHealth.ca.

Alberta Health Services – Patient Relations Department

Phone: 1-855-550-2555

Fax: 1-877-871-4340

Mail: c/o Patient Relations – 10030 – 107 Street, NW Edmonton, AB. T5J 3E4

I wonder if I should let Tracey know she is providing inaccurate information?

Thanks,

David

From: [Redacted]@albertahealthservices.ca
Sent: Monday, April 3, 2023 9:45 AM
To: David Dickson <david.dickson@dksdata.com>
Subject: RE: Complaint regarding Capital Care, AHS and the Health Minister - Masking

Hi David,

Thank you for your email, Capital Care falls under Covenant Health they manage their own concerns, Intake staff would have sent the concern to a Covenant Health Patient Concerns Consultant and you should receive a call from their Patient Relations Department.

If you do not hear back from them within the next week let me know and I will follow up.

Kind regards
[Redacted]

From: David Dickson <david.dickson@dksdata.com>
Sent: Saturday, April 1, 2023 12:18 PM
To: [Redacted]@albertahealthservices.ca
Subject: FW: Complaint regarding Capital Care, AHS and the Health Minister - Masking
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

I have sent this to the general Patient Relations email but I did not get a confirmation back so I want to make sure it has been received as a complaint.

Thanks,

David

From: David Dickson
Sent: Friday, March 31, 2023 5:53 PM
To: AHS Patient Relations Department <AHSPatientRelationsDepartment@albertahealthservices.ca>; info@capitalcare.net; Office of the Premier <Premier@gov.ab.ca>
Cc: rachel.notley@albertandp.ca
Subject: Complaint regarding Capital Care, AHS and the Health Minister - Masking
Importance: High

A note for Premier Danielle Smith and Leader of the Official Opposition, Rachel Notley.
Please add this to the ongoing letters you have received to date with an expectation of an immediate follow up.
This is and always was a serious safety risk in the mismanagement of COVID and ongoing AHS policies and protocols in which both parties are culpable.

As per the site director for Capital Care Dickinsfield where my mother-in-law resides;

“Concerns and questions regarding AHS directives can be submitted to the AHS Patients relations email”

“Please direct questions about the Gene Zwozdesky center to our corporate office.”

The intent of this communication is for an immediate in person meeting with senior staff (above the Capital Care site director) from Capital Care, OH&S, AHS and the Health Minister to address these concerns once and for all. We would welcome the media's presence at such a meeting.

As per the below and attached, please consider this a formal complaint against AHS and Capital Care. We require an urgent meeting and explanation as regards the clear discrimination against myself and my family for over three years now. Note that these concerns impact ALL ALBERTANS and residents and staff of Care Homes in particular.

I am a medically retired police officer (injury on duty) with a medical exemption from wearing a face mask (or face shield). Due to my inability to wear a mask, I have been refused access to Capital Care Dickinsfield for over three years and counting. Capital Care Dickinsfield has been the primary home for my mother-in-law for over a decade. To complicate matters further and making access at all times imperative, I am also her medical proxy, responsible for her healthcare decisions. From the very start of COVID, we have attempted to negotiate my access to the Care Home without success despite pointing out the many breaches in policies and care that have occurred. After what we saw today, we can no longer continue to be dismissed at the center level.

According to the latest communications from Alberta Health attached (internal) and HCS-267 (AHS Continuous Masking Directive), no persons are allowed to be in an AHS/Capital Health facility in an open area at any time without wearing an approved mask covering the face, nose, mouth and chin.

This morning, to my horror, I saw a post from Capital Care of a photo opportunity with images and video for the new AHS/Capital Care Norwood facility - built during COVID (2020-2023), while residents were locked in their rooms. (see <https://dksdata.com/Care.html>).

As per the site director for Capital Care Dickinsfield where my mother-in-law resides;

"The current directive allows visitors to briefly remove their mask while distanced from others, to provide care or communicate with their loved one in their room. Masks must always be worn in shared and public spaces in AHS settings and facilities."

It is clear from the Norwood opening that the rules on masking are not for the safety of the residents but are purely for compliance and theatre. How is it that a resident of Norwood of similar age and health to my mother-in-law is seen surrounded by unmasked "VIP's" throughout this show? It is bad enough that an elderly soul was wheeled out in freezing temperatures to give a speech OUTSIDE (approached numerous times by unmasked persons). However, the ongoing unmasked entourage of dignitaries parading around the building including the Health Minister, senior Capital Care Staff, media and other guests with at least one 'at risk' Care Home resident is despicable hypocrisy.

