LIES, DAMNED LIES AND SADISTICS

WITH DAVID DICKSON

Episode 44

Focused Protection – and more.

https://avoidabledeathawareness.com
https://dksdata.com/Care

TLDR;

- BE POLITE BUT FIRM AT ALL TIMES
- DEMAND TO SEE THE WRITTEN LEGAL AUTHORITY FOR ANY REQUEST/REQUIREMENT MADE.
- REFUSE TESTING – it is flawed and will result in improper care and possibly fatal care.
- REFUSE PPE –YOU OR YOUR LOVED ONE CANNOT BE FORCED TO USE A CLASS 1 MEDICAL DEVICE i.e. mask (by use or design) or gowns, gloves, shields or sanitizer *(can be toxic and ineffective on c-diff).*
  - Wash your hands as needed.
- INSIST ON SEEING YOUR RESIDENT/PATIENT/CHILD FOR A WELFARE CHECK.
  - THIS CANNOT BE REFUSED, EVEN IF THEY HAVE TO ESCORT YOU IN/OUT.
- IF YOUR RESIDENT/PATIENT/CHILD IS FIT ENOUGH TO GO OUT AND WANTS TO – TAKE THEM OUT. (smokers have never been stopped from leaving their room/building sick or not, tested or not).
- DO NOT LEAVE YOUR SICK RESIDENT/PATIENT/CHILD ALONE AT ANYTIME.
- RECORD EVERYTHING.
- CONTACT THE MINISTER OF HEALTH and DEMAND ACTION at:
  Adriana.LaGrange@assembly.ab.ca and Health.Minister@gov.ab.ca;
  Also Jason.Nixon@assembly.ab.ca and SCSS.minister@gov.ab.ca
  Mickey.Amery@assembly.ab.ca and ministryofjustice@gov.ab.ca
  mike.ellis@assembly.ab.ca and PSES.Minister@gov.ab.ca;
  Danielle.Smith@assembly.ab.ca ; Premier@gov.ab.ca

LIES, DAMNED LIES AND SADISTICS

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POWERS TO TEST, ISOLATE & WORSE.

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In Alberta

- Only a Court Order can force these items without consent – and then they can be challenged.

Disturbingly, on October 2nd, 2024, the Alberta Minister of Health responded to a complaint involving criminal acts of unlawful testing and isolation with the following.
Note that Medical Officer of Health (MOH) and Zone Medical Officer are interchangeable.

"Outbreak restrictions in congregate settings (including COVID-19), are slightly different. In those situations, the Public Health Act applies, which gives ***zone medical officers authority during outbreaks to impose restrictions.*** *The zone medical officer works in collaboration with site administration to determine appropriate strategies and protocols in accordance with standard operating policies and procedures in a way that minimizes the impact on residents.* ***For example, site administrators are encouraged to manage outbreaks on a unit or floor basis*** *to limit disruptions to other residents."*

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POWERS TO TEST OR ISOLATE (OR WORSE)

In Alberta

Under the Provincial Health Act

- s.29 - as misused by CMOH Hinshaw *(available to ZONE MEDICAL OFFICERS at AHS - REQUIRES EVIDENCE TO SUPPORT - WHICH THEY DO NOT HAVE)*. THEY HAVE TO WRITE ORDERS TO ENFORCE THIS *(as Deena Hinshaw did).* DEMAND TO SEE COPIES OF THESE ORDERS.

- s.30 - Requires a Court Order (beyond 24 hours) and only applies to specific diseases *(not included in the current 'outbreak' definition).*

- s.40 - THIS IS THE TERRIFYING ONE AS IT DOES NOT REQUIRE CONSENT but can be cancelled by a Court. It does require a doctor's lab confirmed Isolation Order and only applies to specific diseases *(not included in the current 'outbreak' definition).*

  COVID IS NOT LISTED AS A COMMUNICABLE DISEASE UNDER s30 or s40 of the PHA.

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It starts with a "Case" – of almost anything.

Case Definition

Now a multi disease RPP (combined PCR/RAT test). So many chances for a false positive (up to 35 times). Each one at up to 45 cycles.
(Exact numbers know only by APL)

Confirmed Case

A person infected with the virus (SARS-CoV-2) that causes COVID-19, confirmed by:

- A positive result on a molecular test (i.e. nucleic acid amplification test (NAATs) such as polymerase chain reaction (PCR), loop-mediated isothermal amplification (LAMP) or rapid molecular test (A) that is Health Canada approved or approved by the lab accreditation body of the jurisdiction in which the test was performed.

OR

- A positive result on a Health Canada approved rapid/point-of-care (POC) antigen test(B) in a person with clinical illness(C)

OR

- Two positive results on a Health Canada approved rapid/POC antigen test(B) completed not less than 24 hours of each other in an asymptomatic person.

Probable Case (D) (Outbreak Only)

A person who in the last 7 days had close contact with a confirmed COVID-19 case OR was exposed to a known outbreak of COVID-19 OR had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain SARS-CoV-2

WITH

- Clinical illness (C) and NO molecular test or rapid antigen test, or the result is inconclusive (E)

OR

- NO clinical illness(C) and one positive rapid antigen test result with NO second rapid antigen test or molecular test completed.

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Alberta Health Services

COVID-19, Severe (Hospitalized or Death)
Department Standard Operating Process

Probable Case[D] (Only used in outbreaks)

A person who in the last 7 days had close contact with a confirmed COVID-19 case OR was exposed to a known outbreak of COVID-19 OR had laboratory exposure to biological material (e.g., primary clinical specimens, virus culture isolates) known to contain COVID-19

WITH

- Clinical illness[E] and NO molecular test or rapid antigen test or the result is inconclusive[F]

OR

- No clinical illness[E] and one positive rapid antigen test result with NO second rapid antigen test completed

Reporting Requirements

Case Investigator

- The Zone MOH (or designate) shall forward the COVID-19/Seasonal Influenza Death and Hospitalized Case Report Form to the CMOH (or designate) via CDOM ESR submission.
  - The report form must be submitted within **one week** of notification of hospitalization, discharge from hospital, resolution of the COVID-19 case status, or death.
  - Submit the form for all confirmed cases of COVID-19 that meet the following criteria:
    - Case is admitted to hospital within **30 days** of initial, positive molecular specimen collection date (lab-confirmed COVID-19 infection only).
      - An amended ESR must be submitted for hospitalized cases if there is an increase in severity from the initial report within 30 days of initial, positive molecular specimen collection date.

OR

- Case has died (either in hospital or in community) within **60 days** of meeting confirmed case definition (lab-confirmed COVID-19 infection only).

