

LIES, DAMNED LIES AND SADISTICS

WITH DAVID DICKSON

Episode 6

The Government Lied & People Died

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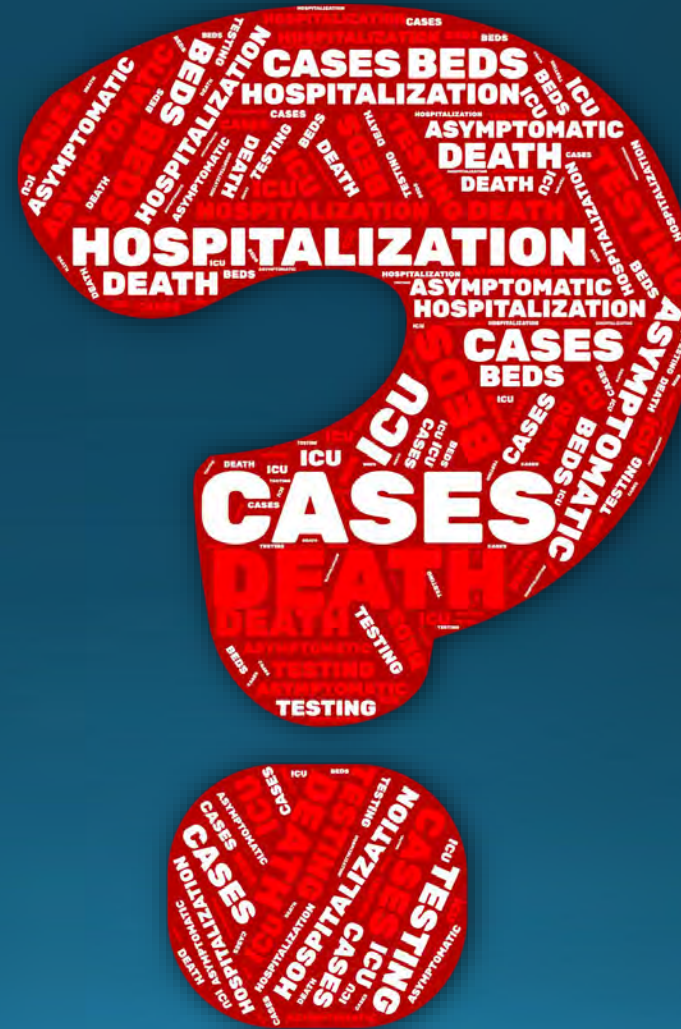
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Back to the start – Where the Lies Begin.



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Back to the start – Where the Lies Begin.

We all want to assume the best of the worst and apply **Hanlon's Razor** "*never attribute to malice that which is adequately explained by stupidity*"

However, we really should apply (the misquoted) **Occam's Razor** "*the simplest explanation is usually the best one.*"

In which case, **Fred Clark's Law** applies.

"There's a certain point at which ignorance becomes malice - at which there is simply no way to become that ignorant except deliberately and maliciously."

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Back to the start – Where the Lies Begin.

Which leads us to the need for wisdom and accountability.

In the present, if we lose our history, we will not have a future.

Data when analysed becomes information.

When information is shared, it becomes knowledge.

When knowledge is truly understood, it becomes wisdom.

When wisdom is shared, it becomes history to be shared and learnt from.

In the end, that is how we gain common sense.

Without all of these pieces, we will never grow... just continue to repeat our mistakes in an never ending cycle.

David Dickson

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It all started with Cases

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- *What is a COVID CASE?*
 - *Asymptomatic*
 - *Close Contact*
 - *Looks Like COVID*
 - *Symptomatic (with any of the many varying symptoms)*
 - *Not tested (so assumed)*
 - *Tested once - Positive (even if tested negative before and since)*



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It all started with Cases

And speaking of SYMPTOMS...

Symptoms of COVID-19

Table 3: Symptoms of COVID-19

Symptoms of COVID-19 (Residents ⁸) [*]	Symptoms of COVID-19 (All Albertans including staff, students, volunteers and designated family/support persons/visitors)
<ul style="list-style-type: none">Fever (37.8°C or higher⁹) <p>Any new or worsening respiratory symptoms:</p> <ul style="list-style-type: none">CoughShortness of Breath/Difficulty BreathingRunny NoseSneezingNasal Congestion/Stuffy NoseHoarse VoiceSore Throat/Painful SwallowingDifficulty Swallowing <p>Any new symptoms including but not limited to:</p> <ul style="list-style-type: none">ChillsMuscle/Joint AcheNausea/Vomiting/Diarrhea/Unexplained Loss of AppetiteFeeling Unwell/Fatigue/Severe ExhaustionHeadacheLoss of Sense of Smell or TasteConjunctivitisAltered Mental Status	<ul style="list-style-type: none">FeverCoughShortness of Breath/Difficulty BreathingSore ThroatRunny NoseChillsPainful SwallowingStuffy noseHeadacheMuscle/Joint AcheFeeling Unwell/Fatigue/Severe ExhaustionNausea/Vomiting/Diarrhea/Unexplained Loss of AppetiteLoss of Sense of Smell or TasteConjunctivitis

^{*}Note that the list of symptoms for residents is expanded (from the list for all Albertans) as residents may experience milder initial symptoms or be unable to report certain symptoms.

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Without a COVID Case

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- *There are no*
 - *Close Contacts*
 - *Isolations*
 - *Care Home Closures*
 - *Business Closures*
 - *Cancelled treatments/surgeries*
 - *COVID Hospitalizations*
 - *COVID ICU (even when ventilation was/is contraindicated before 2020)*

Or COVID Deaths...



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COVID Deaths – The Ultimate Lies

COVID Deaths were used to terrify the population.

Daily updates, circles on the screen & fear mongering press conferences.

But what is a COVID Death?

In the UK, it was any death after a COVID Diagnosis. That caused an uproar, so then it became any death within 28 days of a COVID Diagnosis.

This was mirrored the world over. In Alberta, it was within 6 months (officially), but the reality was it could be anytime after a COVID diagnosis with some COVID Deaths being listed over 2 years after the COVID diagnosis.

Some obvious non COVID deaths even got caught in that insanity.

Death on a motorcycle... COVID.

Death without a parachute... COVID.

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COVID Deaths – The Ultimate Lies

These were the obvious lies that were caught and corrected. This took the scrutiny away from the less obvious questionable COVID deaths.

Multiple co-morbidities in 2020 were pretty much the norm.

However, the two most common co-morbidities for Influenza Like Illnesses (ILI's otherwise known as Infectious Respiratory Diseases) are

Age and Obesity.

Yet these were not listed anywhere as co-morbidities for COVID.

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COVID Deaths – The Ultimate Lies

Age and Obesity.

This seems a significant omission when the average age of COVID deaths in 2020 was OVER 82 in almost every country.

If these had been listed as co-morbidities, as for any other ILLI, the number of COVID Deaths without co-morbidities would have been so close to zero they would have been statistically irrelevant.

But that would not have kept a healthy population scared!

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

<https://rumble.com/v1bj3an-ahs-was-working-with-kenney-and-the-government-to-target-children-from-the-.html>

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COVID Deaths – The Ultimate Lies

What really killed most COVID victims?

This is a topic all on its own.

- *Improper diagnosis*
- *lack of treatment*
- *Improper treatment i.e.*
 - *Midazolam/Versed and Hydromorphone/Dilaudid (respiratory depressants)*
 - *Ventilators (for people who can still mechanically breath)*
 - *And many more...*
- *Lack of use of known early treatments used on SARS, MERS and more...*

I cover a lot of this in my 2020 articles here;

<https://dksdata.com/COVArticles/>

<https://dksdata.com/Articles/COVArticles/Article1>

<https://dksdata.com/Articles/COVArticles/Article2>

<https://dksdata.com/Articles/COVArticles/Article3>

<https://dksdata.com/Articles/COVArticles/Article4>

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<https://dksdata.com/Articles/COVArticles/Article7>

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Manipulating Data – Manufacturing a Crisis

This week, two things happened that need to be addressed.

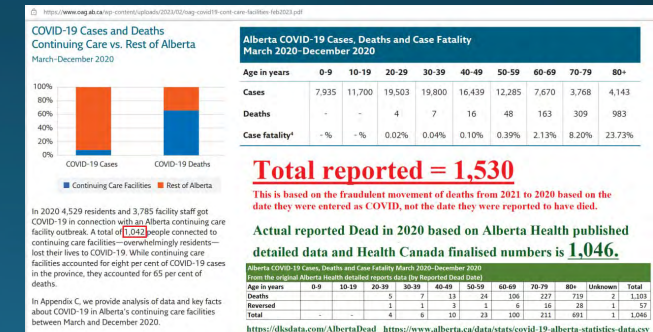
1. *UK Office Of National Statistics Vaccine Status Data*

All Cause	Change
Unvaccinated	3,156
Vaccinated	14,039
Total	17,195

Deaths Involving COVID-19	Change
Unvaccinated	-2,882
Vaccinated	-8,233
Total	-11,115

Total Changes	Change
Unvaccinated	274
Vaccinated	5,806
Total	6,080

2. *Alberta Auditor General Report on 2020 COVID Response in Care Homes*



UK Office Of National Statistics Data

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsbyvaccinationstatusengland>

Alberta Auditor General Report

<https://dksdata.com/AlbertaDead#AGCOVID>

<https://www.oag.ab.ca/reports/oag-covid-19-cont-care-facilities-feb2023/>

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Manipulating Data – Manufacturing a Crisis

1. *UK Office Of National Statistics - Vaccine Status Data*

*Comparison of UK ONS Data
Changes in overlapped timeline
February 23, 2023 UK ONS Correction (2)*

All Cause	Change
Unvaccinated	3,156
Vaccinated	14,039
Total	17,195

Deaths involving COVID-19	Change
Unvaccinated	-2,882
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Total	-11,115

Total Changes	Change
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UK Office Of National Statistics Data

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Manipulating Data – Manufacturing a Crisis

1. UK Office Of National Statistics - Vaccine Status Data

Monthly age-standardised mortality rates by vaccination status by age group by sex for all cause deaths and deaths involving COVID-19, per 100,000 person-years, England, deaths occurring between 1 April 2021 and 31 December 2022

Age-Group	Vaccination Status	All Causes	Deaths involving COVID-19	Non-COVID-19 deaths	Total
18-39	Unvaccinated	283	12	271	283
	Ever Vaccinated	246	0	246	246
40-49	Unvaccinated	271	13	258	271
	Ever Vaccinated	389	4	385	389
50-59	Unvaccinated	450	37	413	450
	Ever Vaccinated	1,363	17	1,346	1,363
60-69	Unvaccinated	665	70	595	665
	Ever Vaccinated	2,982	43	2,939	2,982
70-79	Unvaccinated	704	40	664	704
	Ever Vaccinated	6,786	113	6,673	6,786
80-89	Unvaccinated	769	44	725	769
	Ever Vaccinated	10,021	218	9,803	10,021
90+	Unvaccinated	388	14	374	388
	Ever Vaccinated	6,190	97	6,093	6,190
Total	Unvaccinated	3,080	193	2,887	3,080
	Ever Vaccinated	26,614	475	26,139	26,614
	Total	29,694	668	29,026	29,694

Monthly counts of all registered deaths for 'unvaccinated' and 'ever vaccinated' by age group; for all deaths and deaths involving COVID-19, deaths occurring between 1 April 2021 and 31 December 2022, England

