

PRIVATE AND CONFIDENTIAL

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DATE: 01/12/22

NAME: David Dickson

David.dickson@dksdata.com

Dear David,

Thank you for contacting our Patient Relations Department regarding your concern 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**, Royal Alexandra Hospital, Edmonton.

*Thank you for sending the concern regarding Mr. Dickson. This concern was handled in real time at the beginning of Sept and the patient subsequently was engaged and an appointment rebooked to accommodate the needs of the patient regarding masking as well as site requirements. Through engagement with the patient and a phone conversation with one of our executive directors, **Redacted**, we were able to understand what was needed to ensure that his medical needs could be met. He was subsequently scheduled with another physician in the ATOP clinic and that appointment will be facilitated.*

*As for the interactions with the unit clerk, she was following what she understood to be the direction of the site. It appears that the conversation to provide a virtual consultation was interpreted as being a barrier to his care. Virtual care has been successfully delivered to many patients throughout the pandemic to patients in the ambulatory clinic so it was not inappropriate that a virtual appointment was offered to Mr. Dickson. Given Mr. Dickson's reaction, and the phone call between him and **Redacted** it became clear that an exception may be appropriate by facilitating his access to the facility so that risk could be minimized.*

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,
Patient Concerns Consultant
Redacted

Dear Redacted

My apologies for the delayed response since our last conversation, but sadly I did get sick, I suspect as a result of the treatment by the nurse at the Royal Alexander Hospital. Now mostly recovered, I feel I have to respond to this (and the other complaints).

As you will see, this incident was not dealt with 'in real time' but rather a new physician had to be found due to Redacted refusing to provide the required service to a patient, contrary to HCS-267 and her Code of Conduct and Oath as a physician. This has led to significant delays in my care which are ongoing. Further, it appears that the issues at the Royal Alexandra Hospital are still ongoing as can be seen by the below summary of events to date.

"an appointment rebooked to accommodate the needs of the patient regarding masking as well as site requirements"

"It appears that the conversation to provide a virtual consultation was interpreted as being a barrier to his care"

The site requirements are bound by HCS-267, not by the whims of a physician. This was for an urgent pre-operative TOPS driven consultation for non-trivial surgery the day after, with a doctor who had no prior knowledge of my complex history.

"Virtual care has been successfully delivered to many patients throughout the pandemic to patients in the ambulatory clinic so it was not inappropriate that a virtual appointment was offered to Mr. Dickson"

The initial booking was for an IN PERSON urgent pre-operative TOPS driven consultation. The virtual appointment was offered AFTER the initial call where I pointed out I could not wear a mask. This had nothing to do with the virtual appointment 'being appropriate', but was based on a clear discriminatory behaviour by Redacted.

"an exception may be appropriate by facilitating his access to the facility so that risk could be minimized"

Again, the site requirements are bound by HCS-267, not by the whims of a physician.

I would appreciate a follow up with Redacted to address some of these concerns rather than the clear avoidance in the hope that I would just go away, which this response appears to be.

For context, here is my response to the Physicians' complaint about this matter.

I am more than a little disturbed that this response is so far from the facts as they happened or the actual Provincial Order at the time (09-2022) and AHS Directives. Starting with the first paragraph.

"Typically, when a patient chooses not to wear a mask to their appointment, they discuss this with the clinic staff, prior to their appointment, and an exemption letter is provided by the attending physician. 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."

The first issue with this response is the position that I fall into the category of "*when a patient **chooses** not to wear a mask to their appointment*"! What part of me having a medical exemption letter is continuing to be missed?

"an exemption letter is provided by the attending physician."

The current AHS Policy HCS-267 does **not** require a medical exemption letter (and never did). CMOH Order 09-2022, in effect at this time, did require a blanket medical exemption letter that could only be written on a prescribed form and had to be accepted in that form. Once written, that letter was current for one year for all areas where it was required in Alberta, under Order 09-2022. Note that this was in itself a contradiction of the duty of care of all doctors (including Dr. Deena Hinshaw) and the AHS policy/Directive in effect at the time, but let us take this Order as read as it was technically the law in Alberta due to Bill 10 and Bill 66.