- Refer to Appendix A for detailed instructions regarding management of cases from other jurisdictions.
  - The Zone MOH (or designate) shall notify the **First Nation Inuit Health Branch** (FNIHB) MOH (or designate) of any confirmed COVID-19, Severe (Hospitalized or Death) cases who reside on Federal Reserve land using existing processes.

[D] All symptomatic close contacts in high-risk settings should be tested where feasible to confirm diagnosis. May use rapid antigen test. The probable case definition should only be used in the rare circumstances when molecular test or rapid antigen test cannot be done or is inconclusive but clinical suspicion is high.

[E] Clinical illness: Any one or more of the following: cough, shortness of breath (SOB), sore throat, loss or altered sense of taste/smell, runny nose/nasal congestion, fever/chills, fatigue (significant and unusual), muscle ache/joint pain, headache, nausea/diarrhea

[F] An inconclusive result on a real-time PCR assay is defined as:

- An indeterminate result on a single or multiple real-time PCR target(s) without sequencing confirmation or
- A positive result from an assay that has limited performance data available or
- Performed by a laboratory that lacks/has not demonstrated accredited status by the College of Physicians & Surgeons of Alberta (CPSA) College of Physicians & Surgeons of Alberta)CPSA)

ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Laboratory Bulletin

Date: March 17, 2021
To: All Health Care Providers
From: Alberta Precision Laboratories (APL) – Public Health Laboratory
Re: Reporting COVID-19 variant of concern test results

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key messages

- Starting March 18, 2021, COVID-19 positive samples will have variant of concern test results reported to the ordering clinician as they currently receive reports. Reports will also be available on Netcare and Connect Care (reporting in SCM to follow). See the appendix for example Netcare reports.
- Variant of concern test results will be reported separately from routine COVID-19 diagnostic tests (e.g., COVID-19 nucleic acid tests, the ID NOW test, antigen-based tests) as "COVID-19 Variant Nucleic Acid Test."

Interpretation of COVID-19 Variant Nucleic Acid Test results.

Result	Interpretation
Negative	• No variant of concern is detected. • **This patient still has COVID-19.**
Positive	• A variant of concern is detected. The lineage (strain) will be reported as B.1.1.7, B.1.351, or P.1. • "See Lineage Conf" indicates that the lineage result is pending and will be reported later.
Unresolved	• The viral load is too low to perform variant testing. • **The strain could potentially still be a variant of concern and should not be treated as negative.** • **This patient still has COVID-19.**

- Positive and unresolved results will be reported as abnormal (i.e., with red font in Netcare).
- Infection prevention and control (IPC) precautions continue to be based on symptoms and risk assessment. **These test results should not be used to discontinue IPC precautions.**

Background

- Current SARS-CoV-2 variants of concern include B.1.1.7, B.1.351, and P.1. It is anticipated that more variants of concern will be identified over time.

This used to say 6 months instead of 60 days. Although reported deaths from diagnosis of COVID to death were anything up to 2 years...
Then suddenly all the COVID deaths are within 2 months of a COVID 'diagnosis'.
All based on a COVID 'CASE'!
Lies, Damned Lies and Sadistics.

LIES, DAMNED LIES AND SADISTICS

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ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Laboratory Bulletin

DATE:	23 September 2024
TO:	All Healthcare Providers
FROM:	Alberta Precision Laboratories (APL) – Provincial Public Health Laboratory (ProvLab)
RE:	**Change in Respiratory Pathogen Panel Testing**

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Message

- Effective Monday, September 23, 2024. ProvLab North and South sites are implementing a new version of the existing respiratory pathogens panel (RPP) for respiratory viral and bacterial targets.
- This new version will have all the same viral targets with the addition of SARS-CoV-2 (COVID-19).
- Rapid COVID-19 PCR and influenza/RSV PCR will still be available for patients who meet eligibility criteria (typically hospitalized or emergency department patients). This may result in two SARS-CoV-2 or influenza/RSV results. Discordant results may be observed with low concentration positive specimens.
- The assay has similar sensitivity for SARS-CoV-2, influenza, and RSV as the rapid PCR tests
- Most community patients (including congregate care patients) for whom RPP is indicated and COVID-19 testing is ordered will be tested using the new RPP test only. SARS-CoV-2 will therefore be included in the RPP report and not reported separately.
- There will be **no change** to the following:
  - Testing criteria/patient eligibility for either RPP, SARS-CoV-2 or influenza/RSV
  - Mechanisms to order respiratory virus testing in Connect Care or using a requisition.
  - Time to results
  - Testing locations
  - Format of results reported except for the addition of SARS-CoV-2

Background

- Since 2017 ProvLab has used the NxTAG® Respiratory Pathogen Panel (RPP) for the detection of a range of viral and bacterial targets.
- Recently the manufacturer (Diasorin) transitioned from its existing panel to a new respiratory panel (NxTAG® Respiratory Pathogen Panel v2).
- This new testing panel is Health Canada approved and has been validated by ProvLab with an equivalent performance to the previous kit.
- It tests for SARS-CoV-2, influenza A/B, RSV, other human coronaviruses, parainfluenza viruses 1-4, enterovirus/rhinovirus, human metapneumovirus, adenovirus, and Mycoplasma pneumoniae.

Action Required

- Continue to use the RPP and other respiratory virus tests only when it will impact clinical management.

ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

- Continue to order respiratory virus testing using current practices through the Respiratory Infection (inc. COVID-19 NAT) Connect Care order or by using the COVID-19 and Other Respiratory Requisition (www.albertahealthservices.ca/frm-21701.pdf).
- If this turnaround time is sufficient for your patient's COVID-19 and//or Flu/RSV result, please order RPP only and do not select COVID-19 and/or Flu/RSV tests in Connect Care
- Do not use an RPP result to decide if a patient should be taken off isolation for respiratory viral illness (aka influenza-like symptoms), this should be based on symptoms. Consult your local infection, prevention and control if you have questions.
- Contact the Public Health Laboratory microbiologist on-call for questions about RPP results.