Age-Group	Vaccination Status	All Causes	Deaths involving COVID-19	Non-COVID-19 deaths	Total
18-39	Unvaccinated	511	12	499	511
	Ever Vaccinated	289	0	289	289
40-49	Unvaccinated	514	21	493	514
	Ever Vaccinated	481	5	476	481
50-59	Unvaccinated	769	46	723	769
	Ever Vaccinated	1,641	24	1,617	1,641
60-69	Unvaccinated	994	93	901	994
	Ever Vaccinated	3,372	53	3,319	3,372
70-79	Unvaccinated	968	50	918	968
	Ever Vaccinated	7,632	134	7,498	7,632
80-89	Unvaccinated	1,018	64	954	1,018
	Ever Vaccinated	11,319	252	11,067	11,319
90+	Unvaccinated	522	25	497	522
	Ever Vaccinated	7,139	126	7,013	7,139
Total	Unvaccinated	4,527	265	4,262	4,527
	Ever Vaccinated	30,232	570	29,662	30,232
	Total	34,759	835	33,924	34,759

UK Office Of National Statistics Data

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsbyvaccinationstatusengland>

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Monthly counts of all registered deaths for 'unvaccinated' and 'ever vaccinated' by age group; for all deaths and deaths involving COVID-19, deaths occurring between 1 April 2021 and 31 December 2022, England

Actual Reported Death Counts

Date	All causes		July 2022 Data	Deaths involving COVID-19		
	Unvaccinated	Vaccinated		Date	Unvaccinated	Vaccinated
Jan-21	61,369	11,808	Corrected February 23, 2023 data	Jan-21	28,364	3,951
Feb-21	23,938	25,487		Feb-21	9,165	5,543
Mar-21	9,788	31,283		Mar-21	1,646	2,020
Apr-21	5,212	31,930		Apr-21	308	595
May-21	3,949	34,410		May-21	107	239
Jun-21	3,343	33,187		Jun-21	137	252
Jul-21	3,439	37,702		Jul-21	493	986
Aug-21	3,445	37,488		Aug-21	849	1,911
Sep-21	3,229	38,517		Sep-21	750	2,469
Oct-21	3,191	42,214		Oct-21	663	2,668
Nov-21	3,158	41,992		Nov-21	793	2,684
Dec-21	3,544	45,562		Dec-21	1,017	2,320
Jan-22	3,238	44,026	Jan-22	1,017	4,492	
Feb-22	2,192	37,289	Feb-22	371	2,763	
Mar-22	2,198	40,331	Mar-22	287	3,003	
Apr-22	1,954	39,713	Apr-22	275	3,783	
May-22	1,517	33,597	May-22	120	1,439	
Jun-22	2,009	36,924	Jun-22	793	2,684	
Jul-22	2,237	39,936	Jul-22	1,017	2,320	
Aug-22	1,934	37,795	Aug-22	1,017	4,492	
Sep-22	1,799	36,340	Sep-22	371	2,763	
Oct-22	1,991	41,829	Oct-22	287	3,003	
Nov-22	1,835	39,300	Nov-22	275	3,783	
Dec-22	1,712	39,381	Dec-22	120	1,439	

Monthly counts of all registered deaths for 'unvaccinated' and 'ever vaccinated' by age group; for all deaths and deaths involving COVID-19, deaths occurring between 1 April 2021 and 31 December 2022, England

Actual Percentage of Reported Death Counts

Date	All causes		July 2022 Data	Deaths involving COVID-19		
	Unvaccinated	Vaccinated		Date	Unvaccinated	Vaccinated
Jan-21	84%	16%	Corrected February 23, 2023 data	Jan-21	88%	12%
Feb-21	48%	52%		Feb-21	62%	38%
Mar-21	24%	76%		Mar-21	45%	55%
Apr-21	14%	86%		Apr-21	34%	66%
May-21	10%	90%		May-21	31%	69%
Jun-21	9%	91%		Jun-21	35%	65%
Jul-21	8%	92%		Jul-21	33%	67%
Aug-21	8%	92%		Aug-21	31%	69%
Sep-21	8%	92%		Sep-21	23%	77%
Oct-21	7%	93%		Oct-21	20%	80%
Nov-21	7%	93%		Nov-21	23%	77%
Dec-21	7%	93%		Dec-21	30%	70%
Jan-22	7%	93%	Jan-22	18%	82%	
Feb-22	6%	94%	Feb-22	12%	88%	
Mar-22	5%	95%	Mar-22	9%	91%	
Apr-22	5%	95%	Apr-22	7%	93%	
May-22	4%	96%	May-22	8%	92%	
Jun-22	5%	95%	Jun-22	23%	77%	
Jul-22	5%	95%	Jul-22	30%	70%	
Aug-22	5%	95%	Aug-22	18%	82%	
Sep-22	5%	95%	Sep-22	12%	88%	
Oct-22	5%	95%	Oct-22	9%	91%	
Nov-22	4%	96%	Nov-22	7%	93%	
Dec-22	4%	96%	Dec-22	8%	92%	

UK Office Of National Statistics Data

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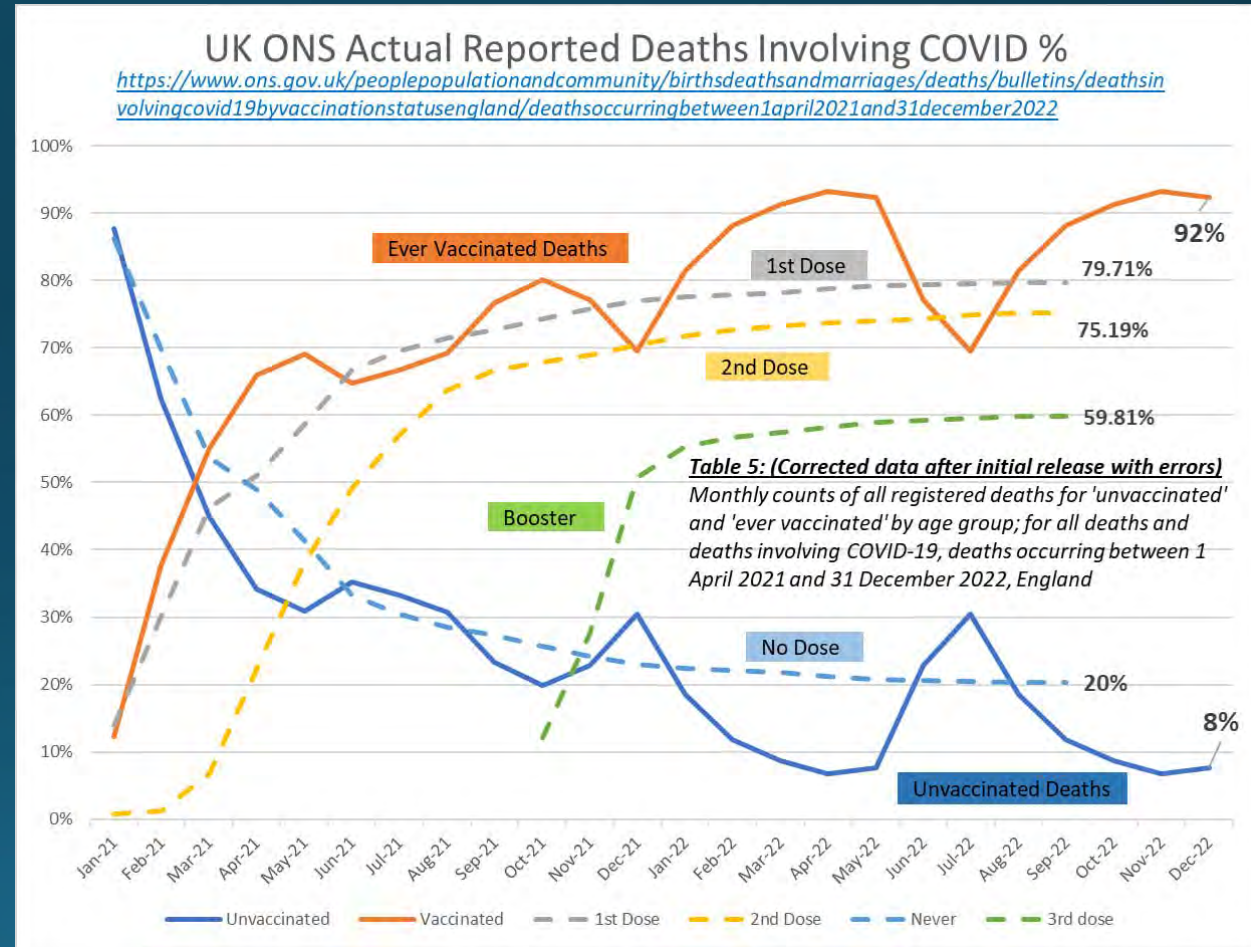
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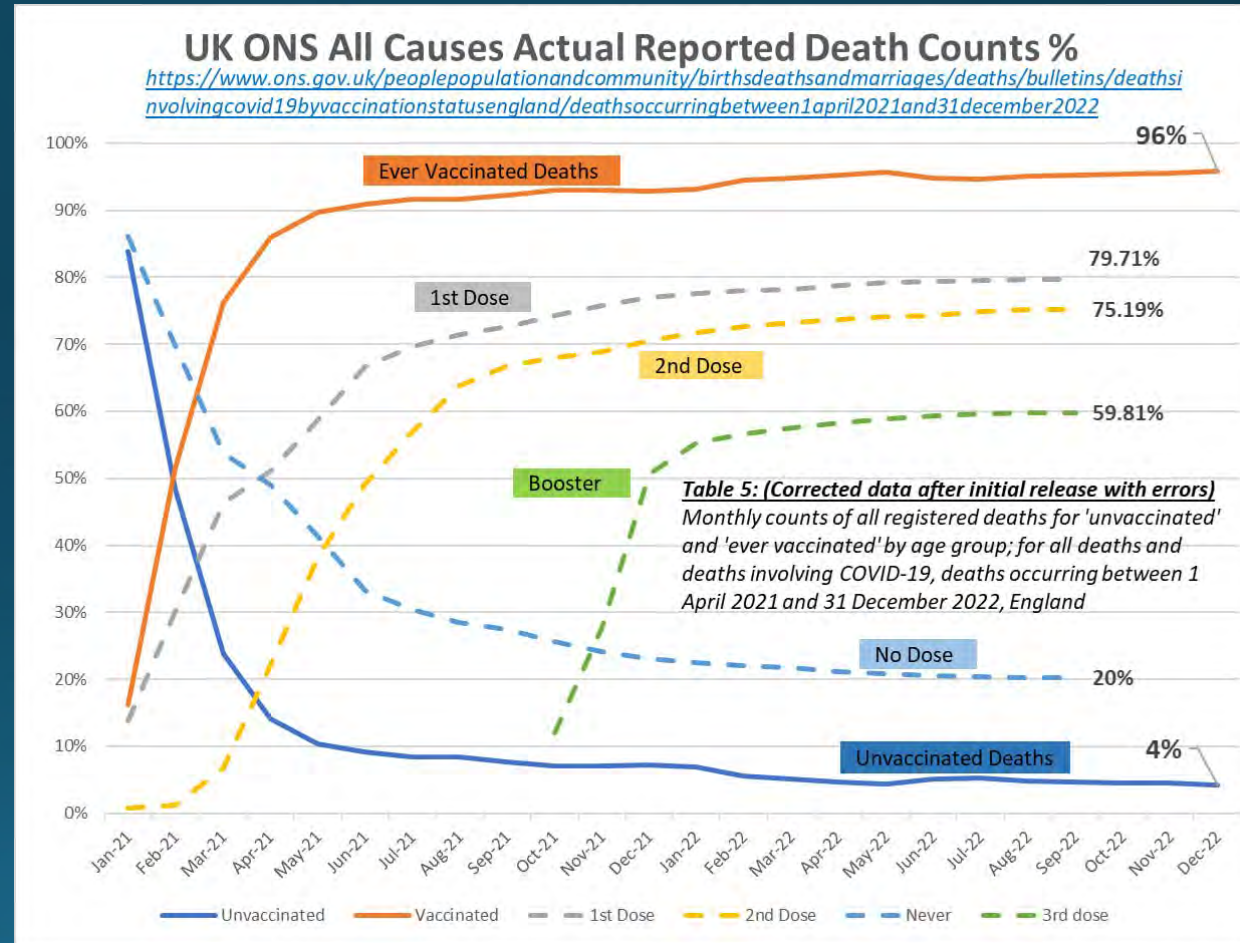
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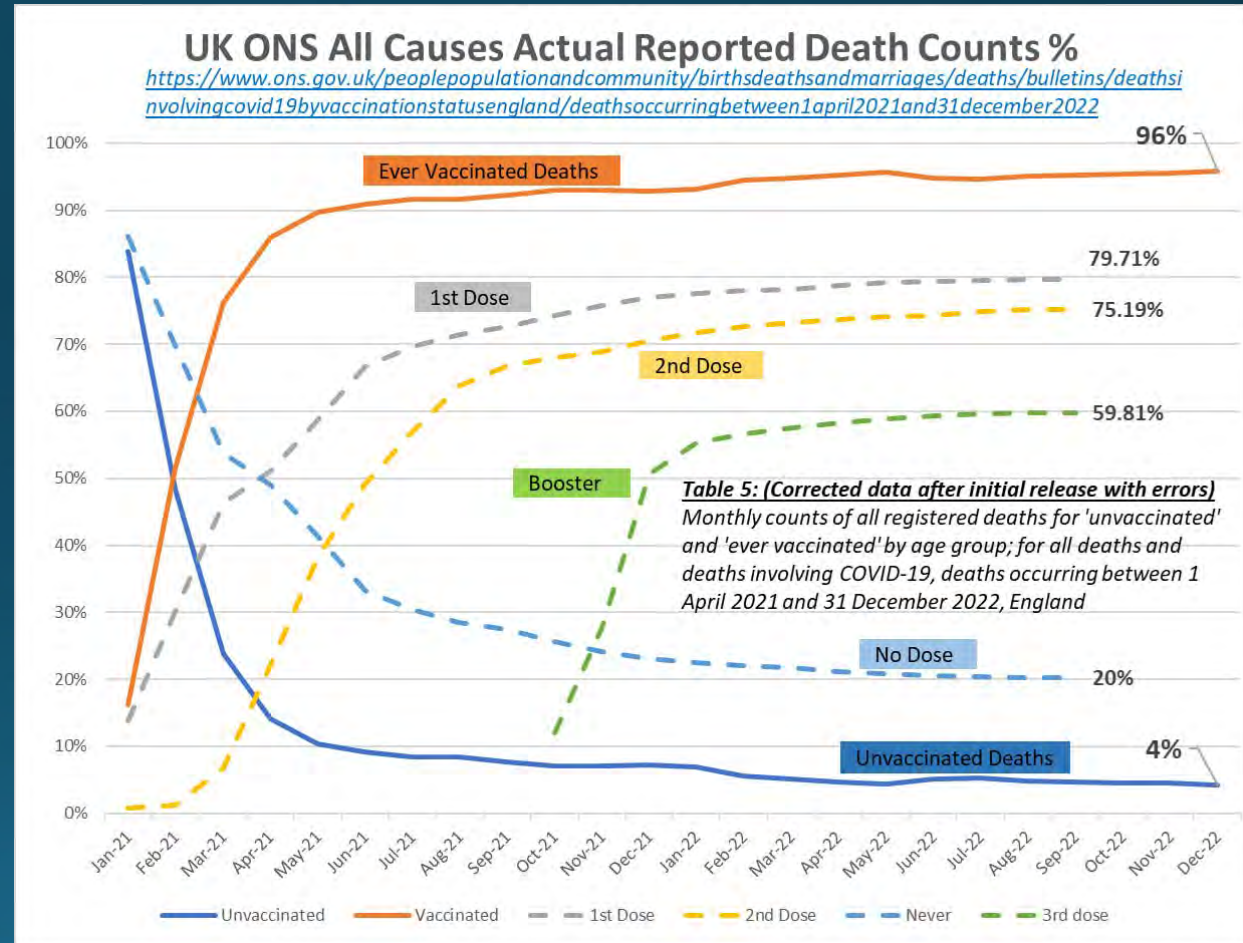
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Manipulating Data – Manufacturing a Crisis