See:

- <https://www.facebook.com/photo?fbid=747560423814397&set=pcb.747560470481059>
- <https://www.facebook.com/photo/?fbid=747560420481064&set=pcb.747560470481059>
- <https://www.facebook.com/photo/?fbid=747560417147731&set=pcb.747560470481059>
- <https://www.facebook.com/photo/?fbid=747560427147730&set=pcb.747560470481059>
- <https://fb.watch/jCloprXVNX/>
- <https://www.youtube.com/live/8BLcw7osnhk>
- <https://www.youtube.com/live/8BLcw7osnhk?feature=share&t=1347>

As explained above, we have made numerous (unresolved) complaints to Capital Care about the clear discrimination in LTC which denies me access to my mother-in-law, all of which have fallen on deaf ears. Dickinsfield is one facility that has continually transferred visibly sick and tested positive for COVID patients from hospitals into rooms on non outbreak units (and even into shared rooms with a resident who was not sick or tested positive on my mother-in law's unit). This has resulted in manufactured isolations (and cases) and endangerment of residents not at risk before these transfers (under an AHS policy specifically designed for this purpose across all Care Homes). In addition, in the past six months, there have been multiple staff members in the care home who were visibly sick but allowed to work with residents as

long as they hid behind a mask (as per the increasingly disturbing AHS policies). When challenged about the COVID transfers in 2021, the Health Minister's office responded that they "would not knowingly do this", despite AHS having a written policy to that effect!

One stark example of the unsupportable masking directive at AHS and Capital Care relates to a care home worker directly outside my mother-in-law's room, actively symptomatic with a respiratory virus for over 2 months. And yet, healthy, I am refused access. In fact, not just myself, but also my grandchildren (3 and 8 years old) are also denied access unless they wear a mask. How would a three year old wear an AHS adult mask (which is the requirement placed on us by the Care Home director and AHS)? We are expected to follow the instruction in the video that has been included in the AHS Mask Directive since early 2020.

