1. Report Scope – (both limited in time and content) 2020-2022 cut off when Smith took office. Relegates the entire response to a past event whereby the current government are "exempt" from blame.
2. Government can't commission an independent review into its own crimes!
3. What data was relied upon to write this report?
4. The Alberta government had MORE than the benefit of hindsight. They had data demonstrating there was no pandemic.
5. "failures to protect high-risk Albertans" pushing focused protection.
6. Authors – all questionable.
7. Report due for delivery Apr. 2024. Produced Aug 2024 to AB govt. Some authors only saw it Friday of this week to assess their "contributions".
8. P.1 Data – manipulated from the start to fit a narrative. Continues worse than ever to this day.
9. P.17 There was no emergency!
10. Who are the "interviewees"?
    P.31 Interviewees recalled that "when there was a [lack of] formal evidence and expertise, opinion [stood] in the place of robust evidence."
11. P.33 "Lockdown interventions were implemented based on a precautionary principle, with limited scientific data supporting such measures during the initial wave."
12. P.35 CEO of AHS, Deputy Minister of AH and MOH made all final decisions, for example, implementing visitor restrictions in care homes. However, AHS had an "in-house pandemic response structure independent from Alberta Health's guidance and direction."
13. P.37 Ingram
14. P.37 Questions "containment of the virus" by means of measures… "not limited to, testing, isolation, workplace policy recommendations, school and business closures, and work-from-home recommendations."
15. P.38 Biases infiltrating reports
16. Dave Redman
17. P.42 KPMG recommendations - wasn't this out of scope? Mentioned 17 times.
18. P.41 AEMA were involved but had to defer to health authority in this case. Moot point.
19. P.50 testing asymptomatic people "may" lead to false positives
20. Pushing for a "further formal inquiry" causing more delays, more inaction, costing more money for no outcome other than to prevent accountability and continue the insanity.
21. P.56 Questions for a future response when the damaging response (testing, masking isolation, shots) is ongoing and has been expanded to any illness with COVID like symptoms.
22. P.71 "19 to Zero" connection STILL supported by Eby, Smith and Moe.
23. P. 74 Professional complaints
24. P.81 FOCUSED PROTECTION again mentioned "with the clear age-stratification regarding the risk of COVID-19"
25. P.82 Informed Consent
26. P.84 CAM Complementary/Alternative Medicine and Emerging Therapies
27. P.85 Ivermectin

28. P.86 “Moreover… even if that risk-benefit calculation ranged from uncertain to harmful” people have the right to choose “a therapy that is outside of conventional medicine instead of, or in addition to, conventional medicine.” How is this any different to the vaccine experimentation? Right to try legislation – Trump.
29. P.87 onwards – more on healthcare professional complaints
30. P.89/90 ivermectin again!
31. P.96 Note to physicians still under investigation
32. P.103 “fear and isolation are killers in themselves” (still in effect worse than ever in Alberta today) “No one should be barred from a dying parent’s bedside”.
33. “… hold those responsible for MISTAKES (nothing that happened was a mistake) to account and ensure that they do not happen again (the response never ended, now worse than ever and delivered by stealth).
34. P. 104 Cheering on Sweden. Do like Sweden “next time” FOCUSED PROTECTION KILLS.
35. P/106 Repetitive filler.
36. P.107 Push for a FORMAL INQUIRY serving only to further the government agenda/cover up - you guessed it - at the taxpayers’ expense. Again, for “any future public health emergency”. Smith gets off scot-free and the carnage continues.
37. P.110 “Early modeling scenarios were found to be inaccurate, but improvements were seen in late-2020.”
38. P. 113 Slow the spread lie
39. P.115 ICU bed requirements
40. P.128 locking down care homes (still practiced to this day) doesn’t qualify as a negative under NPI. Rather it comes under the definition of protecting vulnerable populations.
41. P.130 Protect Vulnerable Populations
42. P.136 SAG did NOT end its operations Dec 31st 2020! It ended Dec 2022.
43. P.141 “In long-term care homes, pandemic management strategies restricted visitation which adversely impacted the perceived health and well-being of residents and their families, revealing a pre-existing care gap in public long-term care facilities.” NO!!!
44. P.142 “coexistence with COVID”…
45. P.143 “move on” – testing, masking, shots and isolation are ongoing. No one is moving on.
46. “staying home protects the vulnerable” Nothing could be further from the truth.
47. P.143 “… every adult Albertan has the individual right to make informed decisions about their risk behaviour – even in the face of a pandemic.” Does that apply to those in congregate care settings?
48. P.143 Two years in (2022) and the recommendation is towards “a more sustainable approach to managing COVID-19”, “an approach that countries like Sweden recognized at the outset.”
49. P.146 Business/Event closure garbage. Studies which more or less justify closure at some level.
50. P.148 WHO benefit outweighing risk of closures/restrictions “Lowest socioeconomic costs” in limiting LTC visitation (this would be less relevant post vaccine). UNFUCKINGBELIEVABLE.
51. P.150 Where is the in-depth discussion of masks used continuously in care homes causing distress for residents who are cognitively, hearing or sight impaired. Communication