1. UK Office Of National Statistics - Vaccine Status Data



UK Office Of National Statistics Data

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsbyvaccinationstatusengland>

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Manipulating Data – Manufacturing a Crisis

This week two things happened that need to be addressed.

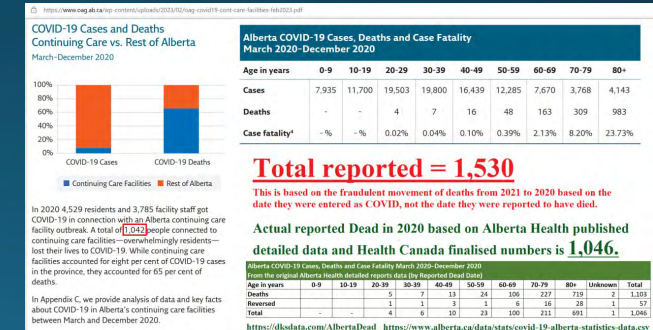
1. *UK Office Of National Statistics Vaccine Status Data*

All Cause	Change
Unvaccinated	3,156
Vaccinated	14,039
Total	17,195

Deaths Involving COVID-19	Change
Unvaccinated	-2,882
Vaccinated	-8,233
Total	-11,115

Total Changes	Change
Unvaccinated	274
Vaccinated	5,806
Total	6,080

2. *Alberta Auditor General Report on 2020 COVID Response in Care Homes*



UK Office Of National Statistics Data

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsbyvaccinationstatusengland>

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<https://www.oag.ab.ca/reports/oag-covid-19-cont-care-facilities-feb2023/>

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2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

<https://www.oag.ab.ca/wp-content/uploads/2023/02/oag-covid19-cont-care-facilities-feb2023.pdf>

COVID-19 Cases and Deaths Continuing Care vs. Rest of Alberta March–December 2020

Category	Continuing Care Facilities	Rest of Alberta
COVID-19 Cases	~8%	~92%
COVID-19 Deaths	65%	35%

In 2020 4,529 residents and 3,785 facility staff got COVID-19 in connection with an Alberta continuing care facility outbreak. A total of **1,042** people connected to continuing care facilities—overwhelmingly residents—lost their lives to COVID-19. While continuing care facilities accounted for eight per cent of COVID-19 cases in the province, they accounted for 65 per cent of deaths.

In Appendix C, we provide analysis of data and key facts about COVID-19 in Alberta's continuing care facilities between March and December 2020.

Alberta COVID-19 Cases, Deaths and Case Fatality March 2020–December 2020

Age in years	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Cases	7,935	11,700	19,503	19,800	16,439	12,285	7,670	3,768	4,143
Deaths	-	-	4	7	16	48	163	309	983
Case fatality ⁴	- %	- %	0.02%	0.04%	0.10%	0.39%	2.13%	8.20%	23.73%

Total reported = 1,530

This is based on the fraudulent movement of deaths from 2021 to 2020 based on the date they were entered as COVID, not the date they were reported to have died.

Actual reported Dead in 2020 based on Alberta Health published detailed data and Health Canada finalised numbers is 1,046.

Age in years	0-9	10-19	20-39	30-39	40-49	50-59	60-69	70-79	80+	Unknown	Total
Deaths			5	7	13	24	106	227	719	2	1,103
Reversed			1	1	3	1	6	16	28	1	57
Total	-	-	4	6	10	23	100	211	691	1	1,046

<https://dksdata.com/AlbertaDead> <https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

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2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

Manipulating the Data
Alberta Health Data: By Death/Removed Reported Date
<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

Comparing 2020, 2021 to 2023 (Year on Year)

From	To	Reported COVID Deaths	Reversed COVID Deaths	Finalized COVID Deaths	Days	Deaths Per Day	Reversed Per Day
2020-03-20	2020-12-31	1,103	57	1,046	286	3.86	0.2
2021-01-01	2021-12-31	2,334	70	2,264	364	6.41	0.2
2022-01-01	2022-12-31	2,242	201	2,041	364	6.16	0.6
2023-01-01	2023-02-20	240	35	205	50	4.80	0.7
Total		5,919	363	5,556			
Alberta Dashboard				5,556			

Alberta Health Data: By COVID DIAGNOSIS DATE
<https://www.alberta.ca/data/stats/covid-19-alberta-statistics-data.csv>

Comparing 2020, 2021 to 2023 (Year on Year)

From	To	Reported COVID Deaths	Reversed COVID Deaths	Finalized COVID Deaths	Days	Deaths Per Day	Reversed Per Day
2020-03-20	2020-12-31	1,648	115	1,533	286	5.76	0.4
2021-01-01	2021-12-31	1,923	90	1,833	364	5.28	0.2
2022-01-01	2022-12-31	2,257	157	2,100	364	6.20	0.4
2023-01-01	2023-02-20	91	1	90	50	1.82	0.0
Total		5,919	363	5,556			
Alberta Dashboard				5,536			

Year	Reported Deaths Moved	Year	Final Reported Deaths Moved
2020	545 additional deaths in 2020	2020	487 additional deaths in 2020
2021	-411 (less) deaths in 2021	2021	-431 (less) deaths in 2021
2022	15 additional deaths in 2022	2022	59 additional deaths in 2022
2023	-149 (less) deaths in 2023	2023	-115 (less) deaths in 2023

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2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

Up until Mid June 2022 Health Canada still showed the Alberta Health Data total for 2020 as 1,046 COVID Involved Deaths. This matched the reported deaths during 2020.

What changed?

2022-06-15 5:11 PM

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	prnameFR	date	update	numconf	numprob	numdeaths
48	Alberta	Alberta	2020-12-31	1	101654	0	1046
48	Alberta	Alberta	2021-01-01	1	103015	0	1046
48	Alberta	Alberta	2021-01-02	1	103948	0	1046
48	Alberta	Alberta	2021-01-03	1	104407	0	1046
48	Alberta	Alberta	2021-01-04	1	105535	0	1142
48	Alberta	Alberta	2021-01-05	1	106378	0	1168

2022-06-21 8:31 PM

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	prnameFR	date	reporting_	reporting_	update	numcases	numcases	ratecases_	numdeaths_
48	Alberta	Alberta	2020-12-26	52	2020	0	96893	7960	2180.86	955
48	Alberta	Alberta	2021-01-02	53	2020	0	103948	7055	2339.65	1046
48	Alberta	Alberta	2021-01-09	1	2021	0	110641	6693	2490.3	1272

2023-02-25 9:42:19 AM

<https://health-infobase.canada.ca/src/data/covidLive/covid19-download.csv>

pruid	prname	prnameFR	date	reporting_	reporting_	update	totalcases	numtotal_	ratecases_	total	numdeaths
48	Alberta	Alberta	2020-12-26	52	2020	1	97394	7399	2143.77		1116
48	Alberta	Alberta	2021-01-02	53	2020	1	104619	7225	2302.81		1267
48	Alberta	Alberta	2021-01-09	1	2021	1	111714	7095	2458.98		1426