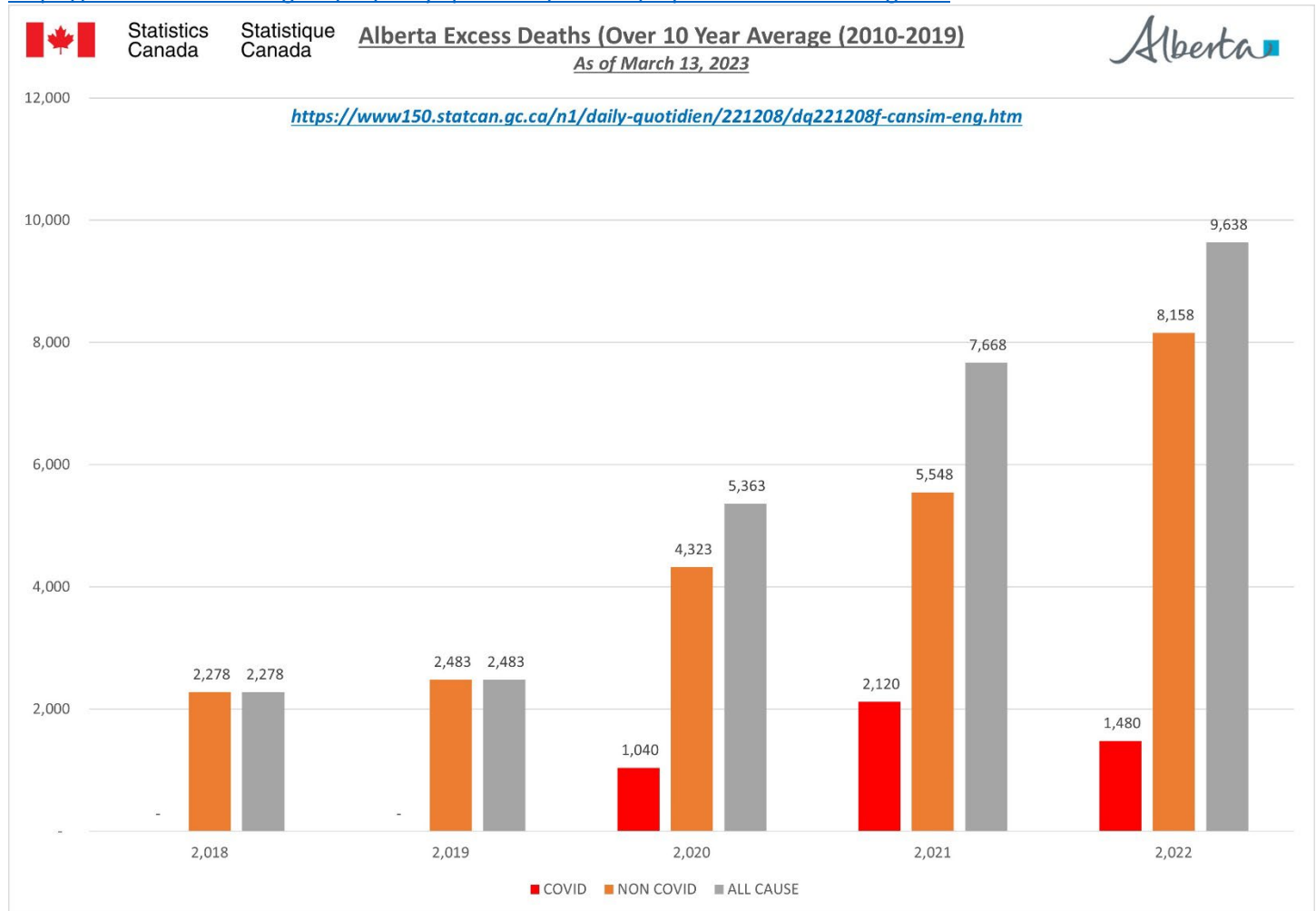
These are screenshots from a video (see section 7.1b of: <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-use-of-masks-hcs-267.pdf>) that was (and still is) linked to the AHS official Mask Directive (HCS-267) demonstrating how to improperly modify and force an adult mask on a child 2 years and up. A direct link to the video is here: <https://youtu.be/OaDKF5HK5hU>). How anyone can think this is appropriate and why Alberta OH&S hasn't addressed this by now is beyond me. As a retired police officer from the UK, I arrested and prosecuted people for less abusive behaviour to children in my career. This is categoric abuse, a blatant breach of Health Canada and Alberta OH&S guidelines and regulations, and also the manufacturer's instructions on safe use. (see <https://dksdata.com/MASKS>).



In regards to further impacts on my inability to access the Care Home, I have had no choice but to call upon the services of my mother-in-law's 80 year old partner. He kindly offered, in the absence of any other choice, to assist me in bringing my mother-in-law in and out of the Care Home. This was required for me to take her to medical appointments when my wife was unavailable. He was willing to do this because he wears a mask (even though he has a health condition which makes wearing the mask dangerous). Despite the risk to himself, he wears the mask. Still, he has been repeatedly attacked by senior staff at Dickinsfield, and threatened to be banned from all Capital Care facilities. This was for the 'crime' of 'not wearing the mask **properly**' even in my mother-in-law's own private room when assisting her with her care needs as per HCS-267. I am not sure AHS should be providing 'expert' masking advice based on their selection of video at s7.1b of HCS-267. Ironically, that most recent attack was co-ordinated and attended by a plethora of unrelated admin and staff from other floors who stood together to watch an elderly man be humiliated. All this occurred while these staff members breached the AHS IPC protocols for distancing and gathered in an area they had no businesses being in, just to spectate. The only person who showed any compassion and real understanding was the embarrassed security guard called to oversee this despicable bullying attack on an 80 year old in front of his bewildered global aphasic 79 year old resident partner. Is the zero tolerance for bullying only a one way street at Capital Care and AHS?

Masks are mandatory, or else at Capital Care. And yet, it is acceptable for the Health Minister and other dignitaries from Capital Care to walk around unmasked with a Capital Care resident in an AHS/Capital Care facility for nothing more than a glorified photo op. Do COVID and other ILI's avoid media events and new buildings? If so, maybe that was the way to keep residents safe during COVID, not locking them up alone which was the true cause of so many deaths as shown by the continuing spike in excess deaths in the Province.