"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..."

As my GP knows my medical history more than an internist I have never seen, this Kaye policy is nothing less than ridiculous and at worst **ILLEGAL**. Based on this response, I would have had to have a virtual meeting with a doctor who does not know me to have him write a medical exemption letter (as per CMOH Order 09-2022) to enter the Kaye clinic. This letter, on the prescribed form letter, the only one allowed under Order 09-2020 at the time, could then be used at any other location for up to one year. This would mean I would then have two medical exemption letters! Would this be the case for each doctor I saw? According to the comments in the above response, it would for the Kaye Clinic. Anyone visiting the Kaye Clinic could end up with a stack of these letters and must remember which one to present at each visit. Is this an AHS policy or just something dreamt up by the Administration at the Kaye Clinic? As this response is authored by doctors from the University of Alberta and Mazankowski, does it apply to these facilities also? In my direct experience (as seen below), this is most definitely NOT the case for the University of Alberta Hospital or the Mazankowski Hospital. This suggests these doctors are not being truthful in their response and are clearly ignorant of the CMOH Order at the time and AHS Directive HCS-267.

What about a visit to the ER in this University of Alberta hospital complex (if not beyond)? Do I need to go to every ER and get an exemption 'just in case'? What about an ambulance ride? EMS have stated they will refuse to transport a patient and/or DSP who cannot wear a mask (again a breach of HCS-267 and more). Note that this response does not match that of Protective Services or the Kaye Clinic operations. Considering this was written by two doctors who are bound by the AHS directive, Order 09-2022 (at the time) and the Code of Conduct of the College of Physicians and Surgeons (CPSA), I am thinking this is becoming a matter for the CPSA.

"If patients do arrive without the appropriate exemption letter, the screeners can call the clinic and the physician determines if it is appropriate to offer a virtual appointment **or have the patient escorted to the clinic by a screening staff member**."

This was never even considered by [REDACTED]. He admitted this in his call with me later that day (see the below summary of events).

"In Mr. Dickson's case, when the screening staff called [REDACTED]'s office, neither he nor his staff were aware of Mr. Dickson's situation, which is why an exemption letter had not been provided by [REDACTED]. Since many of the investigations for systemic sarcoidosis could be arranged without seeing Mr. Dickson in person (blood work, ophthalmologic referral), [REDACTED] elected to convert the appointment to a telephone consult."

During my call with [REDACTED] that same day, he went from feeling it was perfectly acceptable to have me physically thrown out of the Kaye Clinic (on his say so) because "OK. We get all sorts, I'll be honest and a lot of people who don't have true mask exemptions" and "the safest thing to do is to say look the dust will settle", to "I just need to make sure you don't need to go to the emergency department and be seen by an ophthalmologist.". I effectively went from non-urgent and disposable to a panic urgency in the course of a phone call, still having never seen me in person.

"neither he nor his staff were aware of Mr. Dickson's situation"

This is a clear failing of the Kaye Clinic and AHS (who **were** informed of my situation before the visit). My contact with the clinic was the person who called to book the appointment. I was given no other details and never told I had to call any other number. I was not informed that there were any additional steps involved in attending without a mask. I did ask about this as I wanted to ensure there would be no issues or discrimination (even though I was not obligated to do so under AHS Directive HCS-267 or Dr. Deena Hinshaw's Order 09-2022, at the time).

Regardless, as per AHS Directive HCS-267, service could **not** be refused. In fact, the comment here suggests an in person visit was never needed so why drag an 'at risk' person half way across the city to an appointment in the first place? The reality is that this was an urgent referral and even [REDACTED] started to panic when he realized his error in the call to me later that day. For two doctors writing this response to make the blanket statement about ANY PATIENT they have never seen that a telephone consult was appropriate is nothing less than willful neglect. It is also NOT an accurate statement about [REDACTED]. He didn't decide that a telephone visit was all that was needed; he booked an IN PERSON visit from the start. On my follow up call, he said he would get me in as he needed to see me in person and even went as far as to say I might need to immediately go to the Emergency Room for my 'sarcoidosis'! My condition is so severe that it was escalated to the ATOP team (I am sure you are aware what that means). This resulted in an urgent PET scan and more, all delayed by the actions of the Kaye Clinic and [REDACTED].