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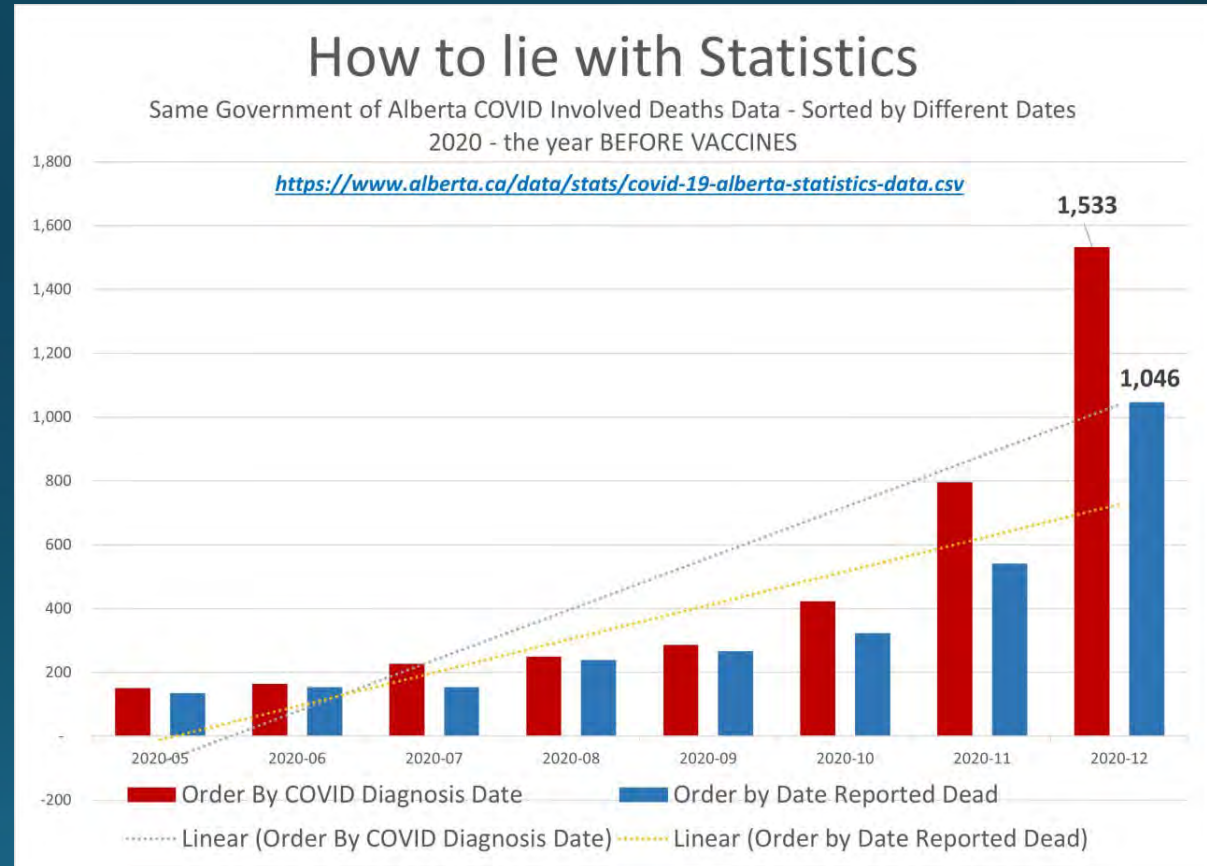
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2. *Alberta Auditor General Report on 2020 COVID Response in Care Homes*



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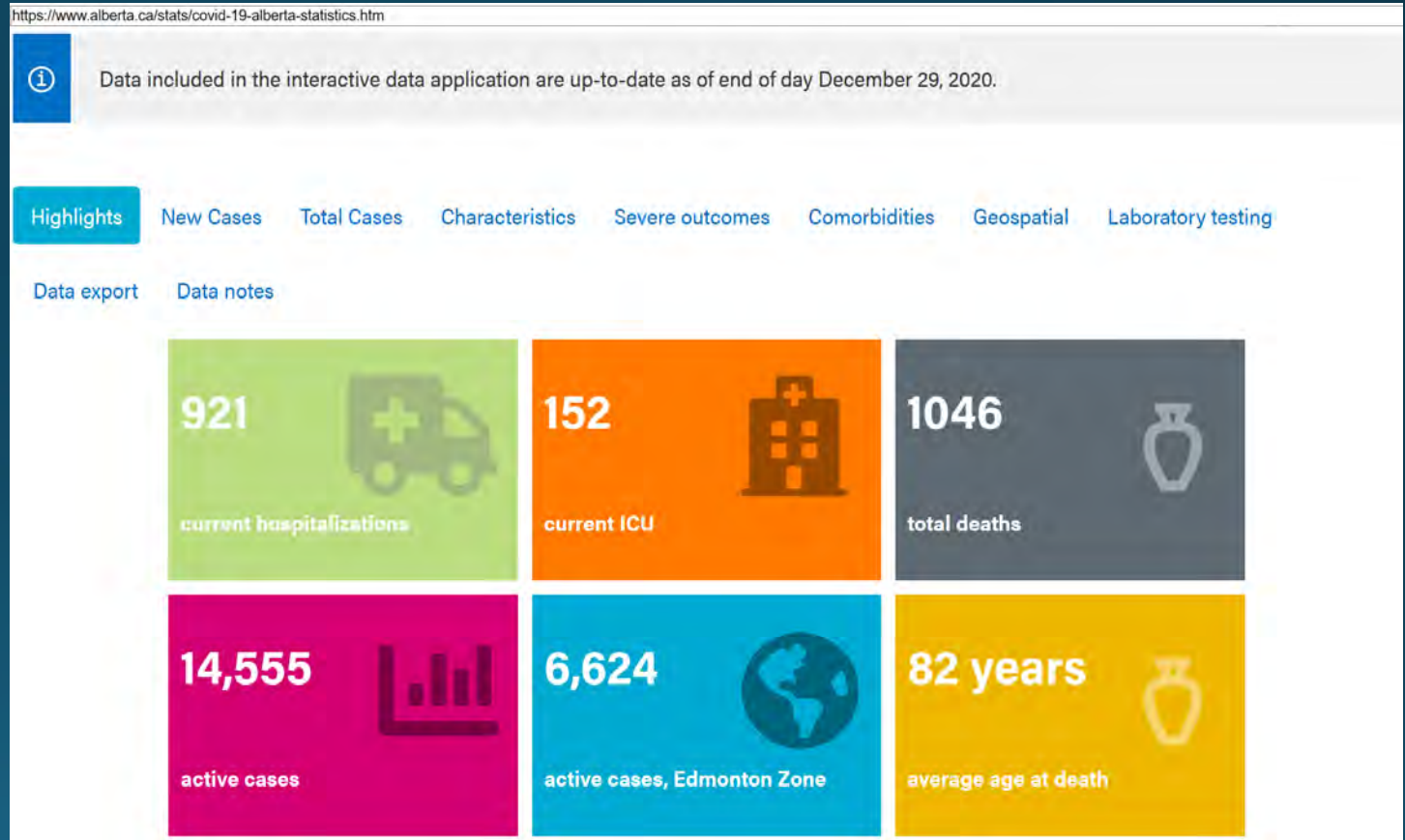
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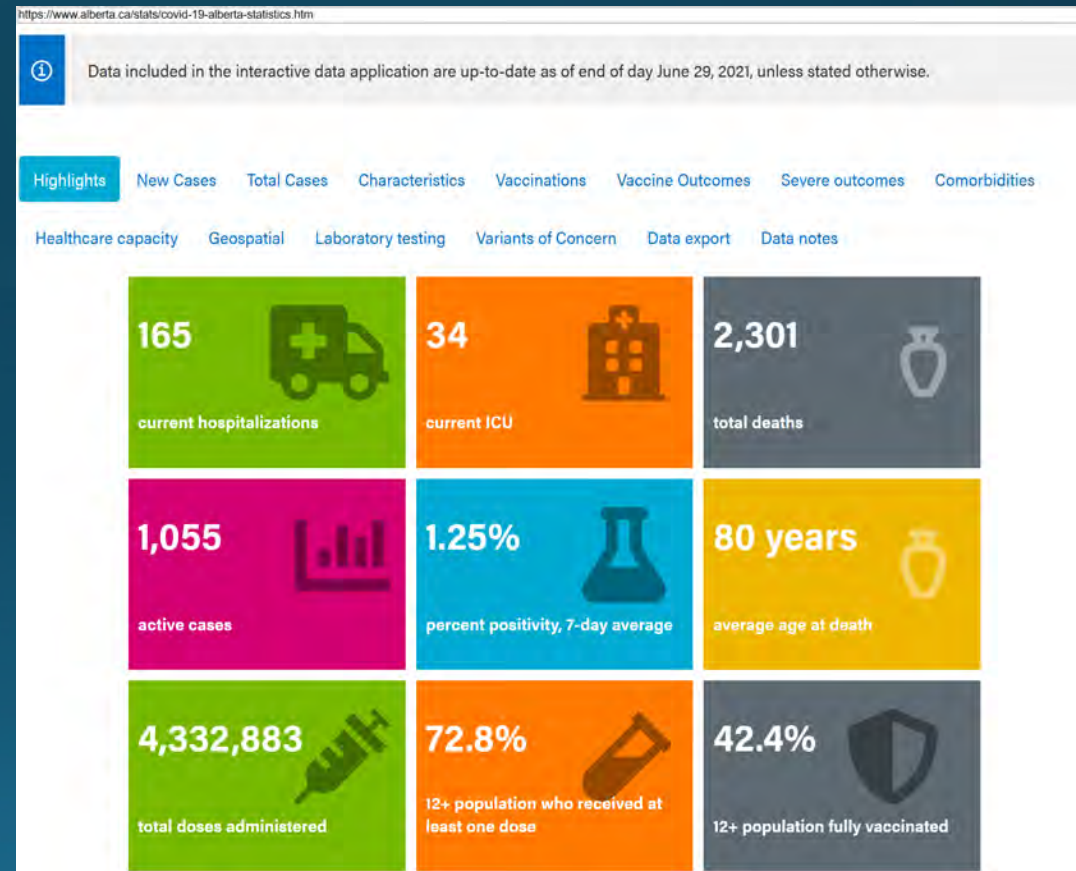
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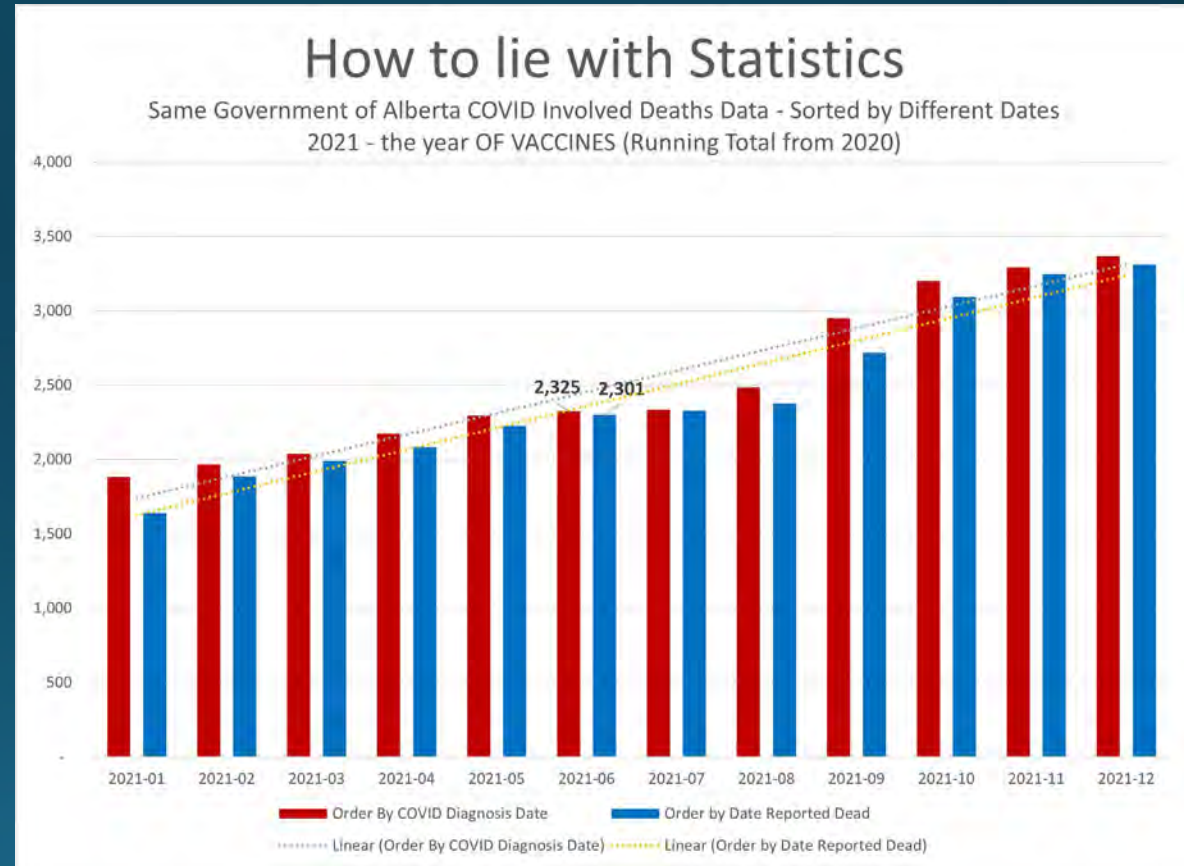
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The screenshot shows the 'Vaccinations' section of the Alberta COVID-19 statistics website. The page title is 'Data included in the interactive data application are up-to-date as of end of day June 29, 2021, unless stated otherwise.' The navigation menu includes 'Highlights', 'New Cases', 'Total Cases', 'Characteristics', 'Vaccinations' (which is highlighted), 'Vaccine Outcomes', 'Severe outcomes', and 'Comorbidities'. Below the navigation, there are links for 'Healthcare capacity', 'Geospatial', 'Laboratory testing', 'Variants of Concern', 'Data export', and 'Data notes'. The main content area states 'Vaccination data are up-to-date as of end of day June 29, 2021' and lists three key statistics:

- **4,332,883** doses of COVID-19 vaccine have been administered in Alberta
- **72.8** percent of 12+ population has received at least one dose (**62%** total population)
- **42.4** percent of 12+ population fully vaccinated (**36%** total population)

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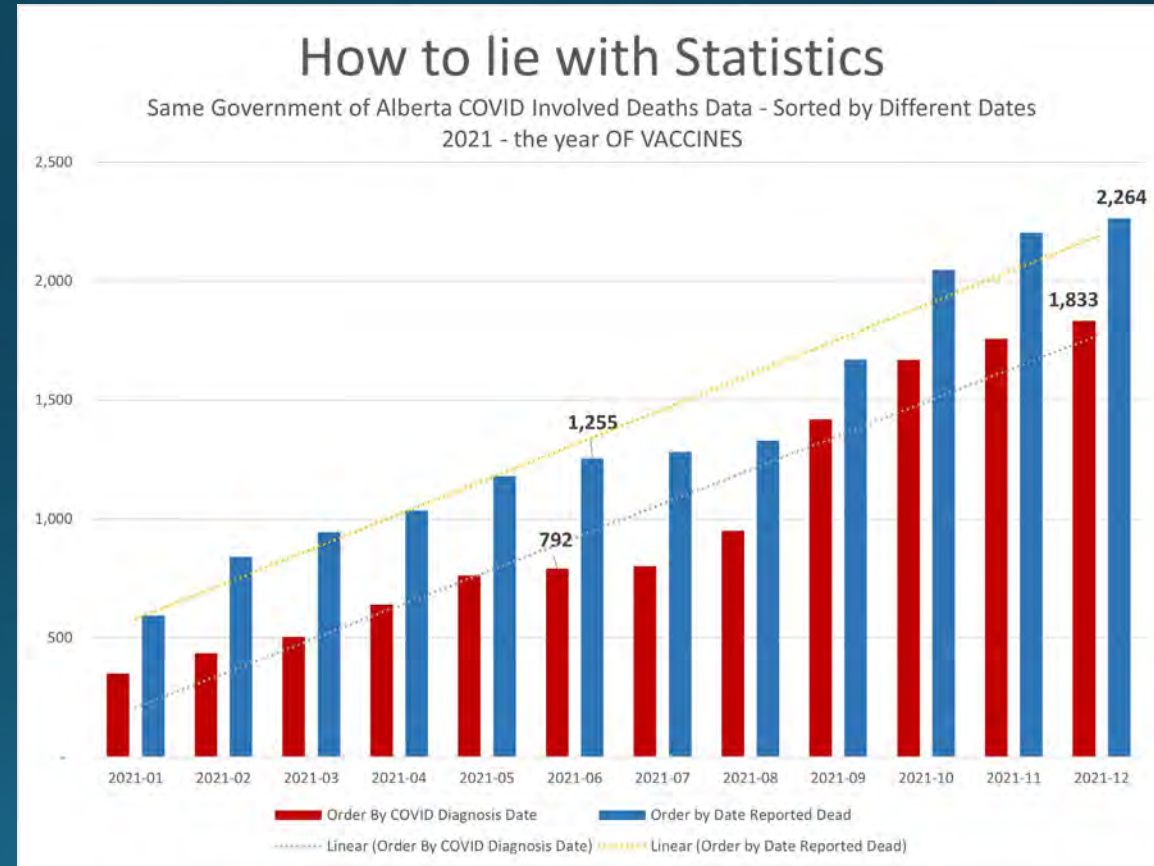
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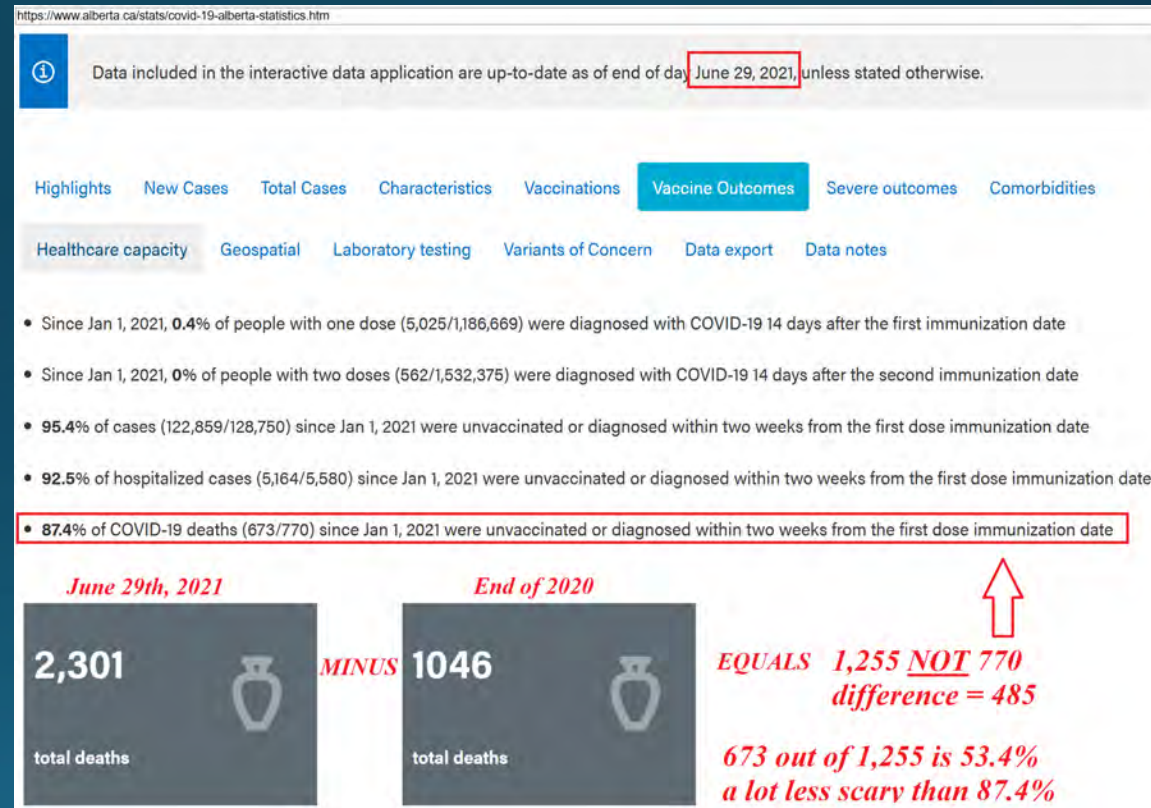
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2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

October 25th, 2021 <https://www.alberta.ca/stats/covid-19-alberta-statistics.html#vaccine-outcomes>

- 84.8% of cases (182,989/215,913) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date
- 84.6% of hospitalized cases (8,851/10,465) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date
- 78.4% of COVID-19 deaths (1,142/1,494) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date

November 24th, 2021 <https://www.alberta.ca/stats/covid-19-alberta-statistics.html#vaccine-outcomes>

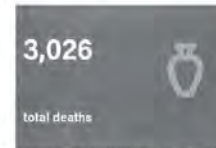
- Since Jan 1, 2021, 0.4% of people with one dose (11,598/3,312,946) were diagnosed with COVID-19 14 days after the first immunization date
- Since Jan 1, 2021, 0.8% of people with two doses (26,132/3,133,860) were diagnosed with COVID-19 14 days after the second immunization date
- 78.5% of cases (181,064/230,585) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date
- 78.3% of hospitalized cases (8,968/11,447) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date
- 87.5% of COVID-19 deaths (1,149/1,701) since Jan 1, 2021 were unvaccinated or diagnosed within two weeks from the first dose immunization date

Data as of November 24th, 2021

	Actual Total Reported Deaths	Unvaxxed or 2 weeks	Total since Jan 1 2021	Fully Vaxxed
October 21, 2021				
Cases		182,989	215,913	32,924
Hospital		8,851	10,465	1,614
Deaths	3026	1142	1494	352
November 24, 2021				
Cases		181,064	230,585	49,521
Hospital		8,968	11,447	2,479
Deaths	3232	1,149	1,701	552
Deaths in the Last 33 days	206	7	207	200

Additionally, 257 FULLY vaccinated died in the 120 days up to November 24th, 2021
300 vaccinated with one or more doses died in the 120 days up to November 24th, 2021
2020 reported COVID Deaths WITH COVID 19 1,046
2021 reported COVID Deaths WITH COVID 19 2,186 (missing on vaccine page)
Total Reported 2020/2021 (Stats Canada and Alberta Health) 3,232

<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>



<https://www.alberta.ca/stats/covid-19-alberta-statistics.htm>



This is Exhibit "S" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

25th day of November, 2021

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for the Province of Alberta

Appointment expires 2022/12/31

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2. *Alberta Auditor General Report on 2020 COVID Response in Care Homes*

It isn't just deaths that have been lied about in this report.

On page 5 of the report, it states;

"In 11 days, cases grew from one to more than 100."

This is another lie clearly provable from the Government's own Data.

Even using the very suspect criteria for a 'CASE', how many cases were CONFIRMED at the time?

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Manipulating Data – Manufacturing a Crisis

2. *Alberta Auditor General Report on 2020 COVID Response in Care Homes*

The Alberta Data has TEN (10) ACTIVE CASES on March 17th, 2020.

Count	Date reported	Alberta Health Services Zone	Gender	Age group	Death status	Case type	Not Present	Reported Dead	Days 'with' COVID	Count in File
1	2020-03-09	Edmonton Zone	Male	40-49 years	Active	Confirmed	2020-03-18	2020-05-01	53	1
2	2020-03-11	Calgary Zone	Male	40-49 years	Active	Probable	2020-03-18	2020-05-01	51	2
3	2020-03-11	Edmonton Zone	Male	30-39 years	Active	Confirmed	2020-03-18	2020-05-01	51	3
4	2020-03-13	Calgary Zone	Male	60-69 years	Active	Confirmed	2020-03-18	2020-05-01	49	4
5	2020-03-14	Calgary Zone	Female	40-49 years	Active	Confirmed	2020-03-18	2020-05-01	48	5
6	2020-03-14	Calgary Zone	Male	40-49 years	Active	Confirmed	2020-03-18	2020-05-01	48	6
7	2020-03-14	Edmonton Zone	Female	70-79 years	Active	Confirmed	2020-03-18	2020-05-01	48	7
8	2020-03-15	Calgary Zone	Male	40-49 years	Active	Confirmed	2020-03-18	2020-05-01	47	8
9	2020-03-15	Edmonton Zone	Male	60-69 years	Active	Confirmed	2020-03-18	2020-05-01	47	9
10	2020-03-17	Calgary Zone	Male	40-49 years	Active	Confirmed	2020-03-18	2020-05-01	45	10

Alberta Auditor General Report

<https://dksdata.com/AlbertaDead#AGCOVID>

<https://www.oag.ab.ca/reports/oag-covid-19-cont-care-facilities-feb2023/>

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Manipulating Data – Manufacturing a Crisis

2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

In addition, there were 91 RECOVERED cases in the data from Alberta Health (many 'probable'). As it takes a minimum of 2 weeks (after symptoms) to be considered 'Recovered', the 11 cases to over 100 in 11 days from March 6th-March 17th 2020 is nothing less than a lie.