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





The letter attached (*"image2023-01-05-152524_Redacted.pdf"*) specifically related to staff not removing their masks when communication was an issue. The complaint which this responds to was triggered after my mother-in-law was given T3's (containing an opioid metabolising ingredient 'codeine') by a staff member. A breakdown in communication was created by the staff member not being allowed to remove her mask (by order of the site director, contrary to AHS directive HCS-267) despite the masks causing ongoing and clear care risks. The actual issue was resolved the next day by my wife removing her mask and asking her mum about the concern. Her mum confirmed she had not been in pain which resulted in the discovery that her mum was just trying to communicate that her new nightdress was missing. This med error, a reportable incident, was directly caused by the AHS/Capital Care policy (and its improper application), yet nothing happened when it was reported. In fact, the response (from the site director) was to double down with another mask that not only fails to meet Health Canada safety and regulatory requirements, but also fails to address the actual issue. In addition, none of the staff dealing with my mother-in-law have ever worn such a mask.

In response to our concerns regarding the avoidable med error, the Site Director stated:

"As the directive allows, we have provided staff with an alternate window mask approved by AHS, to be used when there are challenges communicating with residents when wearing the standard masks."

I refer to this mask (a sample of which was provided to my wife). You will note that AHS modified their document regarding this particular mask (after our complaint) to confirm it was not a certified mask and, as such, CANNOT be used in the Care Home setting under the current Directives and Canadian health regulations.

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-options-adapt-hcp-pt-comm-chal.pdf>

Options and Adaptations for Healthcare Providers to Address Patient Communication Challenges in Acute Care, Ambulatory Care and Community Settings		
Created: 2022-10-14 11:03:02 AM Modified: 2022-10-14 11:49:55 AM		
Mask Procedure with Window ASTM Level 2 MFTW-25-M2		<ul style="list-style-type: none">• Available from inventory• ASTM Level 1 rated for fluid but passes filtration rates of level 2/3• Tried by speech language and audiology departments at one sites with positive results• For ordering, contact your local site services staff. Ordering numbers will vary by zone/area
Created: 2023-02-22 3:08:12 PM Modified: 2023-02-28 2:02:35 PM		
Mask procedure with window		<ul style="list-style-type: none">• Available from inventory• Tried by speech language and audiology departments at one site with positive results• For ordering, contact your local site services staff. Ordering numbers will vary by zone/area

**THIS IS AGAINST
HEALTH CANADA
REGULATIONS.**

**AHS NOW ADMITTING
THESE MASKS
ARE NOT CERTIFIED!!!**



<https://dksdata.com/MASKS>

The above med error is not an isolated incident when it comes to the impacts of the AHS/Capital Care masking policy. Physician visits frequently require my attendance to make medical decisions. However, my wife has to act as my proxy onsite (without a mask as she only needs to wear the mask to get to my mother-in-law's room). Once there she becomes the conduit to relay information between my mothers-in-law's masked physician, my mother-in-law (and myself over the phone) while I sit in my car in the car park. Note that the doctor, like the staff, will not remove his mask due to the directions of the site director. How is this safe, efficient or even resembling care? Recently, I identified a contraindication with my mother-in-law's medication only because I saw her outside the facility. This can be confirmed by my mothers-in-law's physician. As time goes on, seeing her outside the facility will become more difficult for her. What happens if or when she becomes palliative or as has happened, she falls ill and is confined to her bed? I am not even allowed through the doors to speak to a security guard under the newly minted HCS-267 (March 13th, 2023) that **only** adds an exemption for the admin and executives at AHS while expanding the areas where continuous masking is enforced. I cover this logical fallacy in a recent article entitled "*I am smart enough to know...*" see: <https://dksdata.com/Articles/COVArticles/Article8.html> where I address the comment "*I'm educated enough to know that I could be asymptomatic and still give you the virus.*"

Explain to me why the chosen few are allowed to walk around at any time unmasked contrary their own view on asymptomatic spread?