Since all CMOH Orders were withdrawn in July of 2022, the only official AHS policy/Directive in place is HCS-267, which far too many AHS staff seem not to have read or understood. This is, in of itself, a breach of AHS policy and every health care workers' own College Code of Conduct.

At that same time, the Scientific Advisory Group for AHS and the CMOH confirmed they had no evidence to support the use of masks and some evidence to show the harm caused by mask wearing (psychological and physical). Yet these 'professionals' decided to extend the continuous masking policy (HCS-267). Even with that policy in place, I should still not have been refused service and discriminated

against as I was (and continue to be treated by AHS and its staff)!

Further, this letter goes directly against AHS Directive HCS-267, Health Canada guidelines, OH&S regulations and requirements of all health care professional Colleges that require health care professionals do no harm and ensure medical services are provided to all who need them.

From this single incident, I have a response from Protective Services that agrees that I was not treated appropriately, a response from the doctor's office at the Kaye Clinic that I was treated appropriately, and a virtual visit was appropriate but contradicts the actual conversation with [REDACTED]. And finally, a response from the Kaye Clinic Operations that doesn't align with the other two responses and worse, makes suggestions that would make urgent health care impossible and subject to the whims of doctors, not in the interest of patients.

To quickly summarize the complaint.

I had an urgent referral to [REDACTED] at the Kaye Clinic in April of 2022 to address concerns with my serious ongoing but deteriorating lung issues. As I was aware of the active discrimination ongoing at AHS facilities (hospitals and care homes), I informed the hospital/booking clerk, ahead of time, that I was medically unable to wear a mask or face shield. Everyone should know, AHS policy does not allow a face shield in lieu of a mask as they are for two completely different purposes. *'My mask protects you, my face shield protects me'* goes the AHS mantra (although neither is true in the case of COVID 19 and other such ILI's). In fact, this is mentioned in the July 2022 Alberta AHS Scientific Advisory Group (SAG) report to Dr. Deena Hinshaw (who then removed all masking from the province).

I went to my appointment, with my medical exemption letter in hand (in compliance with Dr. Deena Hinshaw's Order 09-2022 at the time), accompanied by my wife who is also my health advocate/DSP. I was greeted by a screener who demanded I wear a mask. I informed her that I could not. I showed my medical exemption (although there was and is no requirement for me to do so) and explained I had informed the hospital of my exemption before the appointment. Note that there is no requirement to show the medical exemption to anyone other than a Judge, even in Dr. Deena Hinshaw's Order 09-2022, let alone an AHS screener. She then demanded I wear a face shield. I explained that I could not. I also informed her that offering a face shield was against AHS policy, Dr. Deena Hinshaw's Orders and the City of Edmonton bylaw. The screener became very agitated and went to get her supervisor after telling me I could not come in. The supervisor came over and then escorted me to an open area opposite the main desk that had been made into a makeshift corridor/isolation area using two walls of dividers with a solitary chair against the wall, open to viewing by every person walking past. This was beyond humiliating; I felt like I was being treated like a leper to be stared at by all that passed by. The supervisor demanded I sit on the chair and wait. I also showed her my medical exemption letter and explained the situation. She then demanded to know my vaccination status. I told her she had no right to ask at which point she also became very agitated. I then rang the AHS number I had to speak to someone regarding the appointment that had been pre-arranged. Ironically, the same person who I had spoken to the week before answered the phone. She remembered our discussion and was confused as to why I was experiencing an issue. She stated she would try and get hold of [REDACTED] to clarify the situation. I was now late for my appointment and concerned about my paid disabled parking running out before my appointment could be completed due to this unnecessary delay. The screener supervisor returned a short while later and told me that she had spoken to the doctor. [REDACTED] told them he would not see me and to have me removed from the building. She told me