Inquiries and feedback may be directed to

- Dr Mathew Diggle, Clinical Microbiologist, Provincial Laboratory for Public Health, APL (mathew.diggle@aplabs.ca)
- Dr Nathan Zelyas, medical Microbiologist, Provincial Laboratory for Public Health, APL (nathan.zelyas@aplabs.ca)

Approved by

- Dr. Graham Tipples, Medical/Scientific Director, Public Health Laboratory, APL

APL - OWNED BY AHS and the ONLY LABS IN ALBERTA
NEW APL TESTING September 23rd, 2024
PCR test now as bad as a RAT TEST
*"**The assay has similar sensitivity** for SARS-CoV-2, influenza, and RSV as **the rapid PCR tests**"*

Keep Residents/Patients LOCKED UP FOR WEEKS.
Test can be used to lock them up... but not to let them free.
*"Do not use an RPP result to decide i**f a patient should be taken off isolation** for respiratory viral illness (aka influenza-like symptoms), **this should be based on symptoms**."*

Tests are now worse than ever & the assumption is COVID PROTOCOLS & FULL ISOLATION even if NEGATIVE.

Damned if it's Positive, Damned if it's Negative.

Effective September 1, 2023, APL has become the sole provider of all public lab services in Alberta. As a result, community lab services formally provided by DynaLIFE Medical Labs will become the responsibility of Alberta Precision Labs (APL). This change impacts all zones.

Copy of form(s) here:
https://dksdata.com/Forms/if_lab_hp_bulletin_2024_09_23_change_in_respiratory_pathogen_panel.pdf
https://dksdata.com/Forms/frm-21701.pdf

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Respiratory Pathogen Panel (RPP)

Respiratory Pathogen Panel (RPP) testing is used to detect the specific pathogen to more accurately diagnose **both viral and bacterial respiratory infections.**

Individuals may need an RPP test if they experience symptoms of a respiratory infection and are at risk for complications.

Promus Diagnostics RPP PCR panel is a qualitative real-time PCR test designed to detect 35 clinically significant pathogens as causative agents of respiratory tract infections. This panel uses Applied Biosystem's OpenArray Technology on QuantStudio 12K Flex instrumentation.

RPP is a Laboratory Developed Test (LDT) using Real-Time PCR amplification of defined targets. This test has not been cleared or approved by the FDA. However, approval/clearance is not required as Promus Diagnostics LLC is certified under CLIA to perform high-complexity clinical laboratory testing. This test is used for clinical purposes and should not be regarded as investigational or for research.

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https://www.albertahealthservices.ca/assets/info/hp/cdc/if-hp-cdc-ob-guide-for-outbreak-prevention-and-control-in-continuing-care-homes.pdf

Appendix C: Case and outbreak definitions

Case and outbreak definitions are set by Alberta Health and are used to open and report outbreaks.

COVID-19	
Case Definition	A person with the virus (SARS-CoV-2) that causes COVID-19 by: • A positive result on a molecular test [that is Nucleic acid amplification test (NAATs) such as polymerase chain reaction (PCR)], loop-mediated isothermal amplification (LAMP) or rapid molecular test] that is Health Canada approved or approved by the lab accreditation body of the jurisdiction in which the test was performed. **OR** • A positive result on a Health Canada approved rapid/point-of-care (POC) antigen test in a person with clinical illness[10] **OR** • Two positive results on a Health Canada approved rapid/POC antigen test completed not less than 24 hours of each other in an asymptomatic person.
Outbreak Definition	Two or more confirmed COVID-19 cases in residents within a seven-day period, with a common epidemiological link[11].
Outbreak Duration[12]	14 days (two incubation periods). The outbreak ends on the 15th day following symptom onset of the last resident case.

[10] Clinical illness - any one or more of the following: new or worsening cough, shortness of breath (SOB), sore throat, loss or altered sense of taste/smell, runny nose/nasal congestion, fever/chills, fatigue (significant and unusual), muscle ache/joint pain, headache, nausea/diarrhea).
[11] Epidemiological link means the cases need to have been in the setting (same facility/same unit) during their incubation period or communicable period.
[12] Day zero is the first day of symptoms Day one is the first full day after symptoms develop.
If the person tested is asymptomatic, use date of specimen collection as day zero.

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Focused Protection

*Jay Bhattacharya, Sunetra Gupta, Martin Kulldorff and most of the freedom movement lawyers, leaders, celebrities, experts and influencers support this death sentence masked as "care." **WHY?***

Great Barrington Declaration

*"frequent **on-site testing** and **limiting staff rotations in nursing homes**", "improved **focused protection of high-risk individuals**, both **directly** and by **vaccinating caregivers**."*

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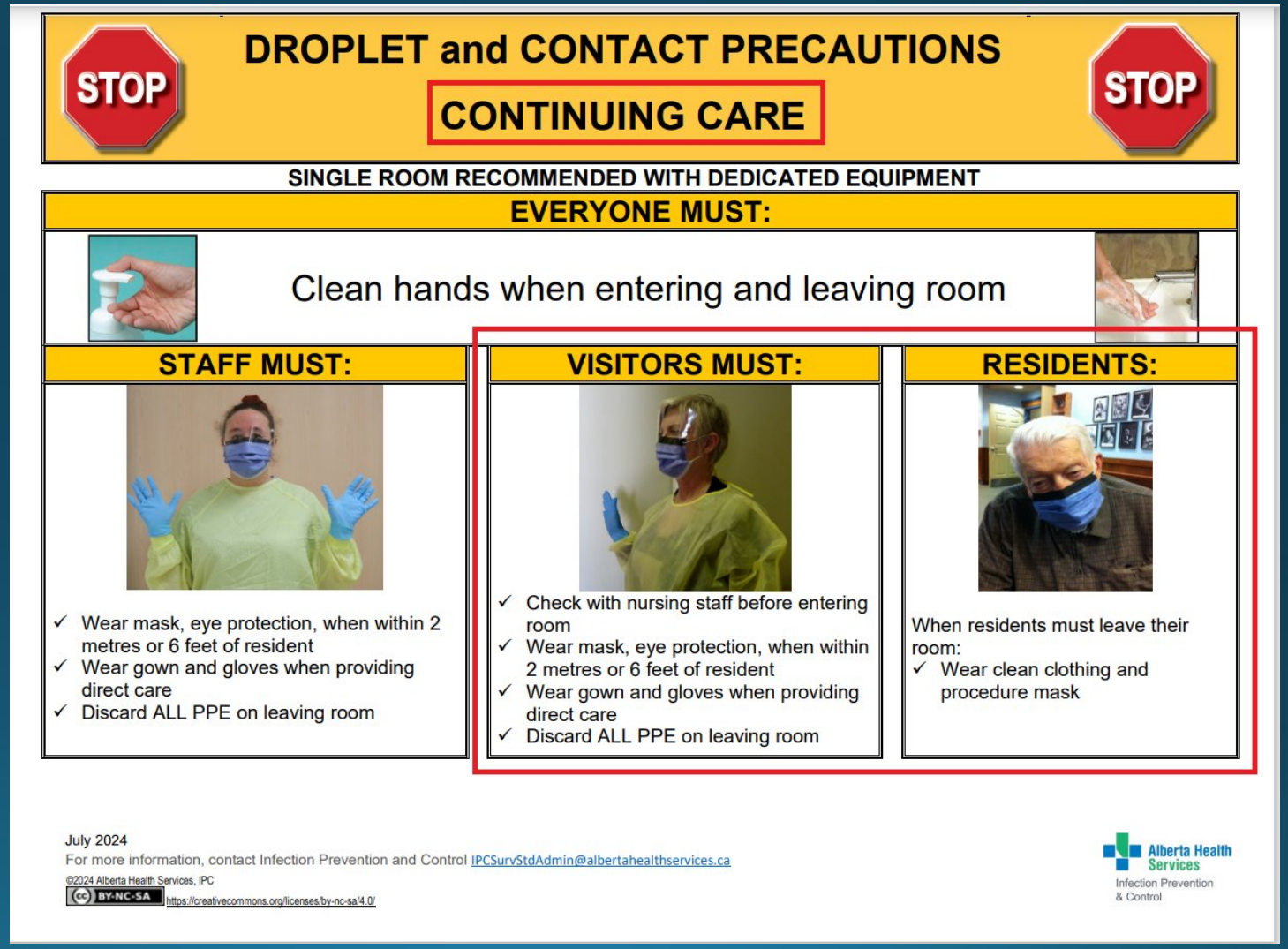
Focused Protection