Note that there have been ongoing challenges with communication with residents in the last three years as a result of the continuous masking policy, that are not supported by any current or historical scientific data. My mother-in-law has global aphasia resulting in major cognitive impairment, has both hearing and sight loss, and relies heavy on close personal contact, facial cues and lip reading day in day out. Her medical and personal care needs are common to many in LTC. Residents have suffered beyond words because of the isolating nature of the continuous masking policy. A significant number who are bed bound have not seen a human face since early 2020. Continuous masking poses a safety risk when communication fails on so many levels for residents. My wife has also been told endlessly by the staff that they are physically and emotionally fatigued by the continuous masking policy, struggling to adequately provide quality resident care. Due to senior management messaging at the site, staff cannot remove their masks despite being fully

aware of the issues this policy is causing with residents such as my mother-in-law. They have been threatened with immediate dismissal if they are seen removing their mask for any reason, even when doing so to comply with the AHS Directive.

Maybe the unmasked Health Minister Jason Copping, one of the Capital Care/AHS senior dignitaries or invited guests could come and speak to my mother-in-law next time we have a communication issue.

I look forward to a prompt response and resolution to the ongoing irrational behaviour related to masking - all for the sake of '**optics**' as outlined in the July 4th, 2022 Alberta Scientific Advisory Group (SAG) report.

Little to no evidence to support mask use!

*"The evidence identified in this review cannot definitively show specific effect of continuous masking which started at the same time as multiple protective measures healthcare settings, and **the level of evidence is not strong.**"*

HARMS

"...however, continuous masking may have some unwanted physical, emotional, and communication effects as well as environmental, and financial implications that should be considered."

"Continuous masking could have physical impacts on individuals as well as nonphysical impacts on inter-personal communication and the emotional elements of patient care..."

VIRTUE SIGNALLING.

*"the **optics** of a universal mask policy are also important..."*

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-continuous-masking-policies.pdf>

Please cross reference this with the other ongoing complaints regarding the active discrimination by AHS/Capital Health toward my mother-in-law and myself.

- https://dksdata.com/PatientRelations/Letter-RAH-DI_Redacted.pdf
- https://dksdata.com/PatientRelations/letter-Kaye_Redacted%20ops.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

See also the following correspondence to the Premier regarding associated concerns including the recent Auditor General's flawed report on the COVID response in Care Homes.

- <https://dksdata.com/Court/ToAlbertaPremierJanuary292023.pdf>
- <https://dksdata.com/Court/ToAlbertaPremierFebruary282023.pdf>
- <https://dksdata.com/Court/ToAlbertaPremierMarch072023.pdf>
- https://dksdata.com/Court/ToAlbertaPremierMarch302023_Redacted.pdf
- <https://dksdata.com/Court/ToMLA-MarkSmith.pdf>

David

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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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From: [redacted]

Sent: Thursday, March 30, 2023 5:06 PM

To: David.dickson@dksdata.com

Subject: Response to March 28 email

Hello,

I am sending you this email in response to your mail to [redacted], Care Manager on March 28.

Regarding your concern about the 3D staffing on the evening of March 27, I have confirmation that the unit was fully staffed at the start of the evening shift. One HCA was needed on another unit for part of the evening.

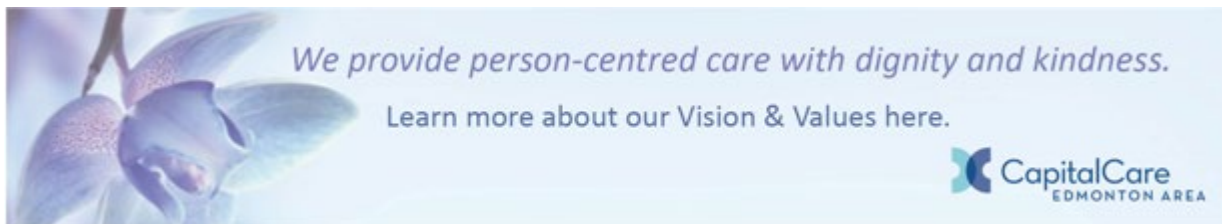
We make every effort to replace all scheduled shifts in the center, however, there are times that we cannot cover all vacant shifts. In these cases, we have staffing contingency plans to ensure resident care needs are met. This may include sharing staff based on resident needs and staffing levels in other areas of the center. This is only done when we have made every effort to replace shifts by scheduling staff that are available and able to pick up the shift.

Please direct questions about the Gene Zwozdesky center to our corporate office.

Thank you,

[redacted]

[\[redacted\]](#), Site Director, [\[redacted\]](#)



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