there were no exemptions to masking but the doctor might call me for a phone consultation later and maybe another appointment in the future. I explained that due to my complex history and condition, I needed an in person urgent appointment as per my doctor's referral. This supervisor then again demanded to know my vaccine status. I told her that she was not allowed to ask that, and it was irrelevant to my need for an urgent appointment. I reminded her that I had driven with my wife from Devon and being sent away was very stressful as well as costly. At this point, she walked away and called Protective Services. Two Protective Services officers then arrived and between the three of them they demanded I leave the building, making it clear they would use force if I did not leave immediately. I explained how they were not following the AHS Directives or Deena Hinshaw's Orders (09-2022) by doing this. They did not care and started to move towards me in a threatening manner. At this time, my wife and I decided to leave and I made it clear to the two Protective Services officers that they were, in their behaviour, a disgrace to the uniform.

After a stressful drive home, I made a call to Patient Relations to report this incident. Later that afternoon, [REDACTED] called me for a follow-up. During the discussion with him, he confirmed he told them to force me to leave and that his reasoning was that he wasn't convinced I was exempt, despite me presenting my doctor's written exemption letter (in the form required by Dr. Deena Hinshaw's Order 09-2022) to the screener, supervisor and Protective Services officers. His response was "OK. **We get all sorts**, I'll be honest and a lot of people who don't have true mask exemptions". I reminded him that not only was that not an acceptable response from a physician, but it was also against the AHS Policy, Dr. Deena Hinshaw's Orders and CPSA Code of Conduct. A doctor (or anyone at AHS) cannot refuse a patient service because they either **CANNOT** (in my case) or **WILL NOT** wear a mask.

AHS Directive HCS-267 clearly states:

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

Section 3.2

"Patients, designated family/support persons, and visitors are not required to mask when:

a) providing or receiving care or assistance where a mask would hinder that care or assistance;"
i.e. providing support and care/communication."

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

Section 8.4

"Patients requiring health care shall not be refused care if their designated family/support person or visitor is unable or refuses to mask."

Section 5.2 a), 8.4 a), 8.4 b)

<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."

As with the screener, supervisor, original booking person and the Protective Services officers, [REDACTED] was not aware of this policy/directive. I reminded him this was also against the CPSA to not be aware of an official AHS directive of which he was now in breach.

[REDACTED] then stated that now he knew I had a letter he would arrange to get me back in. As I explained to him, he had proof at the time I was in the hospital with my letter, but now all he had was my word on the phone. This made no sense and felt more like a physician rapidly back peddling,

knowing he had made a grave error. He stated that his decision was OK because my appointment wasn't urgent. I reminded him that the referral was urgent, and part of my health condition was now directly impacting my sight. At this point he started to panic and suggested I might need to urgently go to emergency. [REDACTED] went from feeling it was perfectly acceptable to have me physically thrown out of the Kaye Clinic (on his say so) because "OK. ***We get all sorts***, *I'll be honest and a lot of people who don't have true mask exemptions*" and "*the safest thing to do is to say look the dust will settle*", to "*I just need to make sure you don't need to go to the emergency department and be seen by an ophthalmologist*". I effectively went from non-urgent and disposable to a panic urgency in the course of a phone call, still having never seen me in person.

The result of this was a change of physician and these continuing complaints. This has led to a significant delay in testing and treatment for my ongoing serious health condition. And sadly, this is not the end of the matter.

From here I saw another doctor who arranged an urgent CT scan at Leduc hospital which was booked late at night to keep 'people like me' (disabled and unable to wear a mask) away from others. Even that experience resulted in some education for the nursing staff – along with more stress. However, from that experience, I can say that the Protective Services staff were less engaged in that they just told the nurses they didn't want to get involved. The results of that CT scan escalated my case to the ATOP emergency response team for a suspected serious and urgent lung/esophagus cancer follow up.