challenges, safety related concerns when communication challenges from masked carers impedes care? Three-line acknowledgement “challenges for vulnerable populations”,

52. P.159 SARS-CoV-2 a biosafety level 3 pathogen WTF!!!!!!!!
53. “The findings of the review shed light on several important aspects of testing and provide valuable recommendations for optimizing testing strategies.” GOOOOO testing!!!
54. P.162 “optimizing testing strategies to improve accuracy and ensure the effective use of testing resources in FUTURE pandemics.” These tests were used to destroy lives and livelihoods across the province and are still in use NOW to the same effect.
55. P172 Pushing rapid tests in for outbreak control/”high risk setings”. Care home residents first in line for this.
56. CDC pushing RAT and RT-PCR for “high risk congregate settings”.
57. P.173 2020 – United States Department of Health and Human Services “Nursing homes and assisted living: number based on degree of positivity in the county”. Areas greater than 10% positivity get tests for all staff twice a week. Areas with less than 5-10% positivity get tests for 50% of staff once per week.
58. RT-PCR for high-risk populations.
59. P.173 Flawed testing ALSO DROVE and still drives THE PUSH TO GET SHOTS!
60. P.174 Pushing RT-PCR tests. Rapid tests as an “additional diagnostic tool” That is what we are currently doing for an epic fail.
61. P.174 “screening tool” Didn’t we have these??
62. P.174 tests should be “professionally administered” so then “Individual risk estimates can then be used to inform individual needs for protection either through the use of personal protective measures and/or vaccination. Think this is ever going away?
63. P.179 “… two key studies providing evidence to suggest that SARS-CoV-2 may have been circulating in Canada and Italy much earlier than January 2020” SO WHERE ARE ALL THE BODIES FROM BEFORE LOCKDOWN?
64. P.183 The GBD rears its ugly head.
65. P.186 “… COVID-19 infection or death primarily associated with age, with the elderly being most at risk.” Focused Protection
66. P.186 Informed Consent – still provide shots as long as you are aware of the risks. No discussion of inadequacy of consent form. Ending shot use only in “healthy children and teenagers”. How is this better? End all these shots for everyone!
67. P.186 Where is the evidence that “severe COVID-19 primarily affects the elderly with comorbidities.” Why then were the elderly not wiped out pre lockdown in care homes?
68. P.188 “The highest risk of severe infection was in people 75 years and older, with two or more comorbidities.” Same comment as in point 67.
69. P.203 “Early in the pandemic, it became clear that the elderly (75 years+) were most at risk of hospitalization and death due to COVID-19 infection.” Same comment as above.
70. P.221 Therapeutics – ivermectin, hydroxychloroquine, fluvoxamine (anti-depressant risk of suicidal thoughts), and colchicine (for gout!) Monoclonal antibodies and vitamin D3. Zinc supplementation.
71. P.222 Remdesivir, corticosteroids.

72. P.225 Finally noting residents in care homes were left untreated to die. “In 2020, most COVID-19 deaths (around 83%) occurred among residents of long-term care facilities, potentially due to a withdrawal of care.” So how many really died with/of COVID?
73. P.244 McCullough would have to get a mention! And a sales pitch.