Count	Date reported	Alberta Health Services Zone	Gender	Age group	Recovered status	Case type	Not Present	Reported Recovered	Days 'with' COVID	Count in File
1	2020-03-06	Calgary Zone	Female	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	56	1
2	2020-03-09	Calgary Zone	Female	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	53	2
3	2020-03-09	Calgary Zone	Female	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	53	3
4	2020-03-09	Calgary Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	53	4
5	2020-03-09	Edmonton Zone	Female	70-79 years	Recovered	Confirmed	2020-03-18	2020-05-01	53	5
6	2020-03-09	Edmonton Zone	Male	60-69 years	Recovered	Confirmed	2020-03-18	2020-05-01	53	6
7	2020-03-10	Calgary Zone	Female	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	52	7
8	2020-03-10	Calgary Zone	Female	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	52	8
9	2020-03-10	Calgary Zone	Female	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	52	9
10	2020-03-10	Calgary Zone	Female	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	52	10
11	2020-03-10	Calgary Zone	Male	20-29 years	Recovered	Confirmed	2020-03-18	2020-05-01	52	11
12	2020-03-10	Calgary Zone	Male	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	52	12
13	2020-03-10	Edmonton Zone	Female	20-29 years	Recovered	Confirmed	2020-03-18	2020-05-01	52	13
14	2020-03-10	Edmonton Zone	Female	60-69 years	Recovered	Confirmed	2020-03-18	2020-05-01	52	14
15	2020-03-10	Edmonton Zone	Male	70-79 years	Recovered	Confirmed	2020-03-18	2020-05-01	52	15
16	2020-03-11	Calgary Zone	Female	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	51	16
17	2020-03-11	Calgary Zone	Female	70-79 years	Recovered	Confirmed	2020-03-18	2020-05-01	51	17
18	2020-03-11	Calgary Zone	Male	1-4 years	Recovered	Confirmed	2020-03-18	2020-05-01	51	18
19	2020-03-11	Calgary Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	51	19
20	2020-03-11	Calgary Zone	Male	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	51	20
21	2020-03-11	Central Zone	Female	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	51	21
22	2020-03-12	Calgary Zone	Female	1-4 years	Recovered	Confirmed	2020-03-18	2020-05-01	50	22
23	2020-03-12	Calgary Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	50	23
24	2020-03-13	Calgary Zone	Female	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	49	24
25	2020-03-13	Calgary Zone	Female	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	49	25
26	2020-03-13	Calgary Zone	Male	10-19 years	Recovered	Confirmed	2020-03-18	2020-05-01	49	26
27	2020-03-13	Calgary Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	49	27
28	2020-03-13	Calgary Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	49	28
29	2020-03-13	Calgary Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	49	29
30	2020-03-13	Calgary Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	49	30
31	2020-03-14	Calgary Zone	Female	20-29 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	31
32	2020-03-14	Calgary Zone	Female	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	32
33	2020-03-14	Calgary Zone	Female	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	33
34	2020-03-14	Calgary Zone	Male	10-19 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	34
35	2020-03-14	Calgary Zone	Male	10-19 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	35
36	2020-03-14	Calgary Zone	Male	1-4 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	36
37	2020-03-14	Calgary Zone	Male	1-4 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	37
38	2020-03-14	Calgary Zone	Male	20-29 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	38
39	2020-03-14	Calgary Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	39
40	2020-03-14	Calgary Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	40
41	2020-03-14	Calgary Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	41
42	2020-03-14	Edmonton Zone	Female	20-29 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	42
43	2020-03-14	Edmonton Zone	Female	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	43

Count	Date reported	Alberta Health Services Zone	Gender	Age group	Recovered status	Case type	Not Present	Reported Recovered	Days 'with' COVID	Count in File
44	2020-03-14	Edmonton Zone	Female	60-69 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	44
45	2020-03-14	Edmonton Zone	Male	60-69 years	Recovered	Confirmed	2020-03-18	2020-05-01	48	45
46	2020-03-15	Calgary Zone	Female	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	47	46
47	2020-03-15	Calgary Zone	Male	10-19 years	Recovered	Confirmed	2020-03-18	2020-05-01	47	47
48	2020-03-15	Calgary Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	47	48
49	2020-03-15	Calgary Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	47	49
50	2020-03-15	Calgary Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	47	50
51	2020-03-15	Calgary Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	47	51
52	2020-03-15	Calgary Zone	Male	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	47	52
53	2020-03-16	Calgary Zone	Female	1-4 years	Recovered	Probable	2020-03-18	2020-05-01	46	53
54	2020-03-16	Calgary Zone	Female	20-29 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	54
55	2020-03-16	Calgary Zone	Female	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	55
56	2020-03-16	Calgary Zone	Female	30-39 years	Recovered	Probable	2020-03-18	2020-05-01	46	56
57	2020-03-16	Calgary Zone	Female	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	57
58	2020-03-16	Calgary Zone	Female	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	58
59	2020-03-16	Calgary Zone	Female	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	59
60	2020-03-16	Calgary Zone	Female	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	60
61	2020-03-16	Calgary Zone	Male	10-19 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	61
62	2020-03-16	Calgary Zone	Male	20-29 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	62
63	2020-03-16	Calgary Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	63
64	2020-03-16	Calgary Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	64
65	2020-03-16	Calgary Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	65
66	2020-03-16	Calgary Zone	Male	5-9 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	66
67	2020-03-16	Calgary Zone	Male	5-9 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	67
68	2020-03-16	Calgary Zone	Male	5-9 years	Recovered	Probable	2020-03-18	2020-05-01	46	68
69	2020-03-16	Calgary Zone	Male	60-69 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	69
70	2020-03-16	Central Zone	Male	60-69 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	70
71	2020-03-16	Edmonton Zone	Female	20-29 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	71
72	2020-03-16	Edmonton Zone	Female	30-39 years	Recovered	Probable	2020-03-18	2020-05-01	46	72
73	2020-03-16	Edmonton Zone	Female	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	73
74	2020-03-16	Edmonton Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	74
75	2020-03-16	Edmonton Zone	Male	5-9 years	Recovered	Probable	2020-03-18	2020-05-01	46	75
76	2020-03-16	Edmonton Zone	Male	70-79 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	76
77	2020-03-16	Edmonton Zone	Male	70-79 years	Recovered	Probable	2020-03-18	2020-05-01	46	77
78	2020-03-16	North Zone	Female	20-29 years	Recovered	Probable	2020-03-18	2020-05-01	46	78
79	2020-03-16	North Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	79
80	2020-03-16	South Zone	Male	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	46	80
81	2020-03-17	Calgary Zone	Female	10-19 years	Recovered	Probable	2020-03-18	2020-05-01	45	81
82	2020-03-17	Calgary Zone	Male	10-19 years	Recovered	Probable	2020-03-18	2020-05-01	45	82
83	2020-03-17	Central Zone	Male	40-49 years	Recovered	Confirmed	2020-03-18	2020-05-01	45	83
84	2020-03-17	Edmonton Zone	Female	30-39 years	Recovered	Confirmed	2020-03-18	2020-05-01	45	84
85	2020-03-17	Edmonton Zone	Female	60-69 years	Recovered	Confirmed	2020-03-18	2020-05-01	45	85
86	2020-03-17	Edmonton Zone	Male	1-4 years	Recovered	Confirmed	2020-03-18	2020-05-01	45	86
87	2020-03-17	Edmonton Zone	Male	1-4 years	Recovered	Probable	2020-03-18	2020-05-01	45	87
88	2020-03-17	Edmonton Zone	Male	40-49 years	Recovered	Probable	2020-03-18	2020-05-01	45	88
89	2020-03-17	Edmonton Zone	Male	50-59 years	Recovered	Confirmed	2020-03-18	2020-05-01	45	89
90	2020-03-17	Edmonton Zone	Male	5-9 years	Recovered	Probable	2020-03-18	2020-05-01	45	90
91	2020-03-17	Edmonton Zone	Male	80+ years	Recovered	Confirmed	2020-03-18	2020-05-01	45	91

Alberta Auditor General Report

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<https://www.oag.ab.ca/reports/oag-covid-19-cont-care-facilities-feb2023/>

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Manipulating Data – Manufacturing a Crisis

2. *Alberta Auditor General Report on 2020 COVID Response in Care Homes*

This report goes on to talk about a number of staff deaths related to the care homes. Do you remember those press conferences in 2020? I am pretty sure they would have been front page news everywhere. Yet the report provides no data to support this.

It suggests that 65% of all COVID involved deaths in Alberta were in Care Homes and that number was 1,042 deaths. If this was a real number, then these would have accounted for almost all the 1,046 deaths that were actually reported in 2020.

It also states that only 8% of Cases were in care homes. More statistical games. Care Homes were consistently the highest single population group for testing in 2020 with every resident (who consented) being tested almost daily during the constant rolling 'Outbreaks'.

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Manipulating Data – Manufacturing a Crisis

2. *Alberta Auditor General Report on 2020 COVID Response in Care Homes*

It mentions issues with testing in Care Homes which, with our direct knowledge, was never an issue. Care Home Testing was always prioritized. However, as with most of the population, TESTING TOO MUCH was the problem.

Almost every outbreak in my mother in law's care home (275 residents) during 2020 was the result of an asymptomatic staff member testing positive. During each 'outbreak' which lasted 1 or more months at a time, no residents were testing positive and the extension of each 'outbreak' usually related to another asymptomatic staff member.

The more you test, the more you find. But you are not tracking infections. What they were doing was chasing test kits.

The obsession with testing WAS THE PROBLEM.

See <https://rumble.com/v1ddohu-counting-cars.-how-covid-19-is-being-reported..html>

Alberta Auditor General Report

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Manipulating Data – Manufacturing a Crisis

2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

On August 7th of 2020 The Alberta Health Services Scientific Advisory Group issued a statement about asymptomatic testing. (No mention in the report).

Key Messages from the Evidence Summary

1. Evidence thus far has not adequately defined or assessed "asymptomatic" individuals who test positive for SARS-CoV-2 by RT-PCR, making much of the current data unreliable. A single positive RT-PCR without current symptoms could be classified as 1) Presymptomatic, 2) Asymptomatic (or paucisymptomatic), or 3) Positive after infection (regardless of symptoms) or rarely, a false positive result (which cannot transmit infection.) Transmission might occur from only the first two types of individuals (pre and asymptomatic infected persons).

- Interpretation of existing data (including that used in modeling studies) is clouded by a lack of clarity in 1) definition of "asymptomatic" (whether defined by Influenza Like Illness screening (absence of cough and fever) or a more comprehensive symptom list was used) and 2) lack of reporting of symptoms for 4 weeks prior to, and 2 weeks after the test.
- There is evolving data on viral kinetics in asymptomatic, pre-symptomatic, and paucisymptomatic SARS-CoV-2 infection. One series documented higher viral loads (by 60 fold) and a longer time to RT-PCR clearance in patients with severe illness, and a median of 24d to become RT-PCR



© 2020, Alberta Health Services,
COVID-19 Scientific Advisory Group

August 7, 2020

Asymptomatic Transmission of SARS-CoV-2 • 2

negative (with 32.1% still positive at 1 month post onset). Importantly, other studies have shown that SARS-CoV-2 RT-PCR can remain positive for 4 weeks in patients with milder outpatient managed COVID-19 as well.