This led to an urgent call on Thursday August 25th, 2022 from **Redacted** office at the Royal Alexandra Hospital for an emergency meeting the following Tuesday August 30th, 2022 with an urgent biopsy on the Wednesday that week. Again, I explained my situation as regard my inability to wear a mask or face shield to the booking clerk. After many phone calls with this booking clerk, I was told the doctor was refusing to see me in person for the pre-operative consult, all because I cannot wear a mask. However, she was still willing to do the surgery the next day, at the same hospital, without any explanation as to how that could possibly happen without me wearing a mask. This was clearly not acceptable considering this doctor had never seen me in person. At this point I was left with the stress of needing urgent health care but no ability to receive it. I asked for a call back from the doctor's office and never received any. **Redacted** had decided she would not provide the urgent medical services I required, because of my mask exemption, as I discovered soon after. That resulted in another call to Patient Relations and another complaint. Soon after, I received a call from Executive Director **Redacted** who wanted to follow up and try and get me the treatment I needed. After explaining what had happened and my previous experience at the Kaye Clinic and Leduc, he agreed to call my old specialist at the Royal Alexander Hospital to try and address my urgent care needs. **Redacted** even agreed to meet me at the hospital if I came in for treatment to ensure I didn't experience any issues getting into the hospital. As will be seen later, this sadly did not happen. My old doctor subsequently phoned me and after another discussion on the concerns, he suggested he find me another qualified physician who would not have an issue treating a patient who could not wear a mask or face shield. Can you see the issue here? ALL PHYSICIANS SHOULD BE IN THAT CATEGORY! Doctors treating people with an inability to wear a mask IS NOT A SUBSET OF THE MEDICAL PRACTICE!

Soon after, I met with another physician and undertook more urgent tests including a lung function test (which I failed) and then an urgent PET scan. Although the biopsy was considered urgent, because of the concerns with how hospital staff would treat me (continuing the active discrimination), we agreed that the PET scan was the safest option first. An appointment was booked and after more calls

with Patient Relations and then a discussion with the manager of Diagnostic Imaging at the University Hospital, I managed to receive my PET scan. This manager stated she would contact the screeners and leave my name with them and arrange for me to come through a specific entrance of the University of Alberta hospital complex (the Mazankowski entrance) to minimize any concerns I would be refused service or be accosted. She also stated she would be available if I had any challenges when I arrived. As this came AFTER the responses to my concerns with the Kaye Clinic, it was clear that things had not been addressed internally at AHS.

The result of the PET scan was not favorable and so further tests (another failed lung function test) and the originally suggested the biopsy was now critical. However, after talking this through with my specialist and all the concerns with the discrimination and treatment I was seeing directly (and indirectly through others) the risk of the surgery was considered too much at that time. This was not because of the surgery itself, but the issues inside of AHS and me being unable to wear a mask. My urgent health care needs are being directly impacted by the active discrimination at AHS by people who are clearly willfully ignorant of the AHS Directive HCS-267 and SAG July 2022 report.

The following week, I had to accompany my mother-in-law to two urgent appointments at the Royal Alexandra Hospital. This was effectively going to be an acid test for the concerns we had discussed and to see if things had improved after all the assurances and escalations. Sadly, they had not.

