

Right on cue we finally have the new masking directive HCS-315 accessible for the public. Although created on October 11<sup>th</sup> and made available a few days ago, it was implemented June 19<sup>th</sup> when masking was supposedly “lifted” – a classic bait and switch. We came back to the Legislature to warn about this and more, but no one listened. Although this has been pitched as only applicable to acute care, this masking directive was actually implemented across ALL hospitals and care homes on June 19<sup>th</sup>. It introduces a new term and changes an old one – the previous directive (HCS- 267) used the term “continuous masking” to describe the widespread mandatory masking 24/7 in all facilities, whether on outbreak or not. This term in HCS-315 refers ONLY to outbreaks. However, the response to an outbreak is now at a level never been seen before and applies to ANY respiratory illness – 2 people with a runny nose triggers this response (KN95 masks, goggles, gowns, gloves) AND new restrictions for patients/residents which were never there before. Remember the famous “My mask protects you/your mask protects me”? Well, the science (it seems) has changed In HCS-315. Masks now protect others and the wearer, apparently. This is despite all the historical science and case law having settled this as not so before COVID to the extent that nurses could not be forced to wear masks during respiratory season. However, the new normal of COVID19 has now been expanded to everything. History has been rewritten. We are now at the whim of Zone Medical officers, Alberta CDC and directors of health facilities who will arbitrarily impose restrictions which have demonstrably maximized suffering and death in the name of “safety”. The masking posters we warned about will be seen on outside doors, floors, and patient resident rooms, resulting in 10 day rolling isolations and masking now “recommended” for residents and patients. Explain to me just how we have moved on from deadly COVID protocols? Remember, that most people don’t understand the difference between “recommended” and “required”. When a voice of authority says you should, very few people even understand they can say no. Welcome to Milgram 2023. The list of exemptions from masking have been reduced. There are now no medical or other exemptions, no exemptions for cognitive impairment, other relevant disabilities, or communication challenges. Want to leave your bed in outbreak area? You need to wear a mask. And masks are now forced on 2-year-olds, not 3 and up as was. They say you don’t need to wear a mask if you are “unable to place, use, or remove a mask without assistance”. AHS are required to receive training on the use of masks. Explain to me what training a two-year-old receives to don and doff a mask. Explain to me what training people generally receive to wear a mask. When an AHS member tells you to wear a mask, you should know that they aren’t experts. They had to receive training from someone else. And where does the requirement ultimately come from for them to receive this training? It is part of the duties of the Health Minister. Although this directive states that “no patient shall be denied services” that was always the case throughout COVID. And we all know how well that worked. Lastly, as regards masking children. You are being given health advice by a young mainline China YouTube influencer. How is this safe for your children?

I have two personal accounts that perfectly illustrate the insanity that is now at play. First, our mother in Dickinsfield. We wrote to the site director over six weeks ago regarding COVID protocols including masking and isolation that impact all residents. My mother has already experienced a med error, a reportable incident because of miscommunication from a masked carer. We received no response – until yesterday. The site director confirmed that a

symptomatic healthcare worker who has tested positive can care for any resident as long as they are masked. They are expected to return to work five days after becoming symptomatic or test positive, regardless of whether they STILL test positive or are STILL symptomatic. But residents must isolate for at LEAST 10 days if they test positive or become symptomatic in ever rolling extensions. She states that staff have the right to choose to wear a mask if they wish to do so. Every member of staff we have spoken is relieved NOT to wear one. But their wishes are conveniently ignored. She also conveniently ignores any of the communication challenges posed by mask wearing for our mother and countless others - and the med error we raised weeks ago. She does say we can bring our mother home or to another location for the isolation period if we choose. Our mother has specific care requirements that can only be met in a care facility. Yes, we do and have brought her home for very short periods but never longer than five days. Removing her at a point where she may well need immediate on-site care is reckless endangerment - as this site director is fully aware. And how many other residents who are NOT mobile, can escape these incarceration periods? How many will be monitored by families who are fearful of catching a cold? How many residents will continue to die not from any respiratory virus but from isolation, neglect, and lack of appropriate medical care? How many times does this need to be debated while people suffer and die? We have formally requested a meeting to discuss this and so much more.

And to a gentleman fighting to keep his dad alive in Calgary. Last week, his father was tested without consent for COVID. His son was informed by the centre doctor that his dad was designated R1 which means they must do everything to keep his dad alive - CPR etc. The doctor told the son that if he wanted his dad to stay as R1, he would be sent to hospital. They would only keep his dad at the care home if the son agreed to change his designation to palliative. Another term for this is the Liverpool care pathway, Canada's road to MAID. The doctor then instructed the care home staff to refuse to go into his dad's room leaving the son with the choice of the care home leaving his father to die while they stand by or send his father to hospital where he knew the push would be to ventilate. This is not a choice for someone who had been confirmed to just need antibiotics for a bacterial chest infection. It should be noted that the centre doctor was on holiday at the time and gave his instructions over the phone. Paramedics arrived to assess and felt that the father could be more than adequately cared for in the care home. This was further supported from a doctor from STARS air ambulance. The care centre doctor though countermanded all the advice. The son was left with no choice but to transfer his father to hospital where the fight to keep him truly safe and appropriately treated continues. At least now with strong advocacy, his father is not on a palliative pathway, has received antibiotics, has not been ventilated and may live to see another day. A formal complaint is being made by the son to the College about the appalling behaviour of the centre physician. How many more will this happen to this winter?

To conclude: As I have said over and over for the last almost four years. Do not go to a hospital alone. Do not leave anyone in a hospital or a care home alone. There is no legal authority to test, mask, isolate or vaccinate anyone. Get educated, advocate and be ready for anything moving forward. For those who understand, we are in a fight for our very lives.