- Therefore a RT-PCR positive result in a currently asymptomatic person is of unclear significance and RT-PCR positive status cannot be used to infer potentially infectious status.

[Alberta Auditor General Report](https://dksdata.com/AlbertaDead#AGCOVID)

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Manipulating Data – Manufacturing a Crisis

2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

Premier Kenney admitted the testing was creating 'false positives'. No mention in the report.

<https://rumble.com/v28lhpw-who-cares-about-false-positives-every-single-case-was-used-to-terrorise.html>

KENNEY SAYS WHO CARES ABOUT FALSE POSITIVES!

00:00

Alright Donna Stratton Stratton Tip says I've read about the maker of the PCR test has stated it's about 50% wrong and wasn't designed for what we're using it for. Is that true? And then this.

00:13

I actually asked for this to come up because I know there's a lot of folks often when I check out the Facebook comments, there's a lot of this stuff about PCR, so PCR is the standard test for COVID-19 in Canada and Alberta and around the world.

00:30

It's it's true that based on how many cycles the PCR test is does on the sample that that it can generate in many cases does generate a false positive...

01:01

So there are, I'll call them covid skeptics, who are claiming that all of the restrictive policies are being wrongly informed by exaggerated Covid case counts because of false positives through PCR testing.

01:53

In a sense, I mean, who really cares about the false positives?"

WHO CARES??

How about the people isolated for two weeks, losing their business, closed care homes, closed schools, cancelled surgeries, suicides, poverty...

It took a single 'Case' to shut down the lives of hundreds of care home residents and all connected to them.

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Manipulating Data – Manufacturing a Crisis

2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

The omissions get worse in relation to 'Cases'

The screenshot shows a document from Alberta Health Services titled "COVID-19, Severe (Hospitalized or Death) Department Standard Operating Process". It includes a "Probable Case" definition, reporting requirements, and a table for "Interpretation of COVID-19 Variant Nucleic Acid Test results".

Probable Case^o (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^f and NO molecular test or rapid antigen test or the result is inconclusive^g

OR

- No clinical illness^f 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.
 - o 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
 - o 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).
 - o 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.
 - o The Zone MOH (or designate) shall notify the **First Nation Inuit Health Branch (FNHIB) MOH** (or designate) of any confirmed COVID-19, Severe (Hospitalized or Death) cases who reside on Federal Reserve land using existing processes.

Interpretation of COVID-19 Variant Nucleic Acid Test results.

Result	Interpretation
Negative	<ul style="list-style-type: none">• No variant of concern is detected.• This patient still has COVID-19.
Positive	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.

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.

Footnotes:

^o 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.

^f 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 aches/joint pain, headache, nausea/diarrhea.

^g An inconclusive result on a real-time PCR assay is defined as:

- An indeterminate result on a single or multiple real-time PCR targets) 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 \(CPSA\)](#)

Provincial Population and Public Health Communicable Disease Control
12 Aug 2022
Page 2 of 22

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.

Alberta Auditor General Report

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Manipulating Data – Manufacturing a Crisis

2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

The omissions/manipulations get worse in related to 'Cases'

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

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Manipulating Data – Manufacturing a Crisis

2. *Alberta Auditor General Report on 2020 COVID Response in Care Homes*

The omissions/manipulations get worse in related to 'Cases'

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Manipulating Data – Manufacturing a Crisis

2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

*When is a Negative Test - A Positive Test...
When it is done by Alberta Precision Labs*

Alberta Auditor General Report

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<https://www.oag.ab.ca/reports/oag-covid-19-cont-care-facilities-feb2023/>

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	<ul style="list-style-type: none">No variant of concern is detected.This patient still has COVID-19.
Positive	<ul style="list-style-type: none">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	<ul style="list-style-type: none">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.

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Manipulating Data – Manufacturing a Crisis

2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

When is a Negative Test a Positive Test?

When it is done by Alberta Precision Labs!

Interpretation of COVID-19 Variant Nucleic Acid Test results.

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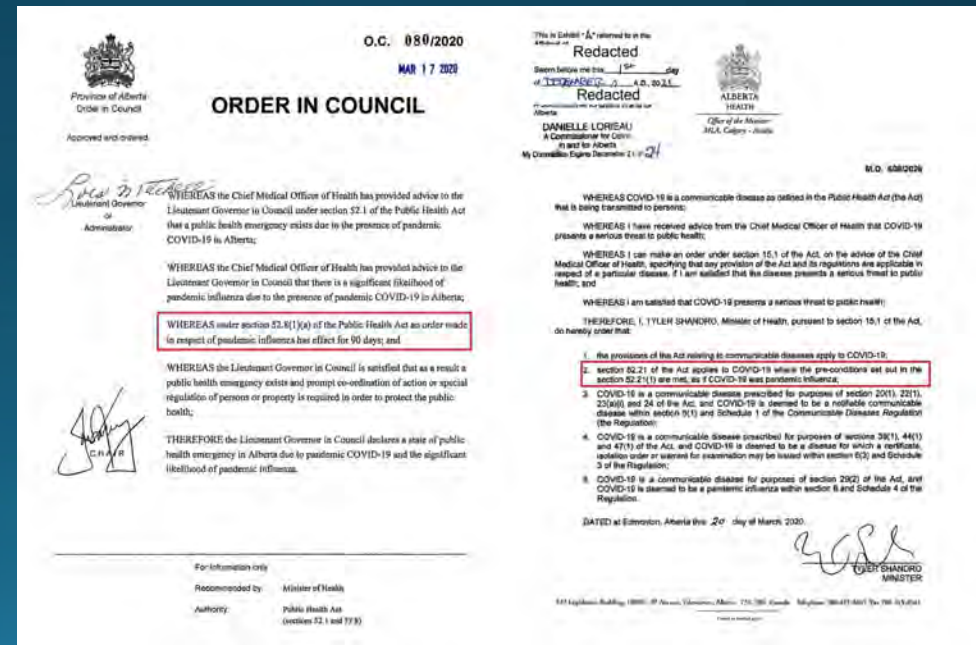
Manipulating Data – Manufacturing a Crisis

2. Alberta Auditor General Report on 2020 COVID Response in Care Homes

I have created a copy of this report going over it in detail.

However, we keep getting distracted by where we are rather than how we got here.

Why did Alberta trigger an 'Influenza Pandemic' in March of 2019 on the advice of the Health Minister Tyler Shandro, without the legislative authority to do so?



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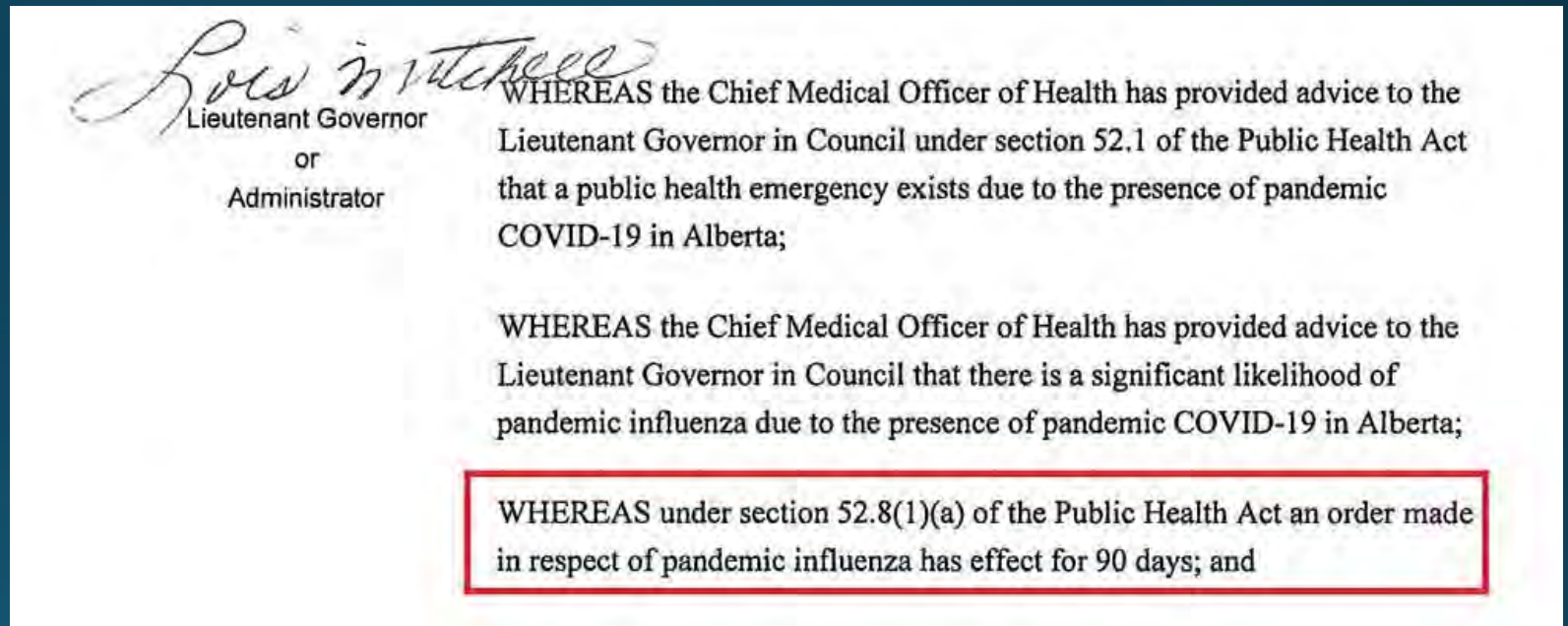
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Manipulating Data – Manufacturing a Crisis

Why did Alberta trigger an 'Influenza Pandemic' in March of 2019 on the advice of the Health Minister Tyler Shandro, without the legislative authority to do so?

For Information only

Recommended by:

Minister of Health

Authority:

**Public Health Act
(sections 52.1 and 52.8)**

Alberta Auditor General Report

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Manipulating Data – Manufacturing a Crisis

Why did Health Minister Tyler Shandro refer to COVID as an 'Influenza Pandemic' in March of 2020? To get around the Provincial Health Act?


This is Exhibit "A" referred to in the Affidavit of

Redacted

Sworn before me this 15th day of FEBRUARY A.D., 2021

Redacted

DANIELLE LORIEAU
A Commissioner for Oaths
in and for Alberta
My Commission Expires December 31, 2024


ALBERTA HEALTH
Office of the Minister
MLA, Calgary - Acadia

M.O. 608/2020

WHEREAS COVID-19 is a communicable disease as defined in the *Public Health Act* (the Act) that is being transmitted to persons;

WHEREAS I have received advice from the Chief Medical Officer of Health that COVID-19 presents a serious threat to public health;


WHEREAS I can make an order under section 15.1 of the Act, on the advice of the Chief Medical Officer of Health, specifying that any provision of the Act and its regulations are applicable in respect of a particular disease, if I am satisfied that the disease presents a serious threat to public health; and

WHEREAS I am satisfied that COVID-19 presents a serious threat to public health;

THEREFORE, I, TYLER SHANDRO, Minister of Health, pursuant to section 15.1 of the Act, do hereby order that:

1. the provisions of the Act relating to communicable diseases apply to COVID-19;
2. section 52.21 of the Act applies to COVID-19 where the pre-conditions set out in the section 52.21(1) are met, as if COVID-19 was pandemic influenza;
3. COVID-19 is a communicable disease prescribed for purposes of section 20(1), 22(1), 23(a)(i) and 24 of the Act, and COVID-19 is deemed to be a notifiable communicable disease within section 8(1) and Schedule 1 of the *Communicable Diseases Regulation* (the Regulation);
4. COVID-19 is a communicable disease prescribed for purposes of sections 39(1), 44(1) and 47(1) of the Act, and COVID-19 is deemed to be a disease for which a certificate, isolation order or warrant for examination may be issued within section 8(3) and Schedule 3 of the Regulation;
5. COVID-19 is a communicable disease for purposes of section 29(2) of the Act, and COVID-19 is deemed to be a pandemic influenza within section 8 and Schedule 4 of the Regulation.