After another set of rude exchanges (due to our masking exemptions) with the person booking the two urgent appointments for my mother-in-law, we attended the Royal Alexander Hospital on January 31st, 2023. Initially, we had two appointments set a week apart. Then the night before, those appointments were collapsed to the same day but with significant concern as they were an hour apart and in two separate buildings at the Royal Alexandra Hospital. These changes were made without our knowledge or consent/discussion by the staff member we had spoken to who clearly was trying to make things as complicated as possible for my mother-in-law (a 79-year-old stroke victim living in a care home), myself (a medically retired disabled police officer) and my wife, our DSP. As I am my mother-in-law's medical proxy, I was required to be in attendance, but as my wife is her primary DSP (and due to the procedure being undertaken) we all needed to be present. As per AHS Directive HCS-267, neither my mother-in-law nor I can wear masks (and we have written medical exemptions for this with us for this). My wife is exempt as per her requirement to maintain communication and care with her charge as her DSP. This created more unnecessary challenges to negotiate. As we were going to be at two separate ends of the hospital and to minimize the amount of walking (an issue for myself and my mother-in-law in her wheelchair), I dropped my wife off at the Lois Hole entrance for the first appointment and went to park my car at the other main basement entrance to make our exit easier. This meant we would be separated, and this caused further concern for my wife, in particular. However, the screening for us both went without concern. In fact, we were not asked any screening questions. When asked to wear a mask, we stated we were exempt, and the screeners then escorted us both from either end of the hospital toward diagnostic imaging. I called my wife to tell her I would meet her halfway at the elevators so we could attend the first imaging appointment. The screeners were polite and very helpful. There did seem to be some confusion though as I was taken to the location of the second appointment. My screener then left me at the desk. Then I was told that the two appointments had been moved to the same location. As this had not been communicated to us, this now created more concern as my wife and I were expecting to meet at another location. I tried to call my wife but could not get a cell signal from that location. The staff on the desk told me to go down the hallway to make the call as I would get reception there. I headed towards the emergency department and did manage

to make the call to my wife. While I was making the call, I was accosted by some staff members who screamed at me to put on a mask. I told them all I was exempt but obviously someone called Protective Services. After speaking to my wife and telling her I would meet her at the new location, I turned to head back to the diagnostic imaging desk only to see a large Protective Services officer making a beeline towards me. He demanded I put on a mask. I told him I was exempt and had already been through this. He was very aggressive and demanded I prove it. I explained that under HCS-267 I did not have to, and I just wanted to get back to my appointment. He demanded I leave, demanded to know where the screener was and overall was starting to get very aggressive and abusive. He said he didn't care about reading any AHS Policy as he had 'had the training'. I pulled out my exemption letter but reminded him he was not allowed to see it as it had my personal medical information on it. He snatched the letter from me. I then informed him he was now in breach of the Health Information Act and FOIP. He retorted that he was allowed to see my medical information because he was an AHS employee! By that logic, the cleaner would be able to see my medical records! At this point, my wife and mother-in-law rounded the corner at the end of the corridor, and I shouted to them. My wife told her screener who I was, and she rushed to my aid, telling the Protective Services officer to leave me alone and back off.

If only that was the end of the matter. We then went to the appointment. We sat in the waiting area on the available seats with my mother-in-law next to us in her wheelchair. Next, another nurse came out and advanced towards us, screaming 'You people need to move over there!' She pointed at a lone chair on the other side of the waiting room. I indicated to her that there was only one chair and she responded, 'Then get another one.' We moved over to this area not wanting any more confrontation or stress, especially for my disabled, elderly mother-in-law. Then the nurse demanded to know where our masks were. I explained we were exempt under HCS 267. She smirked and in a derisive tone spat "Really, all three of you? Prove it!". I responded, now out of frustration, "Do you really want to go there?" She responded, "Yes, I want to go there". I pulled out my letter and explained again that she was not allowed to see it. She demanded to see it and I requested she get her Director, **Redacted** or Executive Director, **Redacted** so we could clear this up. Providing these names appeared to scare this nurse away. She just turned around and walked off. Then my mother-in-law was taken in for her first appointment. I was left waiting alone at that time. I stood up and looked around. I was horrified to see we had been put, as disabled 'at risk' people, in the section of the waiting area set aside for symptomatic patients marked 'screened positive'. It was clear that this nurse had every intention of putting us in harm's way for the sole 'crime' of being unable to wear a mask. I moved the chair to the area between the 'screened negative' and 'screened positive' section for the remaining time I was there. During all my time there, no one came and cleaned or sanitized that 'screened positive' area. As my mother-in-law and I are at risk from many of the seasonal ILI's present at the time, having been relegated to this area was a serious concern. Sadly, a week later, my concerns appear to have been justified. For the first time in three years, I became sick and required anti-biotics for a week due to a lung infection.