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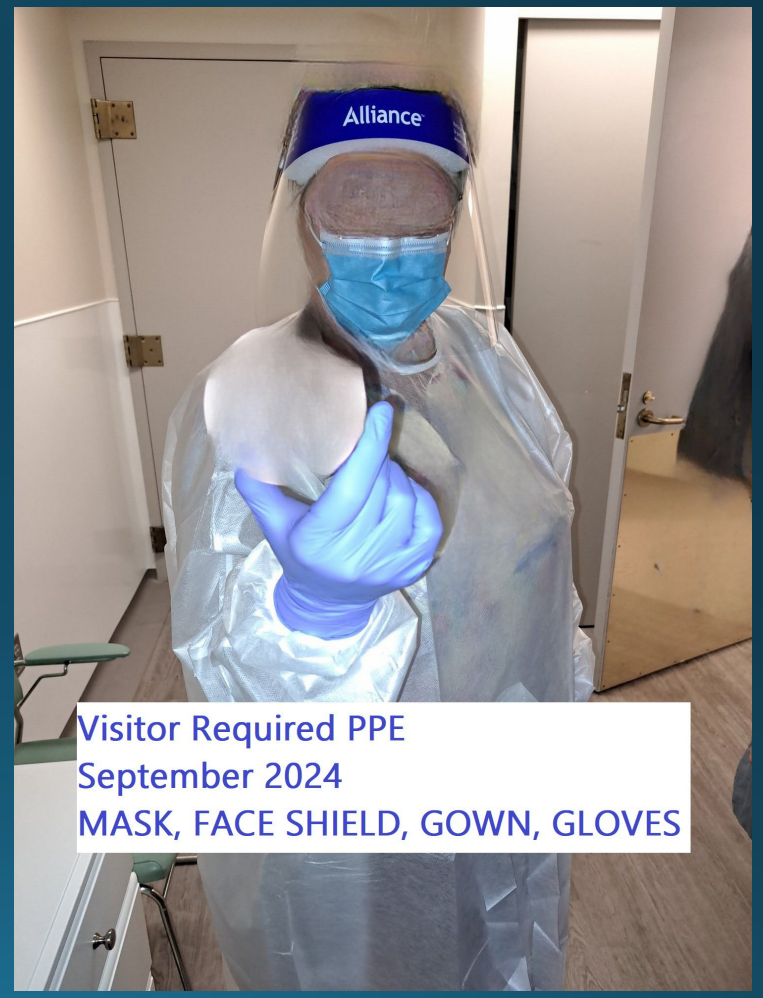
Focused Protection

- *Tests*
- *Isolation*
- *Masks*
- *Face shield/goggles*
- *Improper treatment*
- *Refused treatment*
- *Delayed treatment*
- *Restricted movement*
- *Restricted visitors*
- *Neglect*
- *Staff shortages & overwork*
- *And more.*



- ***The Liverpool Care Pathway in a Mask.***

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NOT JUST CARE HOMES

THIS IS STANDARD PRACTICE IN ALBERTA SCHOOLS TODAY.

WITHOUT AN OUTBREAK

Always use outbreak prevention practices

Germs can spread from person to person or via contaminated surfaces. Use the following outbreak prevention practices every day to stop the spread of illness. Schools are encouraged to develop school-specific plans to meet these recommendations.

Perform frequent hand hygiene and respiratory etiquette

- Encourage frequent hand washing and/or use of alcohol-based hand rub.
- Provide easy access to alcohol-based hand rub and hand washing stations.
- Promote respiratory etiquette (Cover Your Cough).
- Support those who choose to wear a mask.

Promote immunization to prevent serious illness

- Encourage staff, families and students to get recommended vaccines, including COVID-19 and influenza.

Provide a healthy, clean environment

- Follow the Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities.
- Ensure frequent cleaning and disinfection of high-touch surfaces.
- Improve ventilation in the school. For example, open windows to improve airflow as weather permits and maintain HVAC systems.

Follow safe food handling practices

- Refer to information from Environmental Public Health for Schools at Information for Your Business.

Handle food with care.

- Provide access to hand sanitizer and hand washing stations. Encourage hand hygiene for staff and students prior to handling food or eating.
- Minimize student handling of shared food and serving utensils.
- Provide students with plates, cups and utensils and discourage sharing.

Keep kitchen and dining areas clean.

- Clean and disinfect all surfaces of tables and chairs, including the underneath edge of the chair seat and table after each meal.

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OUTBREAKS IN SCHOOLS

NOT JUST CARE HOMES

Watch for and report symptoms

Report illness to the AHS Provincial Public Health Support team (PPHST) at **1-844-343-0971**.

PPHST is a provincial, centralized outbreak reporting and response team. They provide initial support and direction to schools reporting possible outbreaks.

Illness type	Symptoms to watch for	When to report
Respiratory and GI illness	• Cough • Shortness of breath • Sore throat • Loss or altered sense of taste or smell • Runny nose or nasal congestion • Fever • Fatigue (significant and unusual) • Muscle ache or joint pain • Headache • Nausea • Vomiting • Diarrhea	Report **10% student absenteeism** due to illness **OR** an unusual amount of students with similar symptoms. **Staff:** Report if there is an unusual increase in GI illness (above the baseline) even if staff were not present at work with symptoms.

Illness type	When to report
Rash illness	• Report three or more students with a similar rash illness within a 10-day period.
Other illness	Some diseases may benefit from further advice and/or investigation. • Report any other illnesses of concern such as measles, mumps, pertussis (whooping cough), meningitis, hepatitis and group A streptococcal infections.

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OUTBREAKS IN SCHOOLS

NOT JUST CARE HOMES

Control measures to use for every outbreak

Communicate about the outbreak

- Inform students, staff, parents/guardians and visitors about the outbreak.
- Report newly symptomatic students and staff daily to the AHS Public Health Outbreak team.
- The AHS Public Health Outbreak team may provide an outbreak notification letter to inform parents/guardians of the outbreak.
  - Distribute the letter if requested by the AHS Public Health Outbreak team.
  - Consult with the AHS Public Health Outbreak team before distributing additional information about the outbreak. This ensures up-to-date and accurate information is provided.

Encourage frequent hand hygiene and respiratory etiquette

- Encourage frequent hand washing and/or use of alcohol-based hand rub.
- Promote respiratory etiquette (Cover Your Cough).

Enhance cleaning and disinfection to prevent spread of illness

- Increase frequency of cleaning and disinfection of common areas and high-touch surfaces such as doorknobs, light switches, desktops and washrooms.
- Clean and disinfect shared items such as computers between users.
- Remove shared items such as art supplies that cannot be cleaned and disinfected.
- Use hand hygiene before and after using play structures that cannot be cleaned and disinfected.

Decrease the use of common or shared items

- Use shared play structures one group at a time.
- Close shared sensory tables including water/sand tables.
- Allow sensory bins or activities to be used only if they are not shared between students such as play dough labelled for individual student use or individual water bowl with sensory activities.
- Keep water fountains open only if they can be cleaned and disinfected frequently.

Prepare and serve food safely

- Ensure staff who support meals are feeling well and practice hand hygiene.
- Remove shared food containers such as water pitchers and salt and pepper shakers.
- Hand out snacks directly to students.

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OUTBREAKS IN SCHOOLS

NOT JUST CARE HOMES

Minimize mixing of groups

- Minimize mixing different classes and groups.
- Follow physical distancing practices during respiratory illness outbreaks when possible.
  - Stay apart from others in common areas such as hallways and washrooms.
  - Maintain distance between staff in common areas such as staff rooms and washrooms.
- Postpone high-risk field trips and activities such as:
  - Visits to crowded indoor venues
  - Overnight trips
  - Destinations that require shared transport
  - Hands on activities with shared items
  - Field trips and activities that have multiple classes participating
  - Visits involving vulnerable populations such as continuing care homes, supportive living accommodations and hospitals.

Manage shared transportation

Staff and bus drivers:

- Wear a mask when transporting a student with respiratory symptoms.
- Advise the school of any ill students.
- Provide a mask to students with respiratory symptoms if tolerated.
- Stock gloves, gown/protective clothing, cleaning and disinfection products and plastic garbage bags to clean and contain vomit or diarrhea.
- Increase frequency of cleaning and disinfection of the shared transport vehicle, including high-touch surfaces such as door handles, rails and the steering wheel.

Control measures that may be used for complex outbreaks

The AHS Public Health Outbreak team will assess and monitor the outbreak in collaboration with the school. Depending on the assessment and the type of outbreak, additional outbreak control measures may be recommended, including:

- Modifying classroom activities to limit the spread of illness
- Moving classes outdoors where possible such as physical education
- Postponing special events, off-site activities and performances or celebrations that involve family members and visitors
- Other measures for better outbreak control not outlined in this guide.

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On March 17th, 2020, at the direction of the Health Minister, Tyler Shandro, Alberta declared a State of Emergency ***"Pandemic Influenza"*** through Order in Council 080/2020.
Worded:
*"there is a **significant likelihood of pandemic influenza** due to the presence of **pandemic COVID-19** in Alberta;"*

On November 24, 2020 a second State of Emergency was declared using OC 2020-354
Worded:
*"a public health emergency exists due to **the presence of pandemic COVID-19** in Alberta"*
*"**Minister of Health has deemed COVID-19 to be a pandemic influenza;**"*

On September 15, 2021 a third and final State of Emergency was declared using OC 2021-255
Worded:
"a public health emergency exists due to the **presence of pandemic COVID-19** in Alberta"
"**Minister of Health has deemed COVID-19 to be a pandemic influenza**;"

Concurrent with this, CMOH Deena Hinshaw wrote 114 Orders under s29 of the PHA.

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Just Following Orders

Concurrent with this CMOH Deena Hinshaw wrote **114** Orders under s29 of the PHA.
THESE ORDERS WERE NOT ALL FOUND UNLAWFUL THROUGH THE INGRAM CASE.

3 complete and 22 partial CMOH Orders out of 114 were declared Ultra Vires by Justice Romaine - THAT IS NOT "ALL ORDERS".

https://dksdata.com/CMOH_Orders/CMOH_Orders.pdf

Form 10
[Rule 3.25]

COURT FILE NUMBER

COURT	COURT OF KING'S BENCH OF ALBERTA
JUDICIAL CENTRE	CALGARY
PLAINTIFF	REBECCA MARIE INGRAM
PLAINTIFF	CHRISTOPHER SCOTT, carrying on business as THE WHISTLE STOP CAFÉ
DEFENDANT	HIS MAJESTY THE KING IN RIGHT OF ALBERTA
	***Brought under the Class Proceedings Act*, SA 2003, c C-16.5**
DOCUMENT	**STATEMENT OF CLAIM**

Clerk's Stamp: JUDICIAL CENTRE OF CALGARY — FILED DIGITALLY 2301 12271 Sep 18, 2023 3:42 PM — CLERK OF THE COURT

19. On July 31, 2023, in *Ingram v. Alberta (Chief Medical Officer of Health)*, 2023 ABKB 453, ("***Ingram***") the Alberta Court of King's Bench found that the CMOH Orders listed in **Appendix "B"** to this Statement of Claim (the "**Impugned Orders**") were invalid, being *ultra vires* the *PHA* because the final decision makers were the cabinet and committees of cabinet, rather than the CMOH, or one of her statutorily authorized delegates as required by the *PHA*. As a result, all CMOH Orders pronounced by Dr. Hinshaw, including those listed in **Appendix "A"** to this Statement of Claim were *ultra vires* the *PHA*, and unlawful.

Appendix "B"

Business Closure Restrictions

CMOH Order 02-2020, ss. 2-4; CMOH Order 07-2020, ss. 6,12; CMOH Order 18-2020, ss. 3-4, 6-7; CMOH Order 19-2020, ss. 11-12, 14-15; CMOH Order 25-2020, s. 3; CMOH Order 34-2020, s.3; CMOH Order 37-2020, ss. 3-4, 8-9, 15-16; CMOH Order 39-2020, ss. 6-13, 17-21, 23-25, 29-30; CMOH Order 42-2020, ss. 25-32, 34-36, 40-42; CMOH Order 43-2020; CMOH Order 44-2020; CMOH Order O1-2021, ss. 25-31; CMOH Order 02-2021, ss.34-47, 54; CMOH Order 04-2021, ss. 31-46, 51-56; CMOH Order 05-2021, ss. 42-46, 51-56, 69-72, 78-79; CMOH Order 08-2021, ss.34-45, 50-54, 69-73, 85-87; CMOH Order 09-2021; CMOH Order 10-2021, ss.6.7-7.4, 8.5-8.7, 9.2-9.6; CMOH Order 17-2021, ss. 9-17; CMOH Order 14-2021, s. 3; CMOH Order 12-2021, ss. 5.1-5.4, 6.2, 6.5, 6.7-6.12, 8.5-8.7, 9.2-9.5, 10.3; CMOH Order 19-2021, ss. 5.1-5.1.4, 6.3-6.5, 6.1.2, 6.1.5, 6.1.7-6.1.12, 8.3, 8.1.4, 9.3-9.4, 9.1.2-9.1.4, 10.3-10.4,10.1.3; CMOH Order 20-2021, ss.5.1-5.6, 6.2, 6.5, 6.7-6.12, 6.1.4-6.1.6, 8.2, 8.4, 9.2-9.4, 10.3; CMOH Order 30-2021, ss.4.1-4.4, 5.2, 5.5, 5.7-5.12, 8.3, 8.5; and CMOH Order 31-2021, ss.4.2-4.3, 4.7-4.9, 4.11, 5.3, 6.2-6.6, 7.2, 7.4, 8.2, 8.4, 10.2, 11.2-11.5, 12.2, 12.7-12.10.

Court of King's Bench of Alberta

Citation: Ingram v Alberta (Chief Medical Officer of Health), 2023 ABKB 453

"certain orders" are NOT "ALL ORDERS"

Date: 20230731
Docket: 2001 14300
Registry: Calgary

Between:

Rebecca Marie Ingram, Heights Baptist Church, Northside Baptist Church, Erin Blacklaws and Torry Tanner

Applicants

- and -

Her Majesty the Queen in Right of the Province of Alberta and The Chief Medical Officer of Health

Respondents

Reasons for Judgement of the Honourable Justice B.E. Romaine

I. Introduction

[1] This application involves challenges to certain orders enacted by the Chief Medical Officer of Health for Alberta (CMOH), Dr. Deena Hinshaw, with respect to the Covid-19 pandemic (the "impugned Orders"), both on a constitutional basis and on the basis that the orders were *ultra vires* the *Public Health Act* RSA 2000, c. P-37.

[2] I find that the impugned Orders were *ultra vires* the *Public Health Act*.

Appendix B
Business Closure Restrictions

CMOH Order 02-2020, ss. 2-4; CMOH Order 07-2020, ss. 6,12; CMOH Order 18-2020, ss.3-4, 6-7; CMOH Order 19-2020, ss. 11-12, 14-15; CMOH Order 25-2020, s. 3; CMOH Order 34-2020, s.3; CMOH Order 37-2020, ss. 3-4, 8-9, 15-16; CMOH Order 39-2020, ss. 6-13, 17-21, 23-25, 29-30; CMOH Order 42-2020; ss. 25-32, 34-36, 40-42; CMOH Order 43-2020; CMOH Order 44-2020; CMOH Order 01-2021, ss. 25-31; CMOH Order, ss. 02-2021, ss.34-47, 54; CMOH Order 04-2021, ss. 31-46, 51-56; CMOH Order 05-2021, ss. 42-46, 51-56, 69-72, 78-79; CMOH Order 08-2021, ss.34-45, 50-54, 69-73, 85-87; CMOH Order 09-2021; CMOH Order 10-2021, ss.6.7-7.4, 8.5-8.7, 9.2-9.6; CMOH Order 17-2021, ss. 9-17; CMOH Order 14-2021, s. 3; CMOH Order 12-2021, ss. 5.1-5.4, 6.2, 6.5, 6.7-6.12, 8.5-8.7, 9.2-9.5, 10.3; CMOH Order 19-2021, ss. 5.1-5.1.4, 6.3-6.5, 6.1.2, 6.1.5, 6.1.7-6.1.12, 8.3, 8.1.4, 9.3-9.4, 9.1.2-9.1.4, 10.3-10.4, 10.1.3; CMOH Order 20-2021, ss.5.1-5.6, 6.2, 6.5, 6.7-6.12, 6.1.4-6.1.6, 8.2, 8.4, 9.2-9.4, 10.3; CMOH Order 30-2021, ss.4.1-4.4, 5.2, 5.5, 5.7-5.12, 8.3, 8.5; and CMOH Order 31-2021, ss.4.2-4.3, 4.7-4.9, 4.11, 5.3, 6.2-6.6, 7.2, 7.4, 8.2, 8.4, 10.2, 11.2-11.5, 12.2, 12.7-12.10.

LIES, DAMNED LIES AND SADISTICS

WITH DAVID DICKSON

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https://dksdata.com/Care

Just Following Orders

Concurrent with this CMOH Deena Hinshaw wrote **114** Orders under s29 of the PHA.
22 partial Orders and 3 full Orders were found "Ultra Vires" and could (and may still be appealed)

Ingram Orders ruled Ultra Vires (without appeal).
This could be overturned in future actions.

114 Orders enacted.

3 Complete Order Ruled Ultra Vires. 22 Partial Order Ruled Ultra Vires

https://dksdata.com/CMOH_Orders/CMOH_Orders.pdf

CMOH Order 01-2020, CMOH Order 02-2020, CMOH Order 03-2020, CMOH Order 04-2020,
CMOH Order 05-2020, CMOH Order 06-2020, CMOH Order 07-2020, CMOH Order 08-2020,
CMOH Order 08-2020, CMOH Order 09-2020, CMOH Order 10-2020, CMOH Order 11-2020,
CMOH Order 12-2020, CMOH Order 13-2020, CMOH Order 14-2020, CMOH Order 15-2020,
CMOH Order 16-2020, CMOH Order 17-2020, CMOH Order 18-2020, CMOH Order 19-2020,
CMOH Order 20-2020, CMOH Order 21-2020, CMOH Order 22-2020, CMOH Order 23-2020,
CMOH Order 24-2020, CMOH Order 25-2020, CMOH Order 26-2020, CMOH Order 27-2020,
CMOH Order 28-2020, CMOH Order 29-2020, CMOH Order 30-2020, CMOH Order 31-2020,
CMOH Order 32-2020, CMOH Order 33-2020, CMOH Order 34-2020, CMOH Order 35-2020,
CMOH Order 36-2020, CMOH Order 37-2020, CMOH Order 38-2020, CMOH Order 39-2020,
CMOH Order 40-2020, CMOH Order 41-2020, CMOH Order 42-2020, CMOH Order 43-2020,
CMOH Order 44-2020, CMOH Order 01-2021, CMOH Order 02-2021, CMOH Order 03-2021,
CMOH Order 04-2021, CMOH Order 05-2021, CMOH Order 06-2021, CMOH Order 07-2021,
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CMOH Order 36-2021, CMOH Order 37-2021, CMOH Order 38-2021, CMOH Order 39-2021,
CMOH Order 40-2021, CMOH Order 41-2021, CMOH Order 42-2021, CMOH Order 43-2021,
CMOH Order 44-2021, CMOH Order 45-2021, CMOH Order 46-2021, CMOH Order 47-2021,
CMOH Order 48-2021, CMOH Order 49-2021, CMOH Order 50-2021, CMOH Order 51-2021,
CMOH Order 52-2021, CMOH Order 53-2021, CMOH Order 54-2021, CMOH Order 55-2021,
CMOH Order 56-2021, CMOH Order 57-2021, CMOH Order 58-2021, CMOH Order 59-2021,
CMOH Order 01-2022, CMOH Order 02-2022, CMOH Order 03-2022, CMOH Order 04-2022,
CMOH Order 05-2022, CMOH Order 06-2022, CMOH Order 07-2022, CMOH Order 08-2022,
CMOH Order 09-2022, CMOH Order 10-2022

https://dksdata.com/Court/Ingram/Ingram-Nowandthen.pdf

https://x.com/dksdata/status/1841569696862072927

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Just Following Orders

The Ingram decision and the false COVID numbers reported by the Alberta Government and used in both the Auditor General's report on Care Homes and the Preston Manning report have driven these deadly changes.

Question: *Why did Jeff Rath say **EVERY SINGLE** DEENA HINSHAW (CMOH of Alberta) ORDER WAS **RULED ULTRA VIRES** BY JUSTICE ROMAINE?*

https://x.com/dksdata/status/1841569691904704544

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THIS IS NOT A CHOICE

THIS IS NOT ABOUT CHOICE.

BEFORE 2020 THERE WAS NO 'COVID' RESPONSE PROTOCOL
DEADLY BY DESIGN.

THE NEED TO 'CHOOSE' WAS MANUFACTURED - BASED ON LIES.
PEOPLE DON'T NEED FALSE 'CHOICE.'
THEY NEED THE TRUTH & JUSTICE.

A CHOICE BASED ON MANUFACTURED
'CASES' IS NO CHOICE AT ALL!

PARENTS WOULD
NOT 'CHOOSE'
TO HARM THEIR CHILDREN.

RESIDENTS OF CARE HOMES OR
THEIR GUARDIANS WOULD
NOT 'CHOOSE' ISOLATION.

THE PERCEPTION OF CHOICE.

LIES, DAMNED LIES AND SADISTICS

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TRUST NO ONE. – DEMAND ANSWERS.

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COVERED UP BY JCCF ASSOCIATED LAWYERS AND THE JUSTICE MINITERS CHIEF OF STAFF SINCE 2021

Alberta CMOH official policy on the use of pre-filled syringes for COVID Vaccines in 2021
"immunizers must:"
"Only administer the COVID-19 vaccine that they have drawn up and labelled themselves"

*Prefilled syringes during the COVID shot rollout were prepared improperly and in many cases by untrained staff. This was reported to UNA, Colleges, and AHS. This was against College requirements and CMOH directions during 2021. Any and all COVID vaccinations given during that time using a pre-filled syringe by AHS or Pharmacies would be considered **without** informed consent. This makes every single shot given within those criteria a reportable assault.*

The Union (UNA), Colleges and AHS buried this information in 2021/2022. This was later reported to Freedom Lawyers in Alberta who again buried this information along with AHS and a nursing college in 2021/2022.

In 2023 this was brought to the attention of the Chief of Staff of the Alberta Justice Minister. He buried this information. The UCP Chief Whip, Justice Minister, Health Minister, Public Safety Minister among others are all aware of this practice and have buried this information as part of a conspiracy to commit an obstruction of Justice. All MLA's in Alberta are aware of this (on both sides of the aisle). None have done anything.

In 2024 EPS was directly informed of this and the Head of internal Legal services at EPS specifically refused to have EPS investigate this mass assault on the population of Alberta despite having direct evidence of it.

It is now urgent that anyone who was part of the zoom call with UNA (or filed a complaint with a college, AHS or their union), used a prefilled syringe and/or has any information on the direction given to use prefilled syringes that they did not draw themselves contact me immediately.

https://onehealth.ca/Portals/1/2021-02-04%20Prefilled%20Syringes%20COVID-19%20Immunization%20-%20Final.pdf
https://open.alberta.ca/dataset/58d31634-61d9-469d-b95f-f714719b923e/resource/3b73d911-8a68-444f-958e-87cfd54e88a9/download/prefilled-syringes-covid-19-policy.pdf

"Requirements
In addition to the Alberta Immunization Regulation, regulatory and employer requirements, immunizers must:

- *Label the prefilled COVID-19 vaccine syringe with the vaccine type, vaccine lot number, and date and time the vial was first punctured and/or reconstituted, and*
- *Only administer the COVID-19 vaccine that they have drawn up and labelled themselves.*

***CARNA, CLPNA and CRPNA** have been informed of this interim policy. It is the regulatory colleges' expectation that all regulated members must follow public health advice and guidance set out by the Chief Medical Officer of Health (CMOH), under the Public Health Act during this declared state of public health emergency. Regulated members are encouraged to contact their regulatory body with any Standard of Practice related questions."*

https://www.ab.bluecross.ca/pdfs/Off-Site-Pre-Filled-Syringes-(PFS)-for-small-groups.pdf
https://www.ab.bluecross.ca/pdfs/Off-Site-Pharmacy-Immunization-Policy-APPROVED.pdf

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Individuals who are to receive COVID-19 vaccine from a PFS must provide informed consent."

"Suggested informed consent script:
"Due to challenging vaccine storage and handling requirements, the best way to transport the vaccine to your home is in a prepared syringe. It is important to understand that transporting the vaccine this way has not been broadly studied and there is limited data regarding the stability of the vaccine transported in this way. Would you like to proceed with receiving an immunization from a prepared syringe for COVID 19 vaccine?"

https://dksdata.com/AlbertaDead#COMMUNICATIONS
https://dksdata.com/BenefactBulletins

https://dksdata.com/AlbertaDead#COMMUNICATIONS

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https://open.alberta.ca/dataset/58d31634-61d9-469d-b95f-f714719b923e/resource/3b73d911-8a68-444f-958e-87cfd54e88a9/download/prefilled-syringes-covid-19-policy.pdf

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https://www.ab.bluecross.ca/pdfs/Off-Site-Pharmacy-Immunization-Policy-APPROVED.pdf

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https://dksdata.com/AlbertaDead#COMMUNICATIONS
https://dksdata.com/BenefactBulletins

https://dksdata.com/AlbertaDead#COMMUNICATIONS

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CRIMES WERE COMMITTED (they still are)

*"...either **negligence or assault & battery**...the patient **must have had the capacity to consent** & the patient **properly informed**."*

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CRIMES WERE COMMITTED (they still are)

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https://dksdata.com/Care

https://dksdata.com/CourtUpdate

https://dksdata.com/Court/DavidDicksonPackage/02-Dickson%20Affidavit%20David%20Dickson%20October%202021_Redacted.pdf

COURT FILE NUMBER	2103-14553
COURT	COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL DISTRICT	EDMONTON
APPLICANT	DAVID THOMAS DICKSON
RESPONDENT	HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF ALBERTA
DOCUMENT	AFFIDAVIT
ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT	David Dickson Redacted

JUDICIAL CENTRE OF EDMONTON FILED OCT 19 2021 Clerk of the Court

I, David Thomas Dickson, of the City of Spruce Grove, Alberta, SWEAR AND SAY THAT:

1) I am a medically retired United Kingdom Police Officer, having been injured on duty. I am an internationally recognised expert in various fields including Informed Consent, Cyber Security and Privacy and Compliance. I have chaired the Provincial/Federal Technical Working Group for Justice in Alberta and have been invited to speak on e-Disclosure at the Chiefs of Police and Chiefs of Justice conferences on multiple occasions. As such, I have personal knowledge of the following information, except where I say that which is stated to be based on information and belief, which I verily believe to be true. My curriculum vitae is attached as Exhibit "**A**".

2) As an expert on informed consent, I am deeply concerned at the growing evidence that the basic fundamental principle that all health care professionals must obtain fully informed consent prior to any medical treatment or intervention is not being adhered to in the Province of Alberta. In particular, but not limited to, health care professionals are not complying with the requirements of their college Standard of Practice. For doctors in particular, this is outlined in the College of Physicians and Surgeons of Alberta (CPSA) Standard of Practice document[1,2] that;

> *"A regulated member must obtain a patient's informed consent prior to an examination assessment, treatment or procedure; such consent may be implied, expressed orally or in writing as appropriate."*

3) This document further refers to the Canadian Medical Protective Association ("CMPA") in relation to informed consent in that consent **must** be **properly informed**.[3] I verily believe that without meeting this basic premise, professionals who fail to obtain fully informed consent leave themselves without a defence for potential disciplinary or criminal actions to be taken against them. Valid consent is described in the CMPA as follows:

> ***"Requirements for valid consent***
> *For consent to serve as a defence to allegations of either negligence or assault and battery, it must meet certain requirements. The consent must have been voluntary, the patient must have had the capacity to consent and the patient must have been properly informed."*

4) Further, informed consent can only be obtained from a person and/or legal guardian as appropriate. The person must be assessed to be competent, provided with all relevant information and make an informed decision without any form of coercion.

5) The CMPA website states (emphasis added):

a) *"The right to determine what shall, or shall not, be done with one's own body, and to be free from non-consensual medical treatment, is a right deeply rooted in our common law. This right underlies the doctrine of **informed consent**. With very limited exceptions, every person's body is considered inviolate, and, accordingly, every competent adult has the right to be free from unwanted medical treatment. The fact that serious risks or consequences may result from a refusal of medical treatment does not vitiate the right of medical self-determination. **The doctrine of informed consent ensures the freedom of individuals to make choices about their medical care.** It is the patient, not the physician, who ultimately must decide if treatment any treatment is to be administered."*[4]

6) Further. (Emphasis added):

a) ***"Voluntary consent***
*Patients must always be free to consent to or refuse treatment, **and be free of any suggestion of duress or coercion. Consent obtained under any suggestion of compulsion either by the actions or words of the physician or others may be no consent at all** and therefore may be successfully repudiated. In this context physicians must keep clearly in mind there may be circumstances when the initiative to consult a physician was not the patient's, but was rather that of a third party, a friend, an employer, or even a police officer. Under such circumstances the physician may be well aware that the patient is only very reluctantly following the course of action suggested **or insisted upon by a third person**. Then, **physicians should be more than usually careful to assure themselves patients are in full agreement with what has been suggested, that there has been no coercion and that the will of other persons has not been imposed on the patient**.*

> ***The bottom line:***
> ***Consent obtained under any suggestion of compulsion either by the actions or words of the doctor or others may be no consent at all and therefore may be successfully repudiated."***[5]

[1] https://cpsa.ca/wp-content/uploads/2020/05/informed-Consent.pdf accessed October 4th, 2021.
[2] https://cpsa.ca/physicians/standards-of-practice/informed-consent/ accessed October 4th, 2021.
[3] https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians#ftypes%20of%20consent accessed October 4th, 2021.
[4] https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians accessed October 4th, 2021.
[5] https://www.cmpa-acpm.ca/en/advice-publications/handbooks/consent-a-guide-for-canadian-physicians accessed October 4th, 2021.

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So, what is the 'Truth'

There is no My Truth.
There is no Your Truth.
There is no Their Truth.

There is only THE TRUTH!!!

And the only way we get to it and hold people accountable for what they did is to have a full forensic investigation, not a government cover up.

Give me a few good police officers, and my selection of tech investigators and I will have arrests within the week.

So, a call out to my Police Colleagues, old and new.

TIME IS UP – DO YOUR JOB!