DATED at Edmonton, Alberta this 20 day of March, 2020.


TYLER SHANDRO
MINISTER

125 Legislative Building, 10800 - 97 Avenue, Edmonton, Alberta, T5K 2B6, Canada Telephone: 780-425-3665 Fax: 780-415-0901

Alberta Auditor General Report

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WITH DAVID DICKSON

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Manipulating Data – Manufacturing a Crisis

Why did Health Minister Tyler Shandro refer to COVID as and 'Influenza Pandemic' in March of 2019? To get around the Provincial Health Act?

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3. COVID-19 is a communicable disease prescribed for purposes of section 20(1), 22(1), 23(a)(i) and 24 of the Act, and COVID-19 is deemed to be a notifiable communicable disease within section 6(1) and Schedule 1 of the *Communicable Diseases Regulation* (the Regulation);
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Manipulating Data – Manufacturing a Crisis

THERE IS NO "AS IF" clause in the Provincial Health Act!

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Manipulating Data – Manufacturing a Crisis

This document only appears to exist in the Crown's Court filing in response to my action in October of 2021. Why did it go missing from the public facing records? See: <https://dksdata.com/CourtUpdate> for more information

This is Exhibit "A" referred to in the
Affidavit of
Redacted
Sworn before me this 1st day
of DECEMBER A.D., 2021
Redacted
A Commissioner for Oaths in and for
Alberta
DANIELLE LORIEAU
A Commissioner for Oaths
in and for Alberta
My Commission Expires December 21, 2024



ALBERTA
HEALTH

Office of the Minister
MLA, Calgary - Acadia

M.O. 608/2020

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It all started with Cases

In the Auditor General's report, he confirms how few 'Cases' we had.

From Premier Kenney to the Alberta Scientific Advisory group, we see how testing created false positive 'Cases'.

But this is just the tip of the iceberg...

Care Homes transferred COVID Positive Symptomatic residents from hospital to shared rooms in care homes (exposing and isolating healthy residents).

In fact, AHS and other provinces had documented policies on how to do this!

<https://thenationaltelegraph.com/regional/exclusive-alberta-government-transferring-covid-positive-patients-into-care-homes>

<https://thenationaltelegraph.com/regional/the-alberta-government-has-turned-care-homes-into-outbreak-centres>

Karen gave a speech about it in January 2021. But no mention in the auditor's report of this practice!

<https://rumble.com/v2au726-january-30th-2021-karen-alberta-legislature-speech.html>

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It all started with Cases

And this obsession with 'Cases' led to fear mongering and avoidable deaths that continue to this day.

Continuous masking still prevents access to care homes and basic health care. And yet throughout it all, the 'powers that be' knew masks did not help and actually caused harm.

See: <https://dksdata.com/MASKS#AHSSAG>

Little to no evidence to support mask use!

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

HARMS

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

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

VIRTUE SIGNALLING.

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

YET THE AG Report and AHS continue to push this known damaging position.

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It all started with Cases

We must listen to these medical gods thoug. They must know more than us... Continuous Masking – brought to you by the organization that thinks this is acceptable – manipulating an adult mask for infants and children 2 and up! This is from a video linked in the AHS mask directive from 2020 and is still there now. More harmful propaganda that is being actively ignored. All starting with the 40 Million Masks in Alberta... <https://dksdata.com/MASKS#TargetChildren>



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<https://www.researchgate.net/profile/David-Dickson-7>

<https://www.facebook.com/dksdata>

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It all started with Cases

And that is before we get to the vaccine that now prevents people in Alberta with conditions the same as me (pulmonary fibrosis) from accessing critical transplants. It is not a true risk-based analysis that prevented denies non COVID vaccinated patients a transplant. However, this is now law due to the mishandling of that case. As a result, this lady will die. Blood is on the hands of all those involved.

Just another death from medical negligence, fear mongering and what can only be described as political terrorism. Just like Jerry Dunham in 2020. The lies did not stop there. From beds to vaccine uptake, the lies never stopped.

Lying about the beds caused panic and helped feed the push for mandates that killed.

<https://thenationaltelegraph.com/regional/ahs-retroactively-edits-icu-data-alberta-hospitals-were-not-being-overwhelmed>

Over and over, the data was manipulated for political purposes. People died (and are dying) as a result.

<https://thenationaltelegraph.com/regional/albertas-public-health-restrictions-are-based-on-flawed-and-frequently-altered-ahs-data>

LIES, DAMNED LIES AND SADISTICS

WITH DAVID DICKSON

Episode 6

The Government Lied & People Died

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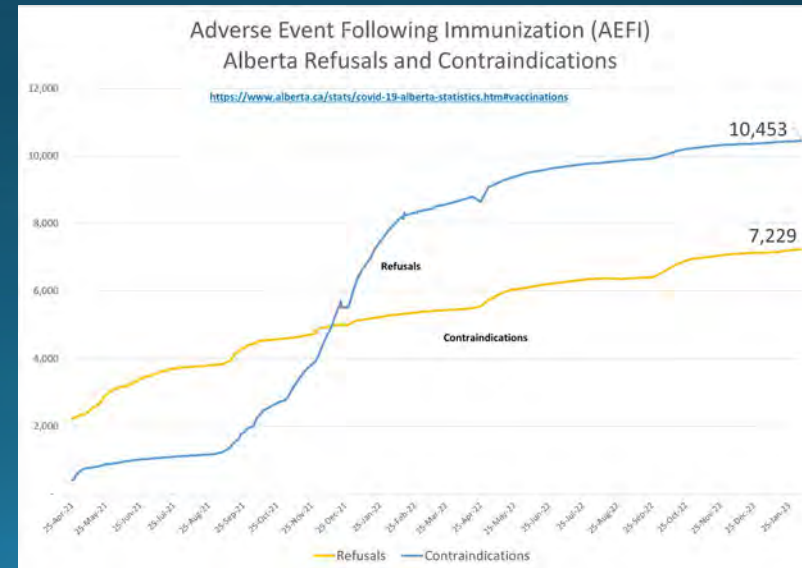
<https://www.facebook.com/DavidandKarenD/>

It all started with Cases.

And don't forget that people who refused this vaccine are not 'anti vaxxers'. They just want honest answers, transparency and accountability.

For more on what the government says that confirms there has never been INFORMED CONSENT see <https://dksdata.com/ONSDATA>

Even the Alberta Government acknowledges that there are exemptions... However, what we really need is a complete halt and a proper investigation. <https://dksdata.com/CourtUpdate>



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So what next?

A follow up for Danielle Smith that will include everything here. My last letter to her was met with the same expected response of handing over the hen house to the foxes to go count the bodies. And from them (the Health Minister) – Nothing.

*You can find more about our Premier Danielle Smith here
<https://dksdata.com/DS>*

You might be surprised. I am not. All we have talked through here, Danielle Smith already knew as I was communicating this information from 2020 on. In fact, she had all the detailed information and communications on the Care Homes in 2020. She did nothing then, as she does nothing now.

If you are watching, Danielle, get ready for my follow up. And don't even think about passing the buck again.

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So what next?

My MP, Mr. Shane Getson (vaccine injured). His secretary said she would get him to follow up on the letter to the Premier. I have heard nothing. Again, like Danielle Smith, he received everything from 2020 on and never responded.

What about my MLA? No response at all.

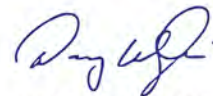
This is particularly disturbing as he is the Chair of the Committee that the AG report was written for!

Consider that all the information here would have made the AG report MOOT and yet he had knowledge of the manipulation I have pointed out before the report was even written.

Expect a follow up, Mark!

Mark Smith, MLA
Chair
Standing Committee on Legislative Offices

I am honoured to transmit my report, *COVID-19 in Continuing Care Facilities*, to the Members of the Legislative Assembly of Alberta, under Section 20 of the *Auditor General Act*.



W. Doug Wylie FCPA, FCMA, ICD.D
Auditor General

Edmonton, Alberta
February 2023

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So what next?

Stop waiting for the next 'false profit' to come and save you. Politicians, lawyers, celebrities and 'freedom leaders'.

They were never going to save you. They have too much to gain by keeping this going.

I never gave up everything in 2020 to sit back and watch these people bask in fame and fortune while standing on the corpses of those they never really cared about. Trust no one. Verify everything.

Stop donating to useless causes. Start standing up and researching everything. Question everything and everyone.

Speak to your doctors, nurses, police officers and more. Tell them they owe a duty to look at all of this information IN PLAIN SIGHT.

And help anyone you can even if it is just a comforting ear.

Education, knowledge and courage are all you have now. SO, USE IT WISELY.

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So what next?

I would rather anyone other than Notley, but the reality is that unless there is accountability, it doesn't really matter who is in 'power'. THEY ARE ALL IN IT TOGETHER and it was and never will be about your safety or comfort.

So glad Danielle is here to save us by;

An Alberta Sovereignty Act (In a UNIFIED CANADA) that adds a layer of complexity that was never there before

Not fixing the Human Rights Act

Not removing mandatory masks for care homes and health care

Ignoring everything that was happening in care homes in the 2020 lockdown despite having documented evidence of suffering and death sent to her by us and other families.

Not removing mandatory vaccines for health care procedures

Not cancelling the COVID fines and arrests

Keeping Kenney's Cabinet

Hiring people worse than Hinshaw

Implementing the Mandates at her restaurant

Pushing the most dangerous Vaccine on Doctors & Nurses (with a 100K GoFundMe – Oct 2021)

Buying 5 Million Bottles of Turkish Tylenol (when we apparently needed 500K) at over retail prices (to be subsidized by the Alberta taxpayer) in case the rest of Canada wanted any. All to keep children away from hospital... and then the day the first shipment (250K bottles) arrives, it has to go to hospitals because the bottles don't have child proof caps.

Implemented the first Digital ID in Canada as a requirement for service (and a bribe at that... similar to the payment for vaccines and the illegal lottery Kenney did).

Ignored the plea for help when a stroke patient was refused ambulance transportation.

Ignored the multiple requests for the By Vaccine Status data despite it being available daily at AHS.

And removing all trace of the WEF at AHS... well, almost!

<https://www.albertahealthservices.ca/news/Page15540.aspx>

IF SHE DIDN'T DO THIS WHEN SHE WAS TRYING TO 'EARN' YOUR VOTE, WHAT MAKES YOU THINK SHE WILL DO IT WHEN SHE DOESN'T NEED IT? <https://dksdata.com/DS>

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So what next?

My next steps are the same as they have been. Tracking everyone and everything. Calling out any and all who mislead or harm. Accurate and transparent data analysis will be their eventual downfall. I failed in the courts as I had no support. The judge told me it wasn't my fight. I told her, if not me, WHO. If not NOW, then WHEN? The information is there though. Please read it. Learn from it. I have covered a lot of it tonight.

For more information contact me after looking through all I have published (and continue to publish). I will ask questions to make sure you have 😊.

Use the links at the side of this document and those below;

Main Site (updated regularly)

<https://dksdata.com/COVID19>

Alberta specific data (deaths)

<https://dksdata.com/AlbertaDead>

The Psychology;

<https://dksdata.com/Milgram2020>

<https://dksdata.com/ASCH>

<https://dksdata.com/Richter>

<https://dksdata.com/MASKS>

<https://dksdata.com/SGArticles>

Court Documents (2021)

<https://dksdata.com/CourtUpdate>

Adverse Event Data (UK, US, Canada)

<https://dksdata.com/ONSDATA>

A history of how this started;

<https://dksdata.com/COVArticles>

Podcasts

<https://dksdata.com/podcasts>

Advocates Information

<https://dksdata.com/Advocates>

Human Rights Complaint

<https://dksdata.com/DavidDicksonAHRC>