Again, if only this was the worst of it. As they had moved the appointments together (just because of our inability to wear a mask), the technologist performing the echocardiogram on my mother-in-law was not in her usual room or with her usual equipment. That resulted in what the ordering doctor from my mother-in-law's center described as the worst, most incompetent scan he had ever seen. At the time, the technologist pre-empted what she knew was an unsuccessful scan as being the "Walmart of cardiology tests" and just the first line of investigation and they generally always lead to further tests. If this was the case, what was the point of the scan? Clearly these changes (without notice or

consultation) were designed as just another way of causing stress, unnecessary delays in diagnosis and treatment and putting the 'unmasked' in harm's way.

It is clear that despite the assurances of the response from Protective Services that AHS (and Protective Services) are not aware of the actual directive at AHS, nor are they ensuring repeat issues are not happening. As a result, there are additional complaints that have been made against the Protective Services Officer and the nurse at the RAH. Also, at this point, I am left with urgent health concerns for myself and my mother-in-law, potentially life threatening and unnecessary delays in treatment and diagnostics but a clearly justified fear of going anywhere near a hospital.

This isn't just limited to the hospital. For almost three years now, I have been unable to enter my mother-in-law's care home because I cannot wear a mask. If I was a resident I could come and go as I pleased without a mask. Worse, if I was staff and actively symptomatic with COVID 19 or anything else, I would still be allowed onsite (after just 5 days off) just by wearing a mask. In fact, one member of staff who serves food at my mother-in-law's center and works directly outside my mother-in-law's room, was recently actively symptomatically sick (coughing and such) for over two months.

But that is the AHS policy. Sick staff can come in and be around residents if they wear a mask, but healthy visitors and DSP's can't. It has been made clear the Protective Services at this AHS owned facility would not let me in no matter what and based on the AHS changes in September to make masking a requirement for all viruses, not just COVID 19, this is a situation that appears will never change.

This is made all the worse when you understand what AHS guidance and research says.

AHS Directive HCS-267 clearly states:

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

Section 3.2

*"Patients, designated family/support persons, and visitors are not required to mask when:
a) providing or receiving care or assistance where a mask would hinder that care or assistance;"
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Section 8.4

"Patients requiring health care shall not be refused care if their designated family/support person or visitor is unable or refuses to mask."

Section 5.2 a), 8.4 a), 8.4 b)

<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."
(see <https://dksdata.com/MASKS#AHSMasks>).

COVID-19 Scientific Advisory Group (SAG) Rapid Evidence Report - Continuous Masking Policies (4 July 2022) (see <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-sag-continuous-masking-policies.pdf>)

The above report states:

*"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.**"*

Identifiable 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...**"*

Finally, perhaps the real impetus for continued masking - **VIRTUE SIGNALLING**.

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

This is reinforced by the ongoing (since 2010) published Cochrane study, which the SAG has no doubt read.

But what would anyone expect from an organization, such as AHS, that thinks the below is acceptable in the treatment of children and infants?

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 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 the Alberta OH&S hasn't addressed this by now is beyond me. As a retired Police Officer from the UK, I arrested 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.

These are the same adult masks originally purchased by Jason Kenney's government in 2020 in the quantity of 40 million! (see my video on that here: <https://dksdata.com/MASKS#40M>). Note that masking in the way it was (and is) implemented breaches so many regulations and guidelines on safety. Further, masking never had any impact in the prevention of the spread of COVID. This was known from the start. (see <https://dksdata.com/MASKS>).



I will be forwarding this matter to the College of Physicians and Surgeons as a formal complaint against [REDACTED] (for his lack of candor) and , [REDACTED], , [REDACTED], [REDACTED] and **Redacted** for their lack of knowledge of the Orders at the time, AHS Directive-267 and breaches of their Code of Conduct and oath as physicians.

In closing, I would like assurance that the issues raised around masking are to be addressed at an organizational level immediately. Once this is completed, it needs to be communicated in a way that the public in general can have assurance that this active discrimination has been stopped. Anyone found in breach of the AHS directive or Human Rights must be dealt with